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MORAL INJURY ON THE HOME FRONT:  
CAN A NEW APPROACH PROVIDE FRESH INSIGHT INTO SPIRITUALITY AND  
ALCOHOLISM?

by

EDWARD R. VAN HERIK

Under the Direction of Monique Moultrie, PhD

ABSTRACT

My thesis will begin to examine alcoholism and recovery through the lens of moral injury, especially in relationship to the use of spirituality language and the often-invoked correlation between spirituality and sobriety. Through a literature review and interviews with abstaining alcoholics, I will unpack some of the implications of considering alcoholism through the lens of moral injury and begin to frame and examine some of the questions inherent in that consideration. By so doing, I hope to offer a fresh look into those aspects of recovery that fall within the Religious Studies purview.

INDEX WORDS: Moral Injury, Alcoholism, Veterans, Alcoholics Anonymous, Celebrate  
Recovery

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A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2015

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Georgia State University

December 2015

## **DEDICATION**

To my wife Kim, whose good humor, patience and belief in me made this project possible.

## ACKNOWLEDGEMENTS

I would like to thank my committee members, Drs. Monique Moultrie, Jonathan Herman and David Bell, for their insights and guidance in producing this paper, and to Drs. Louis Ruprecht and Brett Esaki for their insightful comments during its preparation. In addition, I owe a debt of gratitude to Drs. Molly Bassett and Kathryn McClymond for their ready advice and assistance during my academic career.

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## 1 INTRODUCTION

My thesis will begin to examine alcoholism and recovery through the lens of moral injury, especially in relationship to the use of spirituality language and the often-invoked correlation between spirituality and sobriety. Through a literature review and interviews with abstaining alcoholics, I will unpack some of the implications of considering alcoholism through the lens of moral injury and begin to frame and examine some of the questions inherent in that consideration. By so doing, I hope to offer a fresh look into those aspects of recovery that fall within the Religious Studies purview.

## **2 LITERATURE REVIEW**

The issues of moral injury and alcoholism separately have both generated significant discussion and scrutiny for some time. While moral injury has been associated primarily with returning veterans in recent years, research and discussion about alcoholism – its mechanics and treatment – have been underway for decades. I will start this literature review with a recap of social science studies and other writings to examine the relationship between spirituality and the 12-Step program of Alcoholics Anonymous (AA). I will follow with a brief look at the concept of moral injury and the discussion surrounding it in the military before considering the implications of applying the concept of moral injury to alcoholism.

### **2.1 Alcoholism and Spirituality**

To begin, we will look at Project MATCH, an 8-year, \$27-million investigation that examined which types of alcoholics responded best to which types of treatment. The National Institute of Alcohol Abuse and Alcoholism sponsored the project, which started in 1989. The program, which involved 952 subjects in outpatient care at five sites and 774 aftercare patients, tested the usefulness of three approaches: Cognitive behavioral therapy, where patients were taught how to minimize the potential to drink in at-risk situations; motivational enhancement therapy, where patients were taught to use their own motivation to create a plan to stem their drinking; and 12-Step facilitation, where patients were taught the first steps of the AA program and encouraged to attend AA meetings.

The project tested its participants at one year and at three years to determine the efficacy of the various approaches. The results showed that each approach has its share of successes up to

the first-year mark, and that 12-Step was at least as successful as the others for those sober between months 37-39.<sup>1</sup>

Project MATCH was a major scientific milestone in measuring the effectiveness of the 12-Step approach. While Alcoholics Anonymous, the originator of the 12-Step process, had been enthusiastically promoted by thousands of recovering drinkers, the results were generally anecdotal. The results were a surprise to Project MATCH designers and researchers, who did not expect the 12-Step process to fare as well as it did.<sup>2</sup> Since AA calls itself spiritual and recommends that its members find a higher power to help them recover from alcoholism, Project MATCH also gave a heightened significance to the concept that spirituality could be a key factor in recovering from alcoholism.

AA itself does not endorse any single definition of spirituality. In a pamphlet titled “Many Paths to Spirituality,” AA lays out the spiritual understandings of several members, demonstrating its flexibility in allowing its members to choose their own definition. Many focus on an admonition in Step 11 to seek a conscious contact through prayer and meditation with “God, as we understood him.”<sup>3</sup> Since the term spirituality is open to interpretation by each individual AA member, it is difficult to say with precision how the concept plays into sobriety, even if it is referred to frequently in AA literature. It is beyond the scope of this paper to discuss thoroughly the issues surrounding the term ‘spiritual,’ but academician Jonathan R. Herman gives a solid description of the types of issues that make unqualified use of the term so problematic.<sup>4</sup> He points out that, “If there is anything that most purported (or implied) definitions

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<sup>1</sup> Project MATCH Research Group, Matching Alcoholism Treatments to Client Heterogeneity: Project MATCH Three-Year Drinking Outcomes, *Alcoholism: Clinical and Experimental Research*, 22: No. 6, 1307, 1998.

<sup>2</sup> Harvard researcher John F. Kelly, in a talk given at the Alcoholics Anonymous International Convention in Atlanta, July 3, 2015.

<sup>3</sup> Twelve Steps and Twelve Traditions, (Alcoholics Anonymous World Service, Inc., New York, 2013) 96.

<sup>4</sup> Jonathan R. Herman, *The Spiritual Illusion: Constructive Steps toward Rectification and Redescription*, *Method*

of spirituality have in common, it is that they tend to be vague or jargonistic, i.e., either lacking in specificity or substituting other obscure language that may give a misleading impression of specificity.”<sup>5</sup> Herman also points out the difficulty in pinning down a definition even among academics, one that would allow for comparison or assessment of works that talk about spirituality.<sup>6</sup> Academic researcher Jennifer L. Hahn, a student in the PhD program at University of California Santa Barbara, has, like others, opted simply to pay close attention to the concepts expressed by her subjects when they speak of spirituality, rather than attempt to find an overarching definition to categorize their understandings.<sup>7</sup> I will be taking a similar approach in this paper.

The study of why AA works remains highly desirable from a societal perspective. According to the U.S. Centers for Disease Control and Prevention, alcoholism cost the nation an estimated \$223.5 billion in lost work productivity, increased medical expenses, criminal justice costs and car crashes in 2006 alone. It accounts for approximately 88,000 deaths annually. The issue receives close attention in drunken driving cases, where it is routine to sentence offenders to 90 AA meetings within 90 days as part of their punishment. That practice remains widespread, even though courts, both state and federal, have ruled that such a sentence violates the Establishment Clause of the U.S. Constitution, which outlaws the establishment of an official state religion. In those rulings, AA was seen as a religious organization because of its frequent

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*and Theory in the Study of Religion*, 26: 164-167, 2014.

<sup>5</sup> Ibid., 164.

<sup>6</sup> Ibid., 162-165.

<sup>7</sup> Jennifer L. Hahn, comments from a paper “A Power Greater Than Ourselves: Alcoholics Anonymous’ Spiritual Solution to Modern Suffering,” delivered at the American Academy of Religion’s annual meeting, Nov. 23, 2015, in Atlanta, GA.

invocation of God.<sup>8</sup> On AA's website, it describes the 12 Steps as a "a group of principles, spiritual in nature."

Despite the desire for effective treatment, the imprecise nature of 12-Step facilitation has left researchers with several core issues. As academic researcher Robert Walker, et al. noted, the concept of alcoholism as a disease seems to require that any cure would be based solely on a medical treatment. Many AA members do characterize alcoholism as a disease, though they add that it is an illness with spiritual, physical and emotional components.<sup>9</sup> Even if that is accurate, says Walker, there are still a host of accompanying issues that have yet to be addressed. Among them are the questions of how to define spirituality in this context, and how does it play precisely into 12-Step facilitation? He, too, emphasizes that spirituality is often described in words that, themselves, are ill-defined, adding that, "The measurement of spirituality is exclusively mediated through words that carry highly charged meanings."<sup>10</sup>

To some extent, researchers have been taking such criticisms into account. Many researchers have focused on exploring specific variables that they define in their studies as spiritual, rather than the concept of spirituality as a whole.<sup>11</sup>

A number of social scientists have devised tests to determine which elements of AA's 12-Step approach might be the key to extended sobriety, with various aspects of practices they define as spiritual under scrutiny. In 2011, Harvard researcher John R. Kelly reported that members of AA experienced an increase in spiritual practices, defined in the study to include activities such as reading sacred texts, praying and attending services, as a result of AA

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<sup>8</sup> Bob Egelko, Appeals Court Says Requirement to Attend AA Unconstitutional, *SFGate*, Sept. 7, 2007, accessed Nov. 25, 2015. <http://www.sfgate.com/bayarea/article/Appeals-court-says-requirement-to-attend-AA-2542005.php>.

<sup>9</sup> Ernest Kurtz, Alcoholics Anonymous and the Disease Concept of Alcoholism, *Alcoholism Treatment Quarterly*, 20: 5-6, 2002.

<sup>10</sup> Robert Walker, et al., Spirituality, Drugs and Alcohol: A Philosophical Analysis, *Substance Use & Misuse*, 48: 1233-1245, 2013.

<sup>11</sup> Katherine M. Piderman, Terry D. Schneekloth, V. Shane Pankratz, Shaun D. Maloney, Steven I. Altchuler, Spirituality in Alcoholics in Treatment, *The American Journal on Addictions*, 16: 232, 2007.

participation. He also said that increased practices in turn reinforced beneficial drinking patterns.<sup>12</sup>

Those findings were replicated in 2013 by researchers Amy R. Krentzman, et al., who emphasized that AA involvement (AAI), including celebrating an AA anniversary and helping with room setup, was a stronger predictor of continued sobriety than simple AA attendance (AAA).<sup>13</sup> In another study, Krentzman used a variety of tests in an effort to break the concept of spirituality into component parts. The tests included the Religious Behaviors and Background scale to measure belief in God; the Short Index of Problems scale to measure severity of drinking; and the Loving God scale to measure perceptions of God. She found that being raised in a religious tradition was a predictor of later AA membership, as was a belief in a benevolent God. Krentzman writes:

“In this study, higher drinking consequences and higher scores on the Loving God subscale were associated with subsequent AA membership. These findings are consistent with prior research that analyzed samples of alcoholics whose drinking patterns varied. Specifically, our study confirmed that even in a sample of successfully remitted alcoholics drinking severity and positive disposition toward religion and spirituality are independently predictive of AA membership.”<sup>14</sup>

In a study of drinking among college students, those who saw themselves as spiritual were found to be associated with less favorable attitudes toward drinking in general, and

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<sup>12</sup> John F. Kelly, Robert L. Stout, Molly Magill, J. Scott Tonigan, Maria E. Pagano, Spirituality in Recovery: A Lagged Mediation Analysis of Alcoholics Anonymous’ Principal Theoretical Mechanism of Behavior Change, *Alcoholism: Clinical and Experimental Research*, 35, No 3, 454-463, 2011. Researchers measured spirituality using a modified Religious Background and Behavior instrument, a 13-item scale that measures self-reported religious status on a 5-point scale. Researchers administered the instrument at intake and at 3, 5 and 9 months.

<sup>13</sup> Amy Krentzman, James A. Cranford, Elizabeth A.R. Robinson, Multiple Dimensions of Spirituality in Recovery: A Lagged Mediation Analysis of Alcoholics Anonymous’ Principal Theoretical Mechanism of Behavior Change, *Substance Abuse*, 34: 20–32, 2013.

<sup>14</sup> Amy R. Krentzman, Elizabeth A. R. Robinson, Brian E. Perron, James A. Cranford, Predictors of Membership in Alcoholics Anonymous in a Sample of Successfully Remitted Alcoholics, *Journal of Psychoactive Drugs* (2011) 43, 20-26. 2011.

researchers who devised and taught a workshop titled “Knowing Your Higher Power” to the newly sober found increased scores on scales designed to measure spirituality among those maintaining total sobriety at seven- and 12-week checkups.<sup>15</sup> Writes Kelly: “There is evidence that S/R (Spirituality/Religion) is a meaningful variable in relation to the onset and offset of substance use and related problems, and, though support has been found for several mechanisms through which AA works, spirituality may serve as a potentially useful explanatory variable...”.<sup>16</sup> Taken in aggregate, these studies suggest that the concepts of spirituality and/or religion, as defined within the studies, could be motivating elements in sustained sobriety.

Other issues have served to confound precise research into 12-Step facilitation, which is not the same as the AA program, but does utilize the 12-Step model. Those elements include service work, which includes setting up meetings, organizing conventions, staffing phone lines and other basic organizational activities, and social activities, including working with new members outside of AA meetings at coffee, picnics and parties. Different researchers have emphasized the importance of different elements as being key to recovery. In short, researchers, using the term spirituality as defined in their individual studies, find that it may be a key factor in dealing with recovery by alcoholics, but there are other factors that could play a substantial role – and other ways to explain the recovery dynamic.

For example, there have been attempts to outline psychological mechanisms that may be at work. Those include creation of a framework that gives meaning to an individual’s suffering, as well as the creation of triggers like the Serenity Prayer that are used frequently in AA circles

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<sup>15</sup> Anthony E. Brown, Valory N. Pavlik, Ross Shegog, Simon N. Whitney, Lois C. Friedman, George Christopher Davis, Irina Cech, Thomas R. Kosten, and Robert J. Volk, Association of Spirituality and Sobriety During a Behavioral Spirituality Intervention for Twelve Step (TS) Recovery, *The American Journal of Drug and Alcohol Abuse*, 33: 611–617, 2007.

<sup>16</sup> John F. Kelly, M. Claire Greene, Toward an Enhanced Understanding of the Psychological Mechanisms by which Spirituality Aids Recovery in Alcoholics Anonymous, *Alcoholism Treatment Quarterly*, 2014, 32:2-3, 310.

and can be activated outside of those circles to provide a type of global “recovery schema.”<sup>17</sup> In addition, researchers have also studied the role of narrative in recovery.

Researchers have hypothesized that there are several narratives common in addiction including the “AA story,” where an alcoholic’s drinking leads to isolation, despair (hitting bottom), a search for answers that leads to AA, and reintegration into society as a useful member. There are other stories for other addictions, but the narratives – built on the collection of common cultural stories and myths known to addicts through their membership in their society – are meant to encapsulate and make sense of the addicts’ experience.<sup>18</sup>

Of equal interest to researchers and the general public is the question of why spirituality – as defined by those who use spiritual language -- could be a key component of recovery at all. Walker notes that the 12 Steps, which call for an alcoholic to make a moral inventory, share it with their higher power and another person, and then to make amends, look like the Christian concepts of sin, repentance and redemption.<sup>19</sup> Such a behavioral dynamic would be familiar to many in the United States, where nearly 70 percent of the population says it adheres to some branch of the Christian faith. Still, it should be noted that AA itself emphasizes that the higher power and/or God it refers to is a deity of a person’s own choosing. AA literature emphasizes that individuals with a variety of beliefs are welcome in AA.<sup>20</sup> While agnostic or atheist members are told that they can pick the collective wisdom of the group as a higher power, or the universe, or even a doorknob, others have looked to examine the beliefs of organized non-Christian religions through the lens of the 12 Steps. For example, academic researcher Dennis

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<sup>17</sup> Ibid., 308.

<sup>18</sup> Vilma Hanninen, Anja Koski-Jannes, Narratives of recovery from addictive behaviours, *Addiction*, 94, 1999, 1838.

<sup>19</sup> Walker, 1233.

<sup>20</sup> “The AA Program – Spiritual But Never ‘Religious,’” Alcoholics Anonymous, accessed Nov. 11, 2015, [http://www.aa.org/assets/en\\_US/f-13\\_fall03.pdf](http://www.aa.org/assets/en_US/f-13_fall03.pdf).

Kelley has examined the efforts made by Native Americans to weave their beliefs into an effective 12-Step approach, and the book “One Breath at a Time” tells of an attempt to understand the 12 Steps from a Buddhist perspective.

A key element of the 12-Step process is a recognition of wrongdoing or a violation of individual personal standards (Step 4). Research has shown that drinking alcoholics tend to make expedient decisions, rather than rely on deontological constructs.<sup>21</sup> Such decisions may give rise to addiction issues and may also serve to keep an alcoholic drinking as a defense against guilt and shame over their actions. Kelly et al., write:

“Specifically, effects from chronic, heavy, alcohol use often generate increasingly regrettable deviations from an individual’s personal values. Repeated over and over this “Jekyll and Hyde” scenario can lead to a sense of profound moral failing and self-loathing. Such negative feelings may be intensified by and deepened further by the reproach of affected onlookers and significant others. For many, the sense of ‘redemption,’ historically and implicitly embedded within AA philosophy (AA, 1939, Oxford Group, 1933) may provide a compassionate framework for self-forgiveness.”<sup>22</sup>

The link between shame and alcohol abuse has led researchers to examine the potential for self-forgiveness to be a contributing element to sustained abstinence. “People with drug and/or alcohol problems often experience feelings of shame and guilt, which have been associated with poorer recovery. Self-forgiveness has the potential to reduce these negative experiences,” researcher Breanna J. McGaffin, et al., writes.<sup>23</sup>

“I will never know all the people I hurt, all the friends I abused, the humiliation of my

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<sup>21</sup> Martina Carmona-Perera, Luke Clark, Liane Young, Miguel Perez-Garcia and Antonio Verdejo-Garcia, Impaired Decoding of Fear and Disgust Predicts Utilitarian Moral Judgment in Alcohol-Dependent Individuals, *Alcoholism: Clinical and Experimental Research*, 38, January 2014, 179-185.

<sup>22</sup> Kelly, Spirituality in Recovery, 460.

<sup>23</sup> Breanna J. McGaffin, Geoffrey C. B. Lyons, and Frank P. Deane, Self-Forgiveness, Shame, and Guilt in Recovery from Drug and Alcohol Problems, *Substance Abuse*, 34, 2013, 396.

family, the worry of my business associates or how far reaching it was,” writes a member in AA’s Big Book while describing his recovery.<sup>24</sup> AA’s Big Book, speaking of shame and guilt, promises that an alcoholic who follows the 12-Step program will reach a point where they “are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it.”<sup>25</sup>

Addiction therapists also wrestle with questions of shame and guilt, terms that are often used interchangeably. For therapist Ronald Potter-Efron, though, the terms are distinct and point to very different conditions facing an alcoholic who wants to become sober. For Potter-Efron, guilt is a feeling of remorse over an act or series of actions; shame is a part of a person’s self-image. For a guilty person, an apology and possibly an action to repair damage can be an appropriate and effective approach to putting an unsettling action behind them.<sup>26</sup> For a person who believes himself or herself to be irretrievably flawed or who believes their actions place them beyond redemption, it may be more difficult for them to use the 12 Steps to maximum effect. AA notes that not all problems related to addiction can be solved through the 12 Steps; they say that the help of outside experts may be necessary.

## **2.2 Moral Injury and the Military**

Moral injury as a phenomenon is receiving intense study from the U.S. military because many returning veterans are exhibiting signs of suffering from it. While there are several definitions of moral injury, I am using that of researcher Brian T. Litz, who views the condition as an issue of an individual seeing or experiencing an action that violates their personal

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<sup>24</sup> Bill W., *Alcoholics Anonymous*, (Alcoholics Anonymous World Services Inc., soft-cover portable edition, New York, 1986) 376.

<sup>25</sup> *Ibid.*, 83.

<sup>26</sup> Ronald Potter-Efron, *Shame, Guilt and Alcoholism*, Treatment Issues in Clinical Practice (Routledge, New York, 2013) 1-10.

standards.<sup>27</sup> His definition encompasses more than military personnel, giving room to apply the term to a broader group of individuals.

It is difficult to quantify the aggregate damage caused to military personnel by moral injury, both because it carries a stigma, making sufferers reluctant to report their condition, and because its consequences can manifest years later, according to Dr. Nancy Sherman.<sup>28</sup> As an example, though, it is estimated that 6,500 military and ex-military personnel killed themselves in 2012, far more than died on the battlefield. Veterans represent 20 percent of all suicides in the U.S., even though they represent only 1 percent of the population. As a result, the U.S. Army has been issuing requests for proposals to deal with moral injury, regarding it as one element in its efforts to heal veterans.

At her Soul Repair Center at Brite Divinity School in Fort Worth, TX, researcher Rev. Dr. Rita Nakashima Brock has established a modified 12-Step program for veterans to use to discuss their wartime experiences and issues. The program emphasizes a confidential setting, an emphasis on taking a moral inventory, making amends and then living a renewed life.<sup>29</sup> In short, she has already begun to implement a 12-Step approach in dealing with moral injury.

Brite seminary student Charles “Dan” Daniel, a veteran who initiated the 12-Step project, says, “The limited engagement I started showed great promise. The vets I talked to were seeking help and had found no avenue for such help ... believe in the right hands with proper marketing this program would be invaluable to vets and friends and families of veterans.”<sup>30</sup>

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<sup>27</sup> Brett T. Litz, Nathan Stein, Eileen Delaney, Leslie Lebowitz, William P. Nash, Caroline Silva, Shira Maguen, Moral injury and moral repair in war veterans: A preliminary model and intervention strategy, *Clinical Psychology Review*, 29, 2009, 698.

<sup>28</sup> Nancy Sherman, *Afterwar: Healing the Moral Wounds of Our Soldiers* (New York, Oxford University Press, 2015) 10.

<sup>29</sup> <http://brite.edu/wp-content/uploads/2013/07/12Step-Moral-Injury-Meeting-Book.pdf>.

<sup>30</sup> Quote provided by Rita Nakashima Brock in response to an email inquiry. Sept. 9, 2015.

Likening an affected veteran to the Biblical character Job, Edward Tick, PhD, says that the traditional professional “Comforters” of society -- psychiatrists, institutional religion, politicians and welcome-home parties – have failed to provide the network needed to restore injured veterans to full functioning. Instead, he points to six steps that he sees as common throughout history to restore returning veterans including:

- 1) Isolation and tending, where returning warriors spend time in isolation to remove the internal detritus of battle;
- 2) Acceptance of warrior destiny: Tick says that before a veteran can return, he or she must accept their actions and their responsibility. Tick mentions the Serenity Prayer, often used by AA and Celebrate Recovery adherents, as a step toward acceptance.
- 3) Purification and cleansing, seen as a way to wring out the poisons of war;
- 4) Storytelling and confession, as a form of purification;
- 5) Restitution in the community, perhaps in the nation where war was fought, perhaps in the surrounding community once back home;
- 6) Initiation, a return to society after dealing with aftereffects.<sup>31</sup>

For battlefield chaplains and soldiers, moral injury is a much more visceral experience involving flashbacks, numbness, hyperalertness and a general inability to function in their prewar world. For Army Chaplain Roger Benimoff, the issue of theodicy – how can God allow evil in the world – proved a stumbling block that led to his own moral paralysis. In his book, “Faith Under Fire: An Army Chaplain’s Memoir,” Benimoff talks about how badly he was shaken by the bloodshed during his tours overseas, how it affected his ability to function when he returned home, and how a stint in Walter Reed Hospital’s PTSD unit was necessary for him to confront and process his own wartime experiences.<sup>32</sup>

For Lt. Col. Bill Edwards, it was his role as an overseer of torturers in Iraq that led to

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<sup>31</sup> Edward Tick, *Warrior’s Return: Restoring the Soul After War* (Sounds True, Boulder, CO, 2014) 206-215.

<sup>32</sup> Roger Benimoff, *Faith Under Fire: An Army Chaplain’s Memoir* (Crown Publishers, New York, 2010).

detachment from his moral code. Leaving off his military uniform and wearing a mask, he sat through dozens of interrogations to uncover terrorist activities. He was there to provide a tempering voice, based on his extensive military experience, but he found it difficult to maintain a clear sense of right and wrong during the ambiguities of the hunt for Iraqi enemies. In “God Is Not Here: A Soldiers Struggle With Torture, Trauma, and the Moral Injuries of War,” he finds that the ethical dilemmas he was forced to confront left him without a moral compass. “I want to believe in God but I just can’t. I need this, this hope, even though I hold no stronger conviction than that there is no God.”<sup>33</sup>

Noted researcher Jonathan Shay, who worked extensively with veterans before retirement, said in a 2007 interview that, “My sense is that this is a fundamentally religious issue. It’s possible to package it as a mental health issue, but I think we lose out. Even people who have had good secular treatments for their trauma still feel a need for the religious dimension of it. I don’t think as a society we’re offering it.”<sup>34</sup>

These comments from military members and researchers suggest that concepts drawn from practices often associated with spirituality and/or religion -- such as confession, repentance and redemption – might be worth considering when searching for approaches to deal with moral injury. I will use the next section to look at the types of personal injuries – moral injuries – that several alcoholics suffered during their active drinking, to examine how the 12-Step program functioned in their experience.

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<sup>33</sup> Lt. Col. Bill Edwards, *God Is Not Here: A Soldiers Struggle With Torture, Trauma, and the Moral Injuries of War*, (Pegasus Books, New York, 2015) 157.

<sup>34</sup> Benedicta Cipola, *Healing the Wounds of War*, *Religion and Ethics Newsweekly*, Nov. 30, 2007, <http://to.pbs.org/1RA5IIE>.

### 3 INTERVIEWS ON ALCOHOLISM AND MORAL INJURY

For this thesis, I interviewed eight Caucasian men over the age of 50 with more than five years' sobriety.<sup>35</sup> I received Institutional Review Board (IRB) approval to conduct the interviews on June 16, 2015, and I have attached a copy of the consent form used as Appendix C. I recruited the interviewees primarily through friends and family connections. In each case, I explained to the prospective interviewee beforehand what the interview was about, that he could opt out at any time, and the types of questions that would be asked.

I presented each interviewee with a copy of the consent form and went over it aloud before the interview began. For their records, I also provided each interviewee with a copy of the consent form, which contains names and phone numbers to call if the interviewee is troubled by the interview. Because alcoholism still carries a stigma, I assigned random numbers to the interview subjects before the interviews began, and their responses were kept in a locked filing cabinet drawer.

My primary methodology was to ask a series of questions, write down pertinent answers, and summarize the material afterward. The questions were designed to highlight the dynamics of moral injury and how the 12 Steps addressed that. I concentrated on the “before” and “after” stories of their drinking, rather than the specific details of step work done by each interviewee. All my interviews were conducted in private locations, and I used the same set of 18 questions for each interview, though I asked follow-up questions as appropriate. The set of questions is attached as Appendix B.

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<sup>35</sup> I interviewed men over 50 with more than 5 years' sobriety aiming to limit factors that might be extraneous because of generational differences. I chose to interview Caucasian men, given that 89 percent of AA's estimated 1.3 million members in the United States are Caucasian. I picked 5 years as the cutoff to ensure that all interviewees had had time to reflect on their experiences.

After gathering basic demographic data, the questions focused on examining whether their drinking led them to morally injure themselves (by doing or saying something while drunk that they could not square with their personal conscience when sober), and, if so, how their feelings changed, if they did, after working the 12 Steps. In parallel, I asked a series of questions about their conceptions of their spirituality or religiosity before and after taking the 12 Steps.

In my interviews, each man said they regretted actions they had taken while drinking. For some, those actions were simply part of a broader lifestyle they detested but felt trapped in. In some cases, the men felt that their drinking kept them from a spiritual life. In several cases, the interviewees had given no initial thought to spirituality or the possibility that drinking had led them to injure themselves; they were focused on the explicit day-to-day actions necessary to deal with their alcoholism.

The interviews were designed to discover if there could be a basis for thinking that the concept of moral injury might be worth considering when examining the mechanics of the 12 Steps by looking at the experiences of alcoholics who had taken the 12 Steps. When I explained the concept of moral injury to the interviewees, not all the men saw it as applying to them. Some described their story as simply a case of legal and personal problems piling up; they said they went to AA to reduce the pressure from external sources like relatives and courts. As the individual interviews progressed, all of the men recalled incidents that left them with guilt or shame, though they did not necessarily see it as an injury to themselves.

Six of the interviewees are practicing members of AA, while two are members of Celebrate Recovery. AA defines itself as a “fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.” Founded in 1935 by two self-labeled alcoholics, Dr.

Bob S. and Bill W., the organization is based on precepts, including its 12 Steps to recovery, found in its book, *Alcoholics Anonymous*, also known as the Big Book.

Celebrate Recovery, an organization founded by members of Pastor Rick Warren's Saddleback Church in Lake Forest, CA, describes itself as "a biblical and balanced program that helps us overcome our hurts, hang-ups and habits. It is based on the actual words of Jesus rather than psychological theory." Celebrate Recovery modified the 12 Steps to cover an array of issues, including alcoholism, drug addiction, lust, overeating and same-sex attraction. One key Celebrate Recovery difference from the AA program is its broad focus. AA is devoted strictly to dealing with alcoholism, though it has been used as a model for a host of programs dealing with other problems, including Overeaters Anonymous and Narcotics Anonymous. A second key distinction is that Celebrate Recovery relies explicitly on Jesus Christ as its Higher Power, whereas AA uses broader terms, such as "God as we understood him."<sup>36</sup> Both programs, though, use the 12 Steps as a template for recovery.

The 12 Steps outline an approach that begins with an acknowledgement that a person is powerless over his or her addiction and that his or her life is unmanageable. The second and third steps underscore that, while asking a Higher Power to take charge of daily living. The steps also rely on acknowledgement of wrongdoing (creating a moral inventory), repentance (making amends), and redemption (a program to ensure that those injuries do not occur again). That dynamic is familiar to many Christians, though members of AA typically do not view their activities as explicitly Christian or their program as religious.<sup>37</sup>

The purpose of working the 12 Steps is to ensure that a person changes by cleaning up their past, i.e. in effect, by addressing their moral injury. They also assess their behavior and

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<sup>36</sup> See Twelve Steps in Appendix A.

<sup>37</sup> "The AA Program – Spiritual But Never 'Religious,'" *Alcoholics Anonymous*, accessed Nov. 11, 2015, [http://www.aa.org/assets/en\\_US/f-13\\_fall03.pdf](http://www.aa.org/assets/en_US/f-13_fall03.pdf).

personal faults and finally set their life on a path that will help them refrain from actions that hurt themselves or others.<sup>38</sup> The final three steps – taking a daily moral inventory and promptly making amends; seeking a conscious contact with a Higher Power through prayer and meditation, and practicing the 12-Step principles in all activities – are designed to limit moral injury on a daily basis. I contend they take the 12 Steps to address past actions that led to moral injury and establish a daily program to ensure that it does not recur.

All the men I interviewed had completed the 12 Steps. In several AA meetings I attended, the meeting leader announced that they believed that the guidance of a sponsor, a person who has more time and experience in the AA program, would be helpful in working the 12-Step program. AA's Big Book includes a specific approach to creating a moral inventory, though each sponsor is free to amend the Big Book's suggestions or adopt his or her own approach. AA's Big Book does not approach the concept of moral injury initially by examining how the alcoholic has been injured by his addiction. Instead, it begins with a review of who the alcoholic resents and why. A member is told that the list of resentments should include incidents and situations that gnaw at them, that effectively engage their energy and paralyze them.<sup>39</sup> It puts a priority on the alcoholic recognizing their role in creating those situations, as well as providing a better balanced understanding of the dynamics of each resentment. The list also provides a list of personal shortcomings to be addressed in Steps 6 and 7, as well as a list of people who have been hurt as a result of addictive behavior.<sup>40</sup>

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<sup>38</sup> Bill W., 58-88.

<sup>39</sup> The instructions in AA's Big Book on working the 12 Steps focuses on making amends to others as a means of repairing moral injury, not on making amends to oneself. In short, I contend that the moral injury is repaired by dealing with the results of morally injurious actions.

<sup>40</sup> Bill W., 64-71.

### Big Book Inventory Example

I'm resentful at:	The Cause	Affects my:

Step 9 tells AA members to ‘make amends’ for their wrongdoing, which can be as simple as an apology or as substantial as reimbursement for stolen items. In the process, AA members effectively establish their own moral code – necessary to determine who is owed amends – and take steps to ameliorate actions that violate that code. Celebrate Recovery in the Atlanta area works the 12 Steps in a group, usually over several months, aiming for the same results.

### 3.1 The Interviews

#### Interview 1

He drank alcoholically for 18 years but has now been sober for 38, the longest of anyone interviewed. For him, drinking initially made it easier to talk to girls as a teen and function in college among those who were better off financially. “I fit in. If it did that, why would you quit?” But in time, the payoffs diminished and the penalties got harder. He had several children, including a disabled son, and he remembers a time he picked one up late at daycare. “I told my wife, ‘I paid the \$15 (late fee).’ I was totally oblivious to the sense of abandonment a child might feel.” He remembers being burdened by the feeling that he was not living up to his obligations. “My boy needed a dad.” Since getting sober through working the 12 Steps in AA, he has walked both daughters down the aisle, and, when his son died unexpectedly, he says, “There was grief but no regrets.” A lifelong Catholic, he believes his spiritual life only began after he quit drinking and took the 12 Steps. “I recognize that what I was doing was the most unspiritual thing

I could be doing.” His concept of spirituality evolved gradually. “Now I pray to the Lord to make me useful. It used to be, gimme this, gimme that.” Today, he believes that guilt can be avoided simply by avoiding the actions that bring it on. “If you want self-esteem, do esteemable things.”

### **Interview 2**

He drank alcoholically for 15 to 18 years, and has been sober for 7. He has vivid memories of waking twice to find he had knocked out his front teeth while drunk. He also remembers waking up after drinking, thinking, “Oh, God. Why did I do that again? I was worried others would know.” To ensure they didn’t, he isolated himself, refusing to answer calls from his family on holidays and telling his sister ‘no’ when she asked him to walk her down the aisle. He remembers drinking as much and as often as he could, cutting back only when circumstances, like three drunken driving convictions, required a break. He readily acknowledged that, “I injured myself through drinking.” After making amends as part of the 12 Steps, he now believes he has the beginnings of a spiritual life. He recently stepped up his participation in AA after a divorce, and he wants to expand his involvement in creating a spiritual life of his own understanding. He has begun praying daily, though he says, “I need more than the meetings, the sponsor and the steps; I am looking for a church.”

### **Interview 3**

He drank alcoholically for 17 years, beginning at 14, and has been sober for 27 years. Despite having an alcoholic father, he had a happy childhood, where he excelled at sports. He planned to ride his football prowess to a life as a professional athlete, until an illegal hit broke his back in high school and ended his sports dream. He first came to AA after a 1980s drunken driving arrest, though without a serious commitment to sobriety. During the next five years – he calls them the Dark Years – he lost his job, his girlfriend, his car and his license. “This is loser

territory, here.” He spent time in jail and a treatment center, and he believed that insanity was beginning to enter his drinking world. When he returned to AA, he felt “complete and utter demoralization,” a paraphrase from AA’s Big Book. He asked for help, got an AA sponsor, took the 12 Steps and began praying on his knees daily. “Coming to AA started my restoration.” He found it difficult to return to the Christian God of his youth and instead fashioned an understanding of a God more in line with his naturalist worldview. He talks to his Higher Power several times a week and seeks a conscious contact with that entity during AA meetings. He attended the AA International Convention in Atlanta in July 2015, seeking to strengthen that connection. He wholeheartedly believes he suffered moral injury as a result of his alcoholic actions and thinks that many other AA members suffer from it as well.

#### **Interview 4**

He drank alcoholically for 8 years and has been sober for 30. He knew, almost from the beginning, that his drinking was not normal but he says it took a while to figure out that abstinence was the answer. “As a young man, there was a big gap between the person I was and the person I wanted to be.” For him, a drunken driving arrest provided the impetus to join AA and work the 12 Steps, but he also had regrets for drunken behavior and its consequences. Once, he got punched while in a blackout and the blow popped loose a crown. During his drinking, he spent a lot of time trying to rationalize and/or justify his behavior. “I deviated from my own standards and values. I was hung over, drinking on the job, and I lacked relationships; to be in one I needed to not be me.” When he joined AA, he listened to more experienced members, followed their advice, and saw his life gradually begin to change. He prayed as a child and he prays today, though he says his earlier prayers were requests for material possessions or desperate pleas to get out of trouble. Today, his prayers are centered on a request to remain sober

and to gain ‘knowledge of His will for us and the power to carry that out,’ a quote from AA’s Big Book. He says his life is good today. He has a decent career and he can be a good friend and a good husband. “I credit AA and my Higher Power for that.” During the interview, he struggled to grasp the concept of moral injury, asking a number of questions. At the end, he remained unsure that the concept could be applied to him.

### **Interview 5**

He drank alcoholically for 17 years and has now been sober for 36. For years, others had been telling him he had a drinking problem, including two judges after drunken accidents. When he was ordered to attend AA meetings during sentencing, “I saw it as a joke. I would sign my own papers and I wouldn’t go.” (Courts often require those sentenced to AA meetings to get the signature of the meeting’s chairperson.) He was arrested the day of his high school graduation, but by then he had been drinking for several years. “It soothed over a lot of hurts.” The deaths of two close drinking buddies led him to question his lifestyle, along with a string of painful confrontations directly related to his drinking. As remorse began to grow, “I realized maybe I had a problem. Maybe.” Still, when he went to AA, he was first focused on dealing with his immediate need to stop drinking. When he began to take AA seriously, he found a pair of sponsors and began to work the 12 Steps. At that time, he prayed every day to stay away from a drink. Now, he prays to do God’s will. His change of focus is reflected in his daily life. “Before, I had a total disregard for everything.” Now, he volunteers regularly for several charities and is quick to give a ride to an AA neophyte without a license. In his interview, he initially did not see where he had hurt himself while drinking. As the interview continued, he would interrupt the flow of questions to inject instances where he had embarrassed himself, or caused himself legal

problems, though he showed no interest in the concept of moral injury per se when it was explained.

### **Interview 6**

He drank alcoholically for 9 years and has been sober for 23. For him, his drinking activities amounted to spiritual sin. “Even during my drinking, I’d ask for forgiveness. One night, I cried out; I knew enough to cry out for help. It was a nightly thing, asking for forgiveness for hurting my family, my wife, my friends. Everything you do is wrong when you are drinking.” He remembers living in absolute misery and self-loathing, not caring for anything for the last few years of his drinking. He had reached the point where his liver was damaged when his employer offered him the option of going to an addiction treatment center or being fired. The center pointed him to AA, and he began attending meetings. As he worked the 12 Steps, he began to regain a sense of personal integrity. Still, after 14 years, he began to feel uncomfortable in AA. “As I grew spiritually, I found I couldn’t talk about Jesus Christ. It sort of offended me.” (Within AA, the description of God or a Higher Power is described so broadly that people of all faiths – and those with none – can find accommodation in meetings. As a result, explicit professions of Christian faith can sometimes draw rebukes from other members.) He then left AA and later organized a meeting of Celebrate Recovery, a program patterned after AA with a straightforward affiliation to Jesus Christ and the Bible. “I felt like I was coming home, incorporating my faith into recovery.” Within Celebrate Recovery, he says he walks daily in relationship with God. He knows a number of other AA members who are considering moving to Celebrate Recovery so they can blend their Christian faith with their recovery in part by openly using the name of Jesus Christ in place of AA’s more ambiguous “Higher Power.”<sup>41</sup>

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<sup>41</sup> Celebrate Recovery ties the 12 Steps to Biblical verses, asserting that each step has a corresponding scripture underlying it.

**Interview 7**

He drank alcoholically for 20 years and has been sober for 30. He thought drinking would help him overcome his social handicaps of small stature and stuttering. "I thought Crown Royal sounded cool. It made me cool for a while." He turned to confidence schemes to reinforce his self-image. "If I got one over on you, I thought it would make me stronger, better." But he found instead that he was piling up regrets over his actions. Finally, one morning he just quit, on his own. Four years later, he went to an AA meeting, after a talk with his girlfriend. While he didn't relate to the actions of the others there, he did relate to their feelings of not fitting in and loneliness. "I heard the truth in a world of BS." He hung around the meetings and finally began working the 12 Steps nine years later. "It gave me a better life, no question." As a result of his self-assessment in Step 4, he adopted new attitudes. "I'm not the brightest in the room. I'm not the smartest guy in any setting, and I always thought I was. I was an atheist, but now I pray about wanting to do God's will." He also looks at others differently. When he drank, he was quick to judge others and find them wanting. But he adopted an AA mindset that urges members to view other members as sick people trying to get better. In time, he began to apply that yardstick to everyone he met during the day. "I give them a lot of room now."

**Interview 8**

He drank for 20 years and has been sober for 19. He began to deal with his drinking when his wife threatened to leave. They went to a counselor, who directed him to AA. "I had no clue about AA. I thought it was to teach me how to manage my drinking." He had used the alcohol to cover up pain and guilt caused by his actions but found that drinking simply led to more pain and guilt. Still, his early intention was not to quit, though he expected that he would have to change

some of his behavior. When he went to AA, though, he had a revelation. While he had always believed in God, it had never occurred to him to forge a personal relationship with his deity. When he heard that concept proffered in AA meetings, it strengthened his latent belief in Christ. “I worked through those Steps, and they brought me back to church.” While he credits AA for giving him a foundation to deal with alcohol, he found the organization’s singular focus to be too confining. Plagued by sexual and gambling problems, he looked for a way to apply the 12 Steps to those issues as well. He turned to Celebrate Recovery, with its modified 12 Steps that make them applicable to a variety of maladies including drinking, gambling, overeating and drug addiction. “I saw guys with 30 years (of sobriety in AA) out chasing young girls. I wanted more than that.” Given the strictures of his church upbringing, he looked for a way to harness the life-changing aspects of 12-Step work to other issues, an approach that is central to Celebrate Recovery. Today, he is the leader of a Celebrate Recovery meeting and is a regional representative in its organizational structure.

### **3.2 Interview Summary**

AA is deliberately organized for maximum flexibility. On the aa.org website, it says that its groups are generally not accountable to any central authority, and individual meetings are not required to abide by measures approved by regional committees. While Celebrate Recovery is a bit more centralized, it, too, exhibits a variety of meeting styles. Both organizations rely on volunteers to organize and run their meetings, as well as provide mentoring services to new members. Both groups apply their versions of the 12 Steps to assist in recovery from alcoholism, and, in AA, the 12 Steps retain their original form, first outlined in 1939. These interviews reveal a similarity in outcome, though each story reflects differences in spiritual sensibility, drinking patterns and background.

Eight stories do not, in themselves, prove that the 12 Steps can be useful in treating moral injury. They do indicate, though, that the underlying dynamics of the 12 Steps might be worth considering when looking at approaches to dealing with moral injury.

#### **4 Significance of Research**

Although the 12-Step model was designed to deal with alcoholism as a whole, a number of its steps are aimed at dealing with the detritus of the past, in particular that part of the past that focuses on problems an active alcoholic caused by violating his or her own standards. While the origins are quite different, an alcoholic's moral injury inhibits her or his ability to function fully in society, much as a veteran's moral injury can block their smooth return to civilian life. As such, it may be possible that the 12-Step model offers a practical approach to dealing with some aspects of the moral injury experienced in other contexts, including those of veterans. When I interviewed Celebrate Recovery members, I focused solely on those with alcoholism, but their meetings are filled with others dealing with issues such as anger, overeating, lust and people-pleasing. Those experiences indicate that the 12 Steps might be a viable approach to dealing with issues not normally considered addiction-related but still related to moral injury.

However, there are potential objections. An objection might be to found in the observation that the moral injury inflicted by an alcoholic upon himself or herself – abusing a spouse, missing work, failing to pay bills – cannot equate with the horror of a soldier who kills a child or oversees torture. It is true: They are not equivalent. I would contend, though, that it is the process, rather than the content, that is worth considering. Further, it may also be that the Christian dynamic of acknowledgement of sin, confession and redemption – embodied in the 12 Steps -- might not be a useful approach for the approximately 30 percent of the U.S. population

without a Christian affiliation. Further study would be needed to determine that, but research has found that atheists can succeed in AA without compromising their beliefs.<sup>42</sup> Finally, this research was limited to only a small subset of the conditions found in the stories of a few recovering alcoholics. Further research would be needed to ascertain the viability of my suggestions.

#### **4.1 Other significant considerations and questions**

For much of U.S. history, religion and alcoholism have been entwined. In the beginning, anti-alcohol advocates often invoked the power of religion to fight the effect of overconsumption; later, the “God of your understanding” was called upon to counter the addiction’s pull. As a result of the centuries-old tug-of-war, American society has evolved an approach to alcoholism that’s unique, compared to how it deals with other societal ills.

There are several questions that are raised by America’s attempt to deal effectively with alcoholism, including:

- What does it mean for the study of spirituality/religion when a key recovery method for a major illness calls for a Christian dynamic as part of its cure? How do we study that, how do we isolate its effects, how do we credit its role as a religious force?
- What does it mean to the individual identities of those who are not particularly religious to accept that a response based on a concept of a higher power is required to fight a potentially fatal condition?
- How did the United States come up with a model that sees alcoholism as a disease with a spiritual component, even if it is not clear what species of spirituality is

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<sup>42</sup> J. Scott Tonigan, Spirituality and Alcoholics Anonymous, *Southern Medical Journal*, 100, 437, 2007.

being talked about? I know of no other condition that is so characterized. How does this characterization fit into the larger context of current American society?

- What are the implications for the separation of church and state when pertinent government agencies and corporate entities routinely accept that a condition affecting millions of Americans seems to require a response that is labeled spiritual by its practitioners? Further, if the 12 Steps can be a valid response to moral injury in veterans, how will the nation at large adapt to the potential for accelerated erosion of the division between church and state?

Most of these questions are beyond the scope of this paper, but one is pertinent, if only to understand the current context: The question of how the United States came up with a medical/spiritual model to combat alcoholism.

#### **4.2 A bit of history and a curious compromise**

A unique blend of American pragmatism, medical intervention and public moralizing about alcoholism – combined with AA’s success – has capped a centuries-long struggle for a national answer to the nation’s alcohol problem. Today, many people give unthinking acceptance to AA and its 12 Steps for its perceived role as a savior of the addicted. Stepping back, though, we have to ask: How did we get to a point where a mashup of medical treatment and a self-defined spiritual program became America’s best answer to addiction? While the recovery rate is difficult to ascertain for an anonymous organization, estimates range from 3 percent to 35 percent for those entering AA in pursuit of abstinence. Because that range is less than half of those afflicted with alcoholism, robust research is continually underway, looking for refinements to improve recovery rates. Relatively little work has been done by Religious Studies scholars on spirituality and alcoholism, and, before further study by those scholars begins, it might be useful

to take a brief look at the history of the disease in the United States in an effort to both place the issue in context and highlight some of the complexity surrounding current approaches.

Questions about how to deal with alcoholism began with Colonial clergy and physicians searching for effective means to combat the disease. And today's most-applied solution – hammered out in American history --seems to blur the line between church and state, raising questions of where appeals to God end and where state authority starts.

It is an issue with a long history, one which outlines how a program to deal with alcoholism, calling itself spiritual, became an established institution in modern America. To begin, overconsumption of alcohol has been a concern in the United States from its inception. James Oglethorpe, founder of the Georgia colony, tried to ban rum to stem its potential ill effects on his work force, while Benjamin Rush, a signer of the Declaration of Independence and a physician, suggested that alcoholism was an illness, writing a cautionary text, well-known at the time, called the *Inquiry into the Effects of Ardent Spirits Upon the Human Body and Mind*, in 1785.

Compared to consumption today, there was cause for worry. In 1770, government and commercial figures estimated that annual per-capita alcohol consumption for those fifteen years and older amounted to approximately 3.5 gallons of pure alcohol. Alcohol consumption in 1975 amounted to approximately 2 gallons of pure alcohol.<sup>43</sup>

For British colonists, it was simply part of a behavior pattern learned before they migrated. Water in Britain was dangerous to drink, contaminated by careless human hygiene and growing industrial pollution. To combat the deleterious effects of overconsumption, the British passed the Gin Act in 1736, raising taxes in an effort to stem the consumption of distilled spirits

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<sup>43</sup> W.R. Rorabaugh, *The Alcoholic Republic: An American Tradition* (Oxford University Press, New York, 1979) Appendix A. These 1770 figures are estimates only.

and turn the drinking population to the supposedly less-harmful beer. In the Americas, there was plenty of good drinking water, but, again, careless consumption around human habitation led to illness, reinforcing the British cultural preference for alcohol-based beverages.

In the United States, attempts to stem the effects arising from overconsumption of alcohol have been numerous, supported by a continuing temperance campaign with several public-interest spikes during its history. In most cases, clergy and other moralists were involved in decrying the abuse of alcohol. “The thing has arrived to such a height, that we are actually threatened with becoming a nation of drunkards,” claimed the Green and Delaware Moral Society in 1815.<sup>44</sup> Members of the clergy often took the lead in combatting alcohol abuse. In 1826, the American Temperance Society was founded by noted preacher Lyman Beecher and preacher Justin Edwards, both Presbyterians. The Society grew within 10 years to include an estimated 1.5 million members who had taken a pledge to abstain from distilled liquor. In the 1850s, a movement called the Washingtonians – founded by laymen who emphasized a secular approach similar to that later practiced by AA -- experienced a surprising degree of success by using an approach where one abstinent alcoholic counsels another struggling alcoholic, rather than receiving guidance from clergy or other advisers. In addition, the Washingtonians targeted heavy drinkers, who are estimated to consume as much as 55 to 80 percent of all available alcohol.<sup>45</sup> Even as they took a secular approach, they sparred with ministers eager to insert themselves into an issue they considered moral and reformist. The Washingtonians experienced a brief surge in membership before tearing itself apart when members took opposing views on the issues of legally banning alcohol and opposing slavery.

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<sup>44</sup> Rorabaugh, 4.

<sup>45</sup> Cullen Habel, Cam Rungie, Larry Lockshin, Tony Spawton, The Pareto Effect (80:20) in Consumption of Beer, Wine and Spirits: A Preliminary Discussion, <http://bit.ly/1P95fIR>.

Clergy and other moralists have not been the only ones with a history of attempting to address alcoholism. Since Colonial times, there have been efforts to approach alcoholism from a medical perspective, separate from a spiritual response. Rush's early writings began an effort, parallel to religion's attempts, to find ways to effectively stem the effects of rampant alcoholism, including the founding of the American Association for the Cure of Inebriates in 1870. In 1876, the Public Hygiene and State Medicine committee of the American Medical Association took up two resolutions related to excessive drinking. One said the inebriates (the word 'alcoholic' was not in use then) should not be housed in institutions for the mentally ill, while the second said that "inebriety being both a disease and vice – a vice as related to man's normal nature, and a disease of his physical organization" required a separate treatment facility.<sup>46</sup> Various states and physicians had already created a network of facilities to deal with alcoholism before the beginning of Prohibition.

The temperance movement also produced flamboyant figures like Carrie Nation, an anti-alcohol crusader who used a hatchet to attack saloons in the late 1800s. Nation, who described herself as "a bulldog running along at the feet of Jesus, barking at what he doesn't like," was a member of the Christian Women's Temperance Union.<sup>47</sup> The CWTU, which still exists, claimed 150,000 dues-paying members in the late 1800s. Abstinence advocates, like the CWTU and the Anti-Saloon League, relied chiefly on arguments about the social consequences of unbridled drinking, often with a strong moral undertone that saw drinking both as a sin and a social blight. Those two groups were instrumental in organizing support for a nationwide ban on alcohol in the United States.

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<sup>46</sup> Sarah W. Tracy, *Alcoholism in America: From Reconstruction to Prohibition* (The Johns Hopkins University Press, Baltimore, MD. 2007) Kindle, Location 505.

<sup>47</sup> Public Broadcasting Service, American Experience series. Accessed Nov. 26, 2015. <http://www.pbs.org/wgbh/amex/1900/peopleevents/pande4.html>.

Their efforts culminated in the era of Prohibition, spurred by the passage of the 18<sup>th</sup> Amendment to the U.S. Constitution, a ‘social experiment’ to rid the nation of alcohol and its problems. It was widely ignored, and a class of urban mobsters rose to supply the nation’s thirst. Research indicates, though, that Prohibition did have a significant impact on the nation’s overall alcohol consumption, driving it down nearly a third to a half during its enforcement.<sup>48</sup> It is beyond the scope of this paper to speculate on the effect that Prohibition had on long-term drinking patterns in the United States, but it is clear that a changing nation also adopted different drinking habits. Paradoxically, there is some speculation that Prohibition created the conditions where AA could flourish. According to that theory, Prohibition caused alcoholism clinics to close, creating few other options for sober-seeking overconsumers by the early 1930s.<sup>49</sup>

AA began during the Great Depression, and research has shown that binge drinking increases during difficult economic times.<sup>50</sup> Why didn’t AA become a footnote in history, like earlier temperance movements? Again, it is beyond the scope of this paper to fully examine the differences, but there are several that stand out. To begin, AA was not a public crusade; the organization generally eschews publicity today and makes a determined effort to keep its members anonymous. It is also member-run, with no moralizing from those who don’t suffer from alcoholism, and it focuses on the alcoholic, not the alcohol, as did most early temperance movements. There is no public money involved, and no public approval needed by the private program. Hence, there is no need to engage in debates about the appropriateness of the AA program. AA says that it avoids entanglement with ‘outside issues,’ including questions about its

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<sup>48</sup> Mark H. Moore, Actually, Prohibition Was a Success, *The New York Times*, Oct. 16, 1989. Accessed online on Oct. 12, 2015. <http://nyti.ms/1WDw7C3>.

<sup>49</sup> Jack S. Blocker Jr. Did Prohibition Really Work? Alcohol Prohibition as a Public Health Innovation, *American Journal of Public Health*, 96, 2006, 233-243.

<sup>50</sup> UM Researchers Find Connection between Macroeconomic Conditions and Alcohol Consumption, News Release, University of Miami, Oct. 12, 2011, accessed on Oct. 12, 2015. <http://bit.ly/1L85Iam>.

successes or failures.<sup>51</sup> It does not attempt to pass laws, establish alcoholism agencies or secure funding for itself or the ventures of any of its members. It says that it ‘neither endorses nor opposes any causes,’ allowing it to avoid internal rifts based on political or cultural differences.<sup>52</sup> In short, it focuses strictly on the individual alcoholic, providing a series of one-on-one interactions designed to spread sobriety to those who want it.

Because it is voluntary and largely unengaged in public discourse, AA has found it relatively easy to avoid accounting for its practices, though it comes under sporadic attack. Often it is not the 12 Steps, widely adopted by profit-making addiction centers, that are targeted but rather the cost of treatment or elements of AA’s recovery culture. Still, AA the organization can be conflated with the general addiction treatment model of the steps used by for-profit addiction treatment centers.<sup>53</sup>

When criticisms of a spiritual model are raised, they seldom gain traction with either government or citizens. Until recently, the United States had a reputation for pragmatism, a desire for solutions rather than theory when confronting a problem. Philosophy professor Mike W. Martin says the dual model is accepted in part because it has practical applications in dealing with the vexing issues surrounding alcoholism. “Convincing alcoholics that they are victims of a disease relieves them of the guilt, shame, and self-blame that partly fuels their abusive drinking. In addition, the disease model draws them into the health care system where they receive the benefits of massively-funded government, insurance, and medical programs, as well as from mutual-aid programs conducted by laypersons, such as AA, that promulgate the disease

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<sup>51</sup> Twelve Steps, 176.

<sup>52</sup> AA Preamble, read at the beginning of many AA meetings.

<sup>53</sup> For an example, see: Gabrielle Glaser, The Irrationality of Alcoholics Anonymous, *The Atlantic*, April 2015 issue. Accessed Nov. 15, 2015. [http://www.theatlantic.com/magazine/archive/2015/04/the-irrationality-of-alcoholics-anonymous/386255/#disqus\\_thread](http://www.theatlantic.com/magazine/archive/2015/04/the-irrationality-of-alcoholics-anonymous/386255/#disqus_thread) For a response, see: Jesse Singal, Why Alcoholics Anonymous Works, *New York Magazine*, March 17, 2015 issue. Accessed Nov. 25, 2015. <http://nymag.com/scienceofus/2015/03/why-alcoholics-anonymous-works.html#>

model.”<sup>54</sup>

The dual model is also largely accepted by governmental agencies, which fund continuing research into alcoholism, some of which includes parsing the precise effects of spiritual activity in the lives of alcoholics. Alcoholism is simply one of a number of diseases, including cancer and mental illness, that have been institutionalized by the state in an effort to find cures. But, alcoholism is the only one with an often-touted treatment that relies significantly on a self-defined spiritual element.

Further, while courts have ruled that the routine practice of sentencing drunken drivers to attend AA meetings violates their constitutional rights, they still acknowledge the value of ending alcoholic drinking. In 1996, U.S. District Judge Gerard Goettel in California ruled that a non-religious defendant who had protested being required to attend AA meetings could not be required to go but had suffered no substantial damages as a result of his attendance, giving the defendant a \$1 award. Upon appeal, the 2nd U.S. Circuit Court agreed with the lower ruling, while adding that, “We reiterate our unhappiness with imposing damages on a governmental entity whose officials were seeking not to impose obligatory religion but to require an alcoholic to deal with his addiction...”<sup>55</sup>

While the majority of U.S. citizens seem to accept the duality and apparent contradiction of the medical/spiritual model, there are dissenters. Walker, et al., says that the concept of disease implies a physical condition, not a moral one, and points to the difficulty in measuring the state of mind of a person who might be in moral turmoil. In short, he sees no way to measure – much less replicate – a self-defined state of spirituality, which hampers attempts to test the

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<sup>54</sup> Mike W. Martin, Alcoholism as Sickness and Wrongdoing, *Journal for the Theory of Social Behavior*, (1999) 29, 2, 121.

<sup>55</sup> Conrad Goeringer, No Forced Alcoholics Anonymous Meetings for Atheists, <http://bit.ly/1VN1B6k>.

method with the scientific method.<sup>56</sup> Martin also points to the dichotomy of the medical vs. the spiritual models, but he thinks the difference can be conceptually bridged. For him, a strict physical definition of illness does not encompass all the ways an individual might be sick. “Although it (alcoholism) is not a physical disease per se, it is a disorder of agency that has physical, psychological, and moral dimensions.”<sup>57</sup> Since alcoholism is sometimes called “a disease of denial,” Martin suggests that the self-delusion of a chronic drinker qualifies as a disease symptom. Martin further implies that a distinction between the moral and medical models is secondary to the necessity of addressing the societal need to end the drinking. “A second bridge between morality and therapy is that moral values structure the goals and procedures of therapy.”<sup>58</sup>

## 5 CONCLUSION

This paper seeks to apply the lens of moral injury to the damage an alcoholic does to him or herself and examine some of the implications of so doing. As part of that, I looked at some aspects of alcoholism, in particular the oft-cited correlation between language of spirituality and sobriety, and I attempted to unpack some of the questions and considerations involved in applying the moral injury lens to recovery from alcoholism from a Religious Studies perspective.

I contend that the 12 Steps have been involved with the issue of moral injury for 80 years, though it was not originally characterized that way, nor is it characterized that way today. Celebrate Recovery has modified the use of the 12 Steps to deal with personal issues other than addiction, demonstrating that it may be possible to apply the 12 Steps to issues of moral injury

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<sup>56</sup> Walker, 1234-1235.

<sup>57</sup> Martin, 109.

<sup>58</sup> Martin, 112.

more widely. Despite its successes, though, it would be a mistake to assume that a 12-Step model would yield uniformly high success rates for any group suffering from moral injury, given that estimates of success vary. The problems brought on by moral injury are large and varied, and 12-Step facilitation is only one promising approach. Further research would be needed to determine how promising that approach might be, including more rigorous interviewing and an in-depth analysis of how the specific components of moral injury might apply to the unique circumstances of recovery.

Further, I've attempted to show how a unique combination of spirituality and science have come together to create the current hybrid approaches used today to combat alcoholism. Over the centuries, their separate approaches have evolved into a cooperative program that makes use of both an approach labeled spiritual and a medical model, one whose historical roots make it unlikely that it will be significantly modified in the near future. Because of its historical momentum and acceptance by those calling themselves spiritual, as well as by social science and medical experts, I contend the 12 Steps have become institutionalized as an approach to deal with a type of moral injury.

Also, I wanted to put the issue of alcoholism in its historical context. It is almost a cliché to say that those who do not study history are bound to repeat it, but there is an element of truth to that in the story of alcoholism in the United States. When the founders of AA began in the 1930s, they basically relied on each other, one alcoholic talking to another. That model also was used successfully by the Washingtonians more than five decades earlier, but their legacy had virtually vanished when they began to take sides on other issues, such as slavery, which

fractured the movement. AA literature says that their single-focus issue was informed by the example of the Washingtonian collapse.<sup>59</sup>

Finally, I wanted to raise the profile of AA and its reliance on a higher power to Religious Studies scholars, whose scrutiny might aid in understanding a program that asserts a spiritual foundation and helps millions of Americans. There are a number of other 12-Step programs that spread its influence beyond AA, including family members and sufferers of other addictions. In short, the 12 Steps have created a large pool searching for a higher power, one that overlaps at times with membership in traditional churches, yet steadfastly remains anonymous and largely unstudied from a Religious Studies perspective. It represents a challenge and an opportunity for Religious Studies scholars, one that only a handful have embraced. Social scientists and therapists are deeply involved in looking for workable solutions to problems created by alcoholism and moral injury, and the involvement of Religious Studies scholars could only enhance their efforts, as well as potentially create a greater understanding of the workings of belief in general.

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<sup>59</sup> Twelve Steps, 178.

## BIBLIOGRAPHY

Roger Benimoff with Eve Conant, *Faith Under Fire: An Army Chaplain's Memoir* (New York, Crown Publishers, 2009).

Jack S. Blocker Jr., "Did Prohibition Really Work? Alcohol Prohibition as a Public Health Innovation," *American Journal of Public Health* (2006) Vol. 96, 233-243.

Laurence Borrás, Yasser Khazaal, Riaz Khan, Sylvia Mohr, Yves-Alenandre Kaufmann, Daniele Zullino, Philippe Huguelet, "The Relationship Between Addiction and Religion and its Possible Implication for Care," *Substance Use & Misuse*, (2010) Vol. 45, 2357–2410. DOI: 10.3109/10826081003747611

Rita Nakashima Brock, Gabriella Lettini, *Soul Repair: Recovering from Moral Injury after War*, (Boston, Beacon Press, 2012).

Anthony E. Brown, Valory N. Pavlik, Ross Shegog, Simon N. Whitney, Lois C. Friedman, George Christopher Davis, Irina Cech, Thomas R. Kosten, and Robert J. Volk, "Association of Spirituality and Sobriety During a Behavioral Spirituality Intervention for Twelve Step (TS) Recovery," *The American Journal of Drug and Alcohol Abuse*, (2007) Vol. 33, 611–617.

Katherine A. Chavigny, "An Army of Reformed Drunkards and Clergymen": The Medicalization of Habitual Drunkenness, 1857–1910, *Journal of the History of Medicine and Allied Sciences*, (2014) Vol. 69, 383-425. DOI:10.1093/jhmas/jrs082

Benedicta Cipola, "Healing the Wounds of War," *Religion and Ethics Newsweekly*, Nov. 30, 2007, <http://to.pbs.org/1RA5IIE>.

Marilyn A. Cornish, Nathaniel G. Wade, "A Therapeutic Model of Self-Forgiveness With Intervention Strategies for Counselors," *Journal of Counseling & Development* (2015) Vol, 93, 96-104.

M. Kristina DePue, Andrew J. Finch, and Maury Nation, "The Bottoming-Out Experience and the Turning Point: A Phenomenology of the Cognitive Shift From Drinker to Nondrinker," *Journal of Addictions & Offender Counseling*, (2014) Vol. 35, 38-56. DOI: 10.1002/j.2161-1874.2014.00023.x

Helen Dermatis, Marc Galanter, "The Role of Twelve-Step-Related Spirituality in Addiction Recovery," *Journal of Religion and Health*, (2015) published online DOI 10.1007/s10943-015-0019-4.

William L. Dunlop, Jessica L. Tracy, "Sobering Stories: Narratives of Self-Redemption Predict Behavioral Change and Improved Health Among Recovering Alcoholics," *Journal of Personality and Social Psychology*, (2013) Vol. 104, 576-590. DOI: 10.1037/a0031185

Lt. Col. Bill Russell Edmonds, *God Is Not Here: A Soldier's Struggle with Torture, Trauma and the Moral Injuries of War* (New York, Pegasus Books, 2015).

Erin Finley, *Fields of Combat, Understanding PTSD among Veterans of Iraq and Afghanistan* (Cornell University Press, Ithaca, New York, 2011).

Marc Galanter, "Spirituality and Addiction: A Research and Clinical Perspective," *The American Journal on Addictions*, (2006) Vol. 15, 286-292.

Marc Galanter, Helen Dermatis, Gregory Bunt, Caroline Williams, Manuel Trujillo, Paul Steinke, "Assessment of spirituality and its relevance to addiction treatment," *Journal of Substance Abuse Treatment* (2007) Vol. 33, 257-264.

Rebecca Gray, "Shame, labeling and stigma: Challenges to counseling clients in alcohol and other drug settings," *Contemporary Drug Problems* (2010) Vol. 37, 685-703.

Brenna L. Greenfield, J. Scott Tonigan, "The General Alcoholics Anonymous Tools of Recovery: The Adoption of 12-Step Practices and Beliefs," *Psychology of Addictive Behaviors*, (2013) Vol. 27, No. 3, 553-56.

John F. Kelly, Robert L. Stout, Molly Magill, J. Scott Tonigan, Maria E. Pagano, "Spirituality in Recovery: A Lagged Mediation Analysis of Alcoholics Anonymous' Principal Theoretical Mechanism of Behavior Change," *Alcoholism: Clinical and Experimental Research*, (2011) Vol. 35, No 3, 454-463.

Phil Klay, *Redeployment* (New York, The Penguin Press, 2014).

Katherine V. Kortenkamp, Colleen F. Moore, "Ethics Under Uncertainty: The Morality and Appropriateness of Utilitarianism When Outcomes Are Uncertain," *The American Journal of Psychology*, (2014) Vol. 127, 367-382.

Amy R. Krentzman, Elizabeth A. R. Robinson, Brian E. Perron, James A. Cranford, "Predictors of Membership in Alcoholics Anonymous in a Sample of Successfully Remitted Alcoholics," *Journal of Psychoactive Drugs* (2011) Vol. 43, 20-26. DOI; 10.1080/02791072.2011.56649

Amy R. Krentzman, James A. Cranford, Elizabeth A.R. Robinson, "Multiple Dimensions of Spirituality in Recovery: A Lagged Mediation Analysis of Alcoholics Anonymous' Principal Theoretical Mechanism of Behavior Change," *Substance Abuse*, (2013) Vol. 34, 20-32.

Ernest Kurtz, "Alcoholics Anonymous and the Disease Concept of Alcoholism," *Alcoholism Treatment Quarterly*, (2002) Vol. 20, 5-6.

Ernest Kurtz, *Not-God, A History of Alcoholics Anonymous* (Center City, MN.; Hazelden Educational Services, 1979).

Brett T. Litz, Nathan Stein, Eileen Delaney, Leslie Lebowitz, William P. Nash, Caroline Silva, Shira Maguen, "Moral injury and moral repair in war veterans: A preliminary model and intervention strategy," *Clinical Psychology Review* (2009) Vol. 29, 695-706.

Karl Marlantes, *What It Is Like to Go to War* (New York, Atlantic Monthly Press, 2011).

G. Alan Marlatt, "Buddhist Philosophy and the Treatment of Addictive Behavior," *Cognitive and Behavioral Practice*, (2002) Vol. 9, 44-50.

Mike W. Martin, "Alcoholism as Sickness and Wrongdoing," *Journal for the Theory of Social Behavior*, (1999) Vol 29, 109-131.

Robert Emmet Meagher, *Killing from the Inside Out: Moral Injury and Just War* (Eugene, Oregon, Cascade Books, 2014).

William R. Miller, editor, *Integrating Spirituality into Treatment*, (Washington, D.C.; American Psychological Association, 2010).

David J. Morris, *The Evil Hours: A Biography of Post-Traumatic Stress Disorder* (Boston, Houghton, Mifflin, Harcourt, 2015).

Martine Carmona-Perera, Luke Clark, Liane Young, Miguel Perez-Garcia, Antonio Verdejo-Garcia, "Impaired Decoding of Fear and Disgust Predicts Utilitarian Moral Judgment in Alcohol-Dependent Individuals," *Alcoholism: Clinical and Experimental Research*, Vol. 38, No. 1, 179-185.

Katherine M. Piderman, Terry D. Schneekloth, V. Shane Pankratz, Shaun D. Maloney, Steven I. Althuler, "Spirituality in Alcoholics during Treatment," *The American Journal on Addictions*, (2007) Vol. 16, 232-237. DOI: 10.1080/10550490701375616

W. J. Rorabaugh, *The Alcoholic Republic: An American Tradition* (New York, Oxford University Press, 1979).

Nancy Sherman, *Afterwar: Healing the Moral Wounds of Our Soldiers* (New York, Oxford University Press, 2015).

Mahima Sukhwai, L.N. Suman, "Spirituality, religiosity and alcohol related beliefs among college students," *Asian Journal of Psychiatry*, (2009) Vol. 6, 6-70.

Edward Tick, *Warrior's Return: Restoring the Soul After War* (Boulder, CO., Sounds True, 2014).

J. Scott Tonigan, "Spirituality and Alcoholics Anonymous," *Southern Medical Journal*, (2007) Vol. 100, 437-440.

Sarah W. Tracy, *Alcoholism in America: From Reconstruction to Prohibition*, (Baltimore, The Johns Hopkins University Press, 2007).

Twelve Steps and Twelve Traditions, (Alcoholics Anonymous World Service, Inc., New York, 2013).

Everett L. Worthington, Diane Langberg, "Religious Considerations and Self-Forgiveness in Treating Complex Trauma and Moral Injury in Present and Former Soldiers," *Journal of Psychology & Theology* (2012) Vol. 40, 274-288.

Keith Humphreys, Janet C. Blodgett, Todd H. Wagner, "Estimating the Efficacy of Alcoholics Anonymous without Self-Selection Bias: An Instrumental Variables Re-Analysis of Randomized Clinical Trials," *Alcoholism: Clinical and Experimental Research* (2014) Vol. 38, 2688-2694.

Bill W., *Alcoholics Anonymous* (New York, 1986).

Robert Walker, Theodore M. Godlaski, Michele Staton-Tindall, "Spirituality, Drugs and Alcohol: A Philosophical Analysis," *Substance Use & Misuse*, (2013) Vol. 48, 1233-1245. DOI: 10.3109/10826084.2013.799020

Shelly A. Wiechelt, "The Specter of Shame in Substance Misuse," *Substance Use & Misuse*, (2007) Vol. 42, 399-409. DOI: 10.1080/10826080601142196

## APPENDICES

### Appendix A

#### *Appendix A.1*

##### 12 Steps of Alcoholics Anonymous

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

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## Appendix B

No. \_\_\_\_\_

### Moral Injury on the Home Front

#### Interview questions

1. Are you between 18 to 35? 36 to 50? 50 to 65? Over 65?
2. Male or female?
3. Are you an abstinent alcoholic?
4. For how long?
5. How long did you drink alcoholically?
6. Were you ever a social drinker?
7. Is there any history of alcoholism in your family?
8. Did you try to stop drinking before you were finally successful?
9. Are you a member of a religious organization?
10. Were you a member before you quit drinking?
11. Have your religious attendance/practices changed before, during and after your alcoholic drinking? If so, how?
12. Are you a spiritual person? Were you spiritual before your alcoholic drinking, or did that come afterward? If your spirituality has changed, could you describe what is different?
13. Why did you quit drinking? What feelings and thoughts led you to want to stop?
14. Were you involved in actions that led you to drink?
15. Did your drinking lead you to actions you regretted? Did they lead you to actions that violated your personal moral standards?
16. If not, what led you to want to stop drinking?
17. What actions did you take to quit drinking? Did those change over time?
18. Once you stopped drinking, did the reasons you stayed sober change? If so, how?

## Appendix C

Georgia State University Department of Religious Studies Informed Consent

Title: Moral Injury on the Home Front: Can a New Approach Provide Fresh Insight into Spirituality and Alcoholism?

Principal Investigator: Dr. Monique Moultrie Student Principal Investigator: Ed Van Herik

I. Purpose: You are invited to participate in a research study. The purpose of the study is to investigate the impact of moral injury on alcoholism. You are invited to participate because you are a self-admitted alcoholic over 50 with more than 5 years of abstinence. A total of 6 to 10 participants will be recruited for this study. Participation will require 2 to 4 hours of your time over one to two days.

## II. Procedures:

If you decide to participate, you will be interviewed either at your home or office, or at the home of investigator Ed Van Herik. The interview will last for a total of 2 to 4 hours. The interviewer will ask about the circumstances surrounding your alcoholism, including your reasons for stopping. He will also ask about your spiritual/religious life before, during and after your active alcoholism. The interviewer will also ask about your current spiritual/religious practices, if any.

## III. Risks:

In this study, you will be asked about your drinking experiences and your emotional state before quitting drinking. Those topics may be upsetting because we will be asking if your moral code was compromised by your drinking.

## IV. Benefits:

Participation in this study may not benefit you personally. Overall, we hope to gain information about the potential to use the concept of moral injury to provide insight into some aspects of active alcoholism.

## V. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

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## VI. Confidentiality:

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1

**IRB NUMBER: H15547 IRB APPROVAL DATE: 06/16/2015 IRB EXPIRATION DATE: 06/15/2016**

**GSU  
APPROVED**

We will keep your records private to the extent allowed by law. Dr. Monique Moultrie and Ed Van Herik will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board, the Office for Human Research Protection (OHRP)). We will use a study number

rather than your name on study records. The information you provide will be stored in a locked file cabinet in the home office of Ed Van Herik. Any electronic files will be stored behind a firewall on Van Herik's work computer. Facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally.

VII. Contact Persons:

Contact Dr. Monique Moultrie at 404-413-6110, [mmoultrie@gsu.edu](mailto:mmoultrie@gsu.edu), or Ed Van Herik at 404-431-1798, [evanherik1@gsu.edu](mailto:evanherik1@gsu.edu) if you have questions, concerns, or complaints about this study. You can also call if you think you have been harmed by the study. Call Susan Vogtner in the Georgia State University Office of Research Integrity at 404-413-3513 or email her at [svogtner1@gsu.edu](mailto:svogtner1@gsu.edu) if you want to talk to someone who is not part of the study team. You can talk about questions and concerns you may have about the study. You may also offer input or obtain information about the study. You can also call Susan Vogtner if you have questions or concerns about your rights in this study.

VIII. Copy of Consent Form to Subject: We will give you a copy of this consent form to keep. If you are willing to volunteer for this research, please check on the line below.

\_\_\_\_\_ Participant Date

\_\_\_\_\_ Principal Investigator or Researcher  
Obtaining Consent Date

2

**IRB NUMBER: H15547 IRB APPROVAL DATE: 06/16/2015 IRB EXPIRATION DATE:  
06/15/2016**