

Gradually Sudden: Vital Spiritual Experiences for Individuals in Recovery From Substance Use Disorders

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Vital spiritual experiences (VSE) are spiritually transformative experiences reported to fundamentally shift attitudes toward substance use disorder recovery. However, little research has explored what specifically occurs during a VSE and how this experience affects recovery. To address the research gap, we chose to explore the phenomenon through a consensus qualitative research design. We identified five primary domains, including (1) precipitants, (2) characteristics of the phenomena, (3) sensations, (4) shifts, and (5) strengthening. We discuss implications for counselors working with clients in recovery.

Keywords: vital spiritual experience, addiction, consensual qualitative research, recovery, substance use




The seminal text of *Alcoholics Anonymous* (AA, 2001), known as *The Big Book*, states that the most likely way to achieve full recovery from addiction is to have a type of spiritual awakening known as a *vital spiritual experience* (VSE). A VSE can assume different forms, including a sudden awakening to the presence of a higher power (i.e., God consciousness) or a gradual development over time (AA, 2001). In a VSE, “ideas, emotions, and attitudes [that] were once the guiding forces of the lives of these [people] are suddenly cast to one side, and a completely new set of conceptions and motives begin to dominate” (AA, 2001, p. 27). In es-

sence, a VSE is a radical transformation of thoughts, feelings, and behaviors, which fundamentally shift the worldview and personality of those who experience them, especially in regard to their relationships to substance use and addiction recovery. Spiritual experiences are described by many individuals who succeed in achieving successful change (AA, 2001; C’de Baca & Wilbourne, 2004; Forcehimes, 2004; Miller, 2004), and spiritual transformation is often acknowledged as a significant part of the recovery process (AA, 2001; Gutierrez, 2019; Piedmont, 2004).

Spirituality, Spiritual Experiences, and Addiction Recovery

The relationship between spiritual experiences and addiction recovery is credited to the work of Carl Jung and the founder of AA, Bill W. In a correspondence about a client struggling with alcoholism, Carl Jung commented that the craving for alcohol was a spiritual thirst and that a spiritual experience would be required to satiate that thirst (Gutierrez, 2019). Jung’s now famous statement “*Spiritus contra spiritum*” (i.e., “Spirit against spirit”) is often cited by addictions professionals to highlight

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We would like to thank our participants for taking the time to share their valuable stories with us. Furthermore, we want to dedicate this manuscript to all who are currently journeying on the path of recovery. You inspire us.

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the role of spiritual transformation on the path to recovery (Jung, 1961, p. 1). Bill W., like many of the founders of AA (AA, 2001), also had a spiritual experience (Delbanco & Delbanco, 1995). His experience occurred before formulating the 12 steps, and he remarked that it was consonant with the mystical taxonomy (i.e., ineffable, noetic, transient, and passive) described by William James (1902/2003) in *The Varieties of Religious Experience*. Indeed, Bill W.'s mystical experience, and its importance to the history of 12-step-based recovery, matches well with ongoing research on mystical experiences and psychological well-being (Hood & Francis, 2013).

Researchers often cite spirituality, including spiritual practices and developing a sense of meaning and purpose, as being significantly beneficial for those in recovery (Gutierrez, 2019; Churakova, Burlaka, & Parker, 2017; Drerup, Johnson, & Bindl, 2011; Kelly, Stout, Magill, Tonigan, & Pagano, 2011; Wilcox, Pearson, & Tonigan, 2015). Individuals who identified as more spiritual consumed significantly less alcohol than did those that identified as less spiritual (Churakova et al., 2017). Drerup et al. (2011) found religious and spiritual involvement as inversely related to motivation for drinking, and Gutierrez (2019) found significant relationships among spiritual experiences, meaning in life, hope, and substance use severity. Furthermore, when examining the long-term impact of AA on alcohol use disorder, Wilcox et al. (2015) found that spirituality and spiritual practices had a significant relationship on the quantity of drinking and depression symptoms of participants who regularly attend 12-step meetings.

Thus, the association between spirituality and addiction recovery is well established. However, the literature is limited in its ability to offer extensive details on how spiritual experiences influence the recovery process. For example, Bill W. described VSE as containing "huge emotional displacements and rearrangements," but little is known about what specifically is displaced and how it is rearranged (AA, 2001, p. 27). The mechanisms of change underlying this relationship are not yet fully understood and warrant further examination (Galanter, 2014). Therefore, there is a need for a deeper exploration into the transformative potential of spiritual

experiences and an identification of specific factors that might influence addiction recovery.

Klingemann, Schläfli, and Steiner (2013) proposed that spirituality can indirectly help individuals with recovery through mindfulness, consciousness-raising, dealing with negative affect states, and concentrating more intentionally on daily tasks. Wilcox et al. (2015) hypothesized that these spiritual benefits from AA meetings lead to longer lasting change by helping individuals effectively deal with negative affect, thus reducing the need for those in recovery to relapse. On the other hand, Kelly (2017) offered a contradictory view of AA's effectiveness, crediting the practical social, affective, and cognitive changes that occur in AA as opposed to the spiritual experiences. He suggested that the conceptualizing of a higher power or a more meaningful existence in AA can be broadly understood in the context of operant or classical conditioning; the concepts are part of a larger wheelhouse of helpful interventions that reinforce positive behaviors leading to recovery or the extinguishing of negative behaviors that lead to relapse. In a clinical sample investigating the role of spirituality in an outpatient addiction treatment, Piedmont (2004) reported that spirituality independently predicted psychological well-being after controlling for the effects of age, gender, marital status (social support), and personality. Moreover, participants stated that universality significantly increased during 6 to 8 weeks of treatment. *Universality* reflects a belief that that life has a fundamental unity, and higher levels of universality indicate a stronger belief in the connections among people and their environments (Piedmont, 1999).

Recovery Capital

Another concept that might explain the relationship between spirituality and addiction is recovery capital. Spirituality, religious beliefs, and finding a sense of meaning are all examples of a broader concept related to maintaining sobriety known as *recovery capital*, which is best defined as both the amount and quality of internal and external resources that one possesses to initiate and maintain recovery from substance use (Hennessy, 2017; Laudet, Morgen, & White, 2006). External supports include 12-step programs and social supports, whereas internal supports include spirituality/faith, hope, secu-

rity, and emotional support. [Laudet et al. \(2006\)](#) used a structural equation model that supported their hypothesis that both spirituality and religion acted as a buffer against life stressors and assisted those in recovery with finding a sense of meaning. Therefore, it is reasonable to assume that spirituality and religion is important in facilitating recovery for individuals navigating life stressors and trying to instill new, healthier senses of meaning and purpose. Moreover, an individual's religious and spiritual experience during recovery, including a VSE, might significantly relate to handling trials and tribulations while maintaining sobriety, coping with the unique stressors of recovery, and cultivating a more meaningful lifestyle.

Despite the abundance of researchers purporting that spirituality facilitates successful recovery, what still remains unknown is what actually occurs during a vital spiritual experience. What is it that those in recovery from addiction experience as a vital spiritual experience? And, what do they believe the vital spiritual experience does for their recovery journey? Thus, the purpose of our study was to understand the emotional, behavioral, and cognitive changes that occur during a VSE for individuals in recovery. Additionally, we sought to qualitatively explore the relationship between the VSE and the individual's attitudes and motivation toward their recovery from SUDs. In the following sections, we will present our methods for obtaining, coding, and bracketing using the consensual qualitative research approach. We will then discuss salient themes and domains that emerged during the coding process. Finally, the relationship between VSEs and recovery will be explored, particularly how it relates to clinical practice as well as how findings compare and contrast with existing literature.

Method

Given the exploratory nature of our study, we investigated the subject matter through a qualitative approach. We selected consensual qualitative research (CQR; [Hill, 2012](#)) as our method of research because of its well-suited application for examining rich inner experiences. CQR distributes power evenly among the research team and relies on team consensus in aim to minimize subjectivity and bias among the re-

searchers. Because the research is based on spiritual inner experiences, we resolved that CQR was the most fitting research method to explore the subject matter.

Participants

The sample size of participants ($N = 9$) was within the recommended range for CQR ([Hill, 2012](#)). To participate in the study, participants had to meet the following criteria: (1) have a history of addiction to drugs or alcohol, (2) experienced a vital spiritual experience that motivated recovery, and (3) be at least 18 years of age. The age range of participants ($M = 45.49$, $SD = 11.30$) spanned from 28 to 66 years. Length of sobriety varied among participants ranging from three months to over 15 years. Seven participants identified as Caucasian, and two participants identified as Hispanic. Seven participants identified as female, and two participants identified as male. Participants identified with the following Christian denominations: Christian ($n = 4$), nondenominational Christian ($n = 1$), Baptist ($n = 1$), Episcopalian ($n = 1$), Catholic ($n = 1$), and no religion ($n = 1$).

Procedure

Research team. The primary research team consisted of one faculty member and two doctoral students, both of whom had undergone graduate training in CQR methodology and addiction counseling. The doctoral students interviewed participants, and each member of the primary research team coded the data. An additional faculty member served as an independent auditor during the data analysis period to maximize trustworthiness and provide external feedback ([Hill, 2012](#)). Before the research process began, we engaged in bracketing by disclosing reflexive processes. The goal was to suspend bias from influencing the research methodology. Each member of the primary research team provided an audit trail through reflexive journals. In meetings, we disclosed how our expectations and potential biases could potentially affect the research process. Thus, throughout the entire research process, the entire team was privy to assumptions and subjectivity of each member. Prior to analyzing the data, we also discussed resolving power differentials in team meetings. In order to achieve true consensus, we discussed openly how to navigate decision-making and share power evenly throughout the team.

Biases and expectations. At the outset of the study, the team members expressed their biases and initial expectations of the outcome of the study. Each team member expressed a shared personal interest in spirituality. The connection between spirituality and religious context varied across the team. For instance, one member expressed a potential bias toward spirituality that was founded in a particular religious context. Another member expressed a potential bias toward more universal spiritual experiences that did not have religious context. This pattern of balancing out views was common in the bracketing meetings. In addition, each team related a history of counseling clients in recovery from substance use. Each member was familiar with client cases connecting spirituality with addiction recovery. The expectations were fairly uniform that a wide variety of spiritual experiences could motivate recovery from addiction.

Data collection. We received approval from our university institutional review board before conducting the study. In order to recruit an information-rich group of participants, we used purposeful sampling, which is a widely accepted recruitment method in qualitative research (Palinkas et al., 2015). We recruited participants through flyers, e-mails, and phone calls. In addition, we partnered with three local nonprofit organizations based in addiction recovery and spirituality. Our partners distributed the study information to members of their organizations. Last, we also recruited participants through referrals from local private practices. When individuals indicated interest in participating in the study, we contacted them via e-mail or telephone to expand on the study details and determine whether they met the participant criteria.

After eligible participants agreed to participate in the study, we sent them an informed consent document and scheduled them for an interview. Participants were also notified of compensation in the form of a \$25 check upon completion of the study. We conducted seven face-to-face interviews and two phone interviews, given that both formats lend similar qualitative research results (Vogl, 2013). We used semistructured interviews based off the structure of the Quantum Experience Retrospective Interview (QUERI; Miller, 1991). After completing the interview, we offered partic-

ipants compensation in the form of a \$25 check that they would receive in the mail. We voice-recorded each interview, which took approximately 60 min to complete. Each recorded interview was transcribed verbatim in preparation for data analysis.

Data Analysis

We analyzed the data through three sequential steps based on the CQR method (Hill, Thompson, & Williams, 1997): (1) clustering the data into domains, (2) identifying core ideas that capture the information participants voiced, and (3) assigning domains to core ideas through cross analysis. To ensure that each member of the primary research team was immersed in the data (Hill, 2012), we reviewed two transcriptions individually and identified potential domains. During our first consensus meeting, we concluded on a set of seven domains as a team. The domains originated primarily from questions within the semistructured interviews and relevant themes from the literature. Next, we each identified a list of core ideas from the transcriptions that served as subcategories to the domains. Each core idea closely reflects an experience or theme that a participant expressed. After reaching a consensus on 28 core ideas, we created operational definitions and conducted a cross analysis of the domains and core ideas. In cross analysis, the research team moved away from examining participant themes individually and identified themes across all participants. After cross analysis, we created a revised, stable list of domains that correspond to core ideas.

We independently coded each transcript verbatim and met afterward to discuss patterns and inconsistencies. Throughout each step, we resolved different interpretations of the data through consensus rather than following the decision of one leader. If a new domain or core idea emerged during the data analysis process, we discussed it as team and implemented it upon consensus. After the coding process, we created a CQR frequency table, which we sent to the external auditor (see Table 1). The external auditor reviewed the coded material and frequency table to improve accuracy, coherence, and transferability of the results (Hill, 2012).

Trustworthiness

It is vital in CQR to establish trustworthiness and produce results that are credible, transfer-

Table 1
Frequency of Qualitative Findings

Domain and category	Participant	Label
Characteristics of the phenomena		
Sudden change	2, 4, 5, 6, 7, 8	Typical
Gradual change	1, 2, 3, 4, 5, 6, 7, 8, 9	General
Transcendent	1, 2, 3, 4, 5, 6, 7, 8, 9	General
Strengthen		
Hope	1, 2, 3, 4, 5, 6, 7, 8, 9	General
Acceptance	1, 2, 3, 4, 5, 6, 7, 8, 9	General
Motivation	1, 2, 3, 4, 5, 6, 7, 8, 9	General
Trait humanity	1, 2, 3, 4, 5, 6, 7, 8, 9	General
Precipitants to the VSE		
Spiritual behaviors	2, 3, 4, 6, 7, 8, 9	General
Nonseeking	4, 6, 7, 9	Typical
Spiritual hunger	1, 2, 3, 6	Typical
Sensations		
Somatic	1, 2, 5, 6, 7, 8, 9	General
Sacred emotions	1, 2, 3, 4, 5, 6, 7, 8, 9	General
General emotions	1, 2, 3, 4, 5, 6, 7, 8, 9	General
Thoughts	3, 4, 5, 9	Typical
Shift		
Recovery	1, 2, 3, 4, 5, 6, 7, 8, 9	General
Relationship	1, 2, 3, 4, 5, 6, 7, 8, 9	General
Emotions	1, 4, 5, 6, 7, 8	Typical
Behavior	1, 2, 3, 4, 5, 6, 7, 8, 9	General
Faith	1, 2, 3, 4, 5, 6, 7, 8, 9	General
Thoughts	1, 2, 3, 4, 5, 6, 7, 8, 9	General
Perceptions	1, 2, 3, 4, 5, 6, 7, 8, 9	General
Spiritual development	1, 2, 3, 4, 5, 6, 7, 8, 9	General

Note. VES = Vital spiritual experiences.

able, dependable, and confirmable (Hill et al., 1997). Because of the subjective nature of qualitative research, the research team took the careful steps in order to meet three criteria that Hill and colleagues (1997) use to evaluate trustworthiness. The criteria include trustworthiness of method, coherence of the results, representativeness of the results to the sample, and applicability of the results (Hill et al., 1997). We sought to meet the criteria throughout all applicable steps of the research process.

To ensure trustworthiness of method, we based the semistructured interview off of scripted questions, thus establishing consistency throughout the interview process. The voice recordings and transcriptions provided clear and accurate data to precisely examine. In the event of an external researcher checking our work, we saved interview questions, transcriptions, and codes as Hill and colleagues (1997) recommend. To increase rigor, each member of the research team, including the independent audi-

tor, compared the results with the raw data. The independent auditor also provided feedback to counter any potential groupthink or identify themes missed by the researchers who were closer to the study.

In aim to establish coherence of results, we reported only comprehensive findings that were not only relevant to the research question but also transferable to readers. Results had to appear salient and logical to each researcher in order to reach consensus. To improve clarity of findings, we used direct quotes from participants to accurately reflect the data and answer the research question. We made use of examples of each domain so readers could readily absorb the most relevant information, which enhances transferability of results.

Representativeness of results refers to accurately reflecting the dataset through the research results. We used a frequency table to indicate how often a finding was present across participants. We did not include findings if they ap-

plied to only one case (Hill et al., 1997). Last, applicability of the results lends to clinical implications of our research. We built the research study with addiction counselors in mind, and our aim was to help counselors better understand the role spirituality plays in addiction. Because of the spiritual element, the research findings have application in multicultural counseling as well (Moore-Thomas & Day-Vines, 2008). In consideration of having met each CQR requirement, we conclude that trustworthiness supports and legitimizes our research method.

Results

The analysis resulted in five domains: (1) precipitants, (2) characteristics of the phenomena, (3) sensations, (4) shifts, and (5) strengthening. Based on CQR methodology, categories in each domain were identified as either general or typical of all participant experiences (Hill, 2012; Hill et al., 1997). General findings included cases that applied to eight to nine participants. Typical findings applied to four to seven participants. We excluded categories that applied to three or fewer participants from final results.

Precipitants

We identified precipitants as any behavior that participants engaged in that prior to the experience that potentially influenced the VSE. The themes that emerged included (1) spiritual behaviors, (2) nonseeking, and (3) spiritual hunger.

Spiritual behaviors. Spiritual behaviors were a general theme seen in eight out of the nine participants. Spiritual behaviors were best exemplified by Participant 7 describing herself “literally getting on [her] knees and praying.” She also prayed “God, please help me” and called her mom to tell her she wants to start treatment.

Nonseeking. The next theme, nonseeking was coded as variant, and was found in four out of the nine participants. Nonseeking included participants not actively looking to have a spiritual experience and was best described by Participant 4, who noted the following: “I wasn’t looking for a special experience. I was just looking to feel better, be better. So, I wasn’t looking for like a

lightning bolt or God to talk to me or anything like that.”

Spiritual hunger. The final theme that emerged was spiritual hunger, and was also a typical theme, found in four out of the nine participants. Spiritual hunger included a desire for interception from a higher power, and for a radical transformation from feeling hopelessness to hopeful. For example, Participant 6 said, “I didn’t jump over that bridge. I went to church. I prayed for deliverance, for God to deliver me and to deliver my friend. I had enough.”

Characteristics of the Phenomena

Characteristics of the phenomena consisted of three themes. We categorized two of the themes as general themes as they were found in 100% of the interviews. The themes were as follows: (1) gradual change, (2) transcendent, and (3) sudden change.

Gradual change. Our first general theme, gradual change, consisted of the process of change initiated by the VSE. In this case, changes that were noticed slowly over time as a result of the VSE were coded as gradual changes. One example, as described by Participant 1 includes the following:

I think that spirituality was always there. I was surprised at the strength and power of it, but it wasn’t like boom, all of a sudden there was this magical transformation because it was very gradual. I was somewhat surprised at how powerful that was if I’d let it be.

Another participant described the gradual change as a feeling of slowly understanding what was happening to them. For example, Participant 3 said about the VSE that it was “more gradually because I just laid there and let it all soak in. . . . [C]rying out in gratitude and everything and just . . . it was gradual.”

Transcendent. The next theme, transcendent, was also a general theme and was defined as feelings of comfort and love. They often consisted of an emotional and somatic experience. For example, Participant 6 identified feelings of transcendence by explaining, the following:

It’s a presence that you feel, that comfort, that love. You come up from that feeling different, okay, that everything’s going to be okay. It’s a very warm, soul-chilling, or not in a negative way, but in a wholesome way.

Participant 2 noted that he experienced transcendence when phenomena occurred around him that was difficult to explain. Specifically, things “blew my mind” and were “totally unexpected,” such as a phone call from someone he had not heard from in years. Participant 4 claimed that the praying led to God giving the participant an “epiphany or the spiritual experience or whatever it was”. The interviewee went on to describe this moment as a “light bulb moment,” where God was speaking to her, telling her to try to work the steps of AA like other members are doing.

Sudden change. The final theme, sudden change, was categorized as typical because it was coded as a theme in six out of the nine interviews. Sudden changes were noted by participants as unexpected and quick shifts in their thinking, feelings, or spiritual outlook. Participant 6 described sudden change as follows:

... It's kind of like, it touches your head. It takes all of that pain ... Your mind is a very powerful thing. It basically just kind of ... I felt like it touches your head because your mind is what, is very powerful. I think that the Spirit, whatever the Spirit is, it wants to ease your mind ...

Other participants noted the presence of sudden changes when external circumstances in their lives were changed, particularly in the areas of finances, employment, and other needs. For example, Participant 9 highlighted that soon after her VSE, she got a job that ‘not only surpassed the job that I lost almost two years ago that started this downward spiral, but better hours, cheaper insurance, better money, better retirement plan. . . . and [a better commute].

Sensations. The next domain, sensations, were the physical, emotional, and cognitive experiences that participants experienced. Within the domain, found themes and types of sensations were found: (1) somatic, (2) emotions, and (3) thoughts.

Somatic. The first theme, somatic, was a general theme found in 89% of participants. Somatic sensations were described by Participant 8 as “light and airy” and “definitely [having] goosebumps.” This participant also experienced “chills” and a feeling of “butterflies.”

Emotions. The next theme, emotion was identified as a general theme, noted in all participants. Feelings were heavily emphasized in this theme, particularly the feelings as they were

related to the VSE. For example, Participant 8 stated the following: “I felt like really light, really peaceful. I felt like my feelings of guilt had been washed away. I felt happy, I felt optimistic and really positive.”

Thoughts. The final theme, thoughts, was found to be typical and only relevant to four participants’ experiences. Thoughts were seen as specific, concrete questions or observations that seemed to pop into participants’ minds. For example, Participant 4 remembered the following: “It was like a thought was put in my head [. . .] Why don’t you actually try to work those steps before you either decide to commit suicide or drink?”

Shift

Consisting of the most themes, *shift* was defined as any particular facet of the participants lives that transformed as a result of the VSE. An experience as profound as a VSE would logically have an impact on a participant’s whole life and not just one aspect of life, such as substance use. However, for the purposes of this study, we focused on the elements of the participants’ narratives that they suggested influenced their recovery journeys. These themes included shifts in (1) recovery, (2) relationships, (3) emotions, (4) behaviors, (5) faith, (6) thoughts, and (7) perceptions.

Recovery. Shifts in recovery, which was a general theme, involved participants’ feeling a stronger sense of commitment to their recovery from substance use and a greater desire to engage in recovery-oriented behaviors (e.g., attending meetings). Participant 3 described the experience of shift in recovery in the following quote:

I think I had a pillow there and me just laying there and just feeling like a peace surround me and wiping the tears, wiping my face and everything away. But [it was] the first time I felt like ‘Oh, this definitely the first day start of your new life free of any addictions or anything. You now know the one that you can go to whenever you need anything.

The shift in recovery also included actively participating in recovery-based meetings and community supports. For example, Participant 5 noted the following:

Yeah. And then literally he picked me up at the . . . Greyhound station and put me in a treatment facility, a . . . peer to peer recovery house. And . . . that’s when

we started going through. They make you start attending meetings. And . . . not that I didn't want to sober up or get my act together, but even then it's . . . The normal that you're in, you've got to go okay, I've got to get out of it.

Relationships. A shift in relationship was also noted in 100% of the participants. A shift in relationships was experienced as feeling more positively toward others and exhibiting unconditional support. Participants noted this was an important shift because the experience of being addicted often leads to behaviors that foster isolation or loneliness. For example, Participant 1 noted that she was “trying to accept [people] for who they are” by “not interfer[ing] with their lives.” Instead she wanted to ‘approach them with love and nonjudgement, and without having expectations.’ Participant 9 noted that relationship shifts were about being able to “speak freely enough to exchange ideas and talk about what God is,” highlighting the spiritual connection felt with others. Participant 2 described relationship shifts by revealing that before the VSE, others did not want to be around him. Conversely, after the VSE, he reported feeling more connected and wanting to do things for others, rather than looking for what he can get out of a situation:

Well, they loved me, but they didn't particularly care to have me around because I was disconnected, I didn't care about anybody but me, self-centered to the max. And more often than not it was, “What can you do for me?” And not, “What can I do for you?” And now that's switched around and it's made all the difference in the world to me and to them.

Emotions. A majority of participants ($n = 6$) identified a shift in emotions as another emerging theme as a result of the VSE. Whereas when they were addicted participants struggled with negative emotions and emotional regulation, the VSE allowed for greater awareness of emotion. Participant 6 identified a sense of peace as prevailing compared with life before the VSE: “I've recently been told that I look happy, that I look like I'm at peace, and that I am not as negative anymore.”

Participant 7 noted being able to relate to her child in a more compassionate way. Specifically, she noted that the shift in emotions allowed her to “give a lot more empathy . . . and understand what he kind of goes through.” Not all participants, however, experienced only positive emotions. Participant 4 identified having to

navigate through difficult emotions by actively working steps.

That's been the gradual maturing as you know. I was very angry and resentful about hurt about my past and in doing steps I got a little bit of relief and then I went on and I helped others and then I did my steps again. So again, that's been a really gradual but relief and understanding and forgiveness . . .

Behaviors. Outward changes in behavior were also seen as a part of general shifts in all participants; thus, shift in behaviors was noted as a general theme. These shifts in behavior were not necessarily recovery-oriented behaviors such as attending 12-step meetings, but they were more about overall wellness behaviors that help facilitate recovery such as being more spiritually oriented and more compassionate. Participant 3 emphasized the importance of being kind to others and making efforts to show care:

Now I know each day now is just a gift, so every day I look for opportunities—I know that I've been blessed tremendously and given this second chance at life. So, I look for opportunities to be that to someone else, whether it's just holding a door open for a stranger or smiling at a coworker, asking how they're doing if you see them. They might be having a hard day or taking one of the crying kids from her because she's about to go crazy and everything. It's different things now.

Participant 8 described the behavioral shift as wanting to emulate a more spiritual way of relating to others. In particular, the participant expressed wanting to “bite and hold my tongue” around family and to emulate the figures of God and Jesus when she is arguing with them: “So, I definitely always take that into account when we do get into arguments. Whatever is said in the past I kind of just let it all out.”

Faith. A shift in faith was the next general theme, identified in all nine participants. This new perspective on faith that emerged after the VSE became a catalyst for believing in the role of a higher power in their recovery journey. Participant 1 described that following her VSE, she was able to tune into a sense of a higher power and guidance throughout her day:

Now it's just grown and grown and grown, and I think it's a result of me focusing more on myself and my relationship with my higher power and not focusing so much on other people and other situations, whether it be giving unsolicited advice or, just kind of clearing away the clutter that came with an unhealthy life. As I got healthier that spirit, which I feel like has always been with me since I was very, very young, was much

more prominent and I became more and more aware of the power of that.

Participant 7 noted having situations that occurred that were difficult to explain. Her faith in a higher power was bolstered when she described the following interaction at one of her meetings:

. . . I completely walked on that drug charge. I have no idea how. They had arrested me, they had the drugs, they had them from my car. Surely God is not in heaven getting me off of drug's charges," and everybody's like, "It's called God's grace. It's unmerited mercy.

Thoughts. Shift in thoughts was the next theme that emerged under this domain. Once again, this theme was coded as a general theme that all participants discussed. Shift in thoughts included an increase in self-awareness and understanding the consequences of actions. Participant 9 commented as follows:

It gave me the ability to [. . .] realize how I contributed to crummy circumstances in my own life. If I don't make a good decision and things don't go my way as a result of me not making a good decision, I don't have the luxury of saying, "Well God damned to me to this!" [. . .] This is not external forces pressing on you, and to be more self-aware.

Other examples of shifts in thinking included Participant 2 emphasizing the VSE helped him reframe the purpose in his life is ". . . all about being here for other people." Participant 5 corroborated with this definition of a shift in thinking saying that after the VSE, she felt "a lot less self-centered and self-involved."

Perceptions. Shift in general perceptions was identified as the last theme under the domain shift. Shift in perceptions was also found to be a general theme, identified in 100% of the participant interviews. General perceptions included broader changes in life perspectives that affected many areas of functioning that related to the recovery process. For example, Participant 5 experienced perception shifts in the following:

I can always look back and go "There isn't anything that I can't get through." I've been through some pretty tough times . . . But at the same time there are different struggles. There are different things that are tough . . . but part of the whole spiritual growth is learning about yourself and learning how you deal with things and handle things, and how you should respond, and what are good ways and bad ways to respond to things.

Participant 7 also experienced a fundamental shift in how she navigated her life. In her case, she felt "relieved that she was not by herself anymore" and that "God was there with me."

Strengthening

The next domain in our findings, strengthening, consisted of four themes detailing moments where participants described feeling 'better' or 'stronger' as a result of their VSE. These aspects of the VSE, reportedly, served to strengthen participants' recovery. The themes that emerged were (1) hope, (2) acceptance, (3) motivation, and (4) trait humanity.

Hope. The first theme, hope, was described as a catalyst to fully committing to recovery and was found as a general theme in all nine of the interviews. The idea of hope being necessary to commit to recovery was highlighted by Participant 7:

I do remember feeling like "I can do this." I did feel a renewed sense of hope after that. I was all in. I really wanted to do it after that. The other times I've been to treatment, it was like, "Oh, I'm taking a break from using. I'm still going go back. I need to get myself cleaned up and get off these hardcore drugs though, but I'm still going to drink and I'm still going to do this." After that, I really didn't want to do that.

Other participants described hope being instilled when they felt loved by a higher power. In particular, Participant 2 noted that he felt hopeful because "[God] loved me right where I am," highlighting the idea of a loving being that accepts him unconditionally on his journey to stay sober.

Acceptance. Acceptance was found to be a general theme as well, given that acceptance was mentioned in all nine interviews. Acceptance was defined by participants as giving up a need to control and knowing that things were going to work out. For example, Participant 4 revealed the following:

I'm at a point where I take basic action. I make appointments. I look at possible future choices and then I turn them over to a higher power. You know the great spirit in the sky. Like I'm not in charge because at any point anything can change. So really giving up and relinquishing that control of this is exactly how this is going to play out a year from now.

Acceptance was also seen when participants understood the idea that they could not always predict the future. In particular, Participant 7

identified acceptance as “taking it day by day . . . one day at a time.” Participant 8 echoed this idea, describing *acceptance* as a feeling of understanding the bigger picture. This participant elaborated on the notion of acceptance as “realizing in that moment that that was exactly where I was supposed to be and where I had to be.”

Motivation. The third theme, motivation, was present in 100% of the interviews. Motivation consisted of having a renewed sense of purpose in life as a result of the VSE. For example, Participant 8 captured the idea of feeling motivated as a result of the experience by claiming the following:

I guess I feel like presently I have a purpose. He saved me for a reason. And right now, I'm just trying to stay clean and stay sober for my kids. And I have a reason to be alive right now.

Trait humanity. The fourth and final theme, trait humanity, in the domain strengthening, was also found to be a general theme that was touched on by each of the nine participants. For example, Participant 5 found the VSE as an important precursor to wanting to help others in trouble:

Not that I'm any great spiritual person, but I . . . You try to do better. You try to do right by yourself, your friends, your family, and then you try to do right for others because [. . .] you never know where they are in their lives. And that might be one of those little God moments that he's working through you to give them a push . . . that's something they need in their lives[. . .] If I had never gone through all my spiritual awakening I wouldn't see how it affects other people.

Participant 2 found that reaching out to others was crucial in helping him maintain sobriety from drugs and alcohol. This humanity trait was only possible after he had a VSE. He described this new experience with compassion, emphasizing that he “. . . cares about other people. That's why all my prayers are where can I serve you today. I want to help somebody else. That's part of what keeps me sober.”

Discussion

This study, and our discovery of seven domains of VSEs in recovery (characteristics of the phenomena, strengthening, contextual parameters, precipitants, sensations, shifts, and history), extended the existing research by Miller and C'de Baca (2001) by describing the quantum change process for individuals in recovery.

Moreover, our findings were consistent with previous research on spiritual experiences from a variety of theoretical lenses, only one of which being VSE, including AA, James' (1902/2003) mysticism, Otto's (1927/1950) numinous awe, as well as contemporary psychology of religion and spirituality theories including Pargament's (2011) search for the sacred and Piedmont's (1999) spiritual transcendence. For instance, VSEs are held in acclaim because they are potent. According to *The Big Book*, when they happen, they form a nexus point for recovery. They are reportedly capable of reorienting one's personality around a new center of gravity, shifting from one's drug of choice to the object of the VSE, commonly referred to in 12-step spirituality as a higher power or God. In this way, it is worth remembering that the VSEs that participants reported are not limited to recovery from an SUD. Rather, they fit within the larger field of psychology of religion and spirituality, harkening back to core theoretical frameworks established by James' (1902/2003) mystical criteria and Otto's (1927/1950) description of the numinous. What this would suggest is that our participants did not describe phenomena never hitherto documented or experienced. Rather, they described experiences well known but within a novel context (recovering from SUDs). Consistent with James and Otto, participants credited their VSE as reorienting them to a new, deeper, and more substantial dimension of their existence. This reorienting effect was most richly described in the domain we called “shift.” In it, participants describe several facets of their lives that were profoundly altered from before to after their VSE. When surveying the areas which were affected, including participants' recovery process, their relationships, emotions, behavior, faith, thoughts, and perceptions, it is difficult to say precisely what was left untouched by their VSE.

In this regard, participants underwent what Pargament (2011) has called the *discovery of the sacred*. According to Pargament, when one discovers the sacred, one is imbued with sacred emotions, including transcendence, boundlessness, and ultimacy, all emotions reported by participants in this study. That is to say, one awakens to a reality that is differentiated from ordinary existence, and one is not confined to the seemingly trivial events of life. Instead,

one's world is reoriented with a resulting set of new and transcendent values. In the case of our participants, rather than orienting their lives around the self-focused, pleasure-seeking demands of their addiction, they began to prioritize other people's experiences and needs. In other words, they became more compassionate.

For all of our participants, they either discovered or recovered a spiritual identity. Notions of identity are important for recovery. It is common knowledge in addiction treatment that many addicts suffer from negative identity frameworks, often centered on notions of shame and guilt, resulting in an identity characterized by an essential sense of unworthiness. VSEs have much to contribute in shifting negative identity frames. They do this by enabling people to accept their limitations, frailties, and shortcomings through an experience of unconditional acceptance despite one's flaws (Tillich, 1952). One of our participants described it as unmerited mercy or grace. It is important then, for clinicians to have some sense of a spiritual identity framework when working with VSEs. Gutierrez, 2019 model of spiritual identity is a useful framework to consider because it treats spiritual identity as a taxonomy, varying dependent upon the dual processes of spiritual identity commitment versus exploration. Using their taxonomy, clients assume certain identity frames based upon the extent to which they claim a spiritual (or nonspiritual) identity to exploring a new one. Some participants in this study would be described as moving from a foreclosed spiritual identity to an achieved spiritual identity. A foreclosed spiritual identity is spiritual (or secular) unquestioningly, nonreflective, with little interest in exploration. Participants in this study, before experiencing their VSE, and while active in their addiction would have had little interest in defining oneself as spiritually. However, after their VSE, their identities could be described as achieved, defined where spirituality provides a home base for exploration, spirituality is actively chosen, differences with others are not viewed as threatening, and challenges are viewed as opportunities for deepening synthesis of one's spirituality. Recommitting to one's received religion after experiencing crisis, actively working the steps, becoming sponsors, and intimately engaging with other's spiritual journey (often as it related to sobriety) without imposing one's own identity are

all ways that participants in our study showed signs of an achieved spiritual identity.

Participants' ongoing recovery in light of their discovering the sacred fit well with what Pargament (2011) termed *conservation of the sacred*, where one develops a set of practices to remain connected to what one considers consecrated or holy. In our sample, conservation of the sacred included working the 12 steps and adopting the 12 traditions, reengaging or reshaping one's religious tradition, reprioritizing time for spiritual activities, reestablishing bonds with family, and repairing relational ruptures and transgressions, among others. Participants' conservation of the sacred is also consistent with previous research that has found relationships between 12-step spirituality and daily spiritual experiences (Krentzman, Strobbe, Harris, Jester, & Robinson, 2017). Part of the theory behind these associations is that 12-step support provides learning opportunities around spirituality. However, our findings extend existing theory to include the importance of personal experiences of spirituality in addition to the context for learning which 12-step groups can provide. For some participants, at least, their VSEs were unanticipated, consistent with the idea that VSEs may not be something easily manipulated, or "responsive to interventions that are intended to 'push the river'" (Miller, Forcehimes, O'Leary, & LaNoue, 2008). Moreover, it is significant to note that participants' VSEs never remained solitary or interior quests for personal psychological significance. Instead participants articulated how their VSEs enabled them to embrace new ways of engaging with other people in addition to discovering personal meaning and purpose. This finding is largely consistent with Piedmont's (2004) research that universality, one's capacity for seeing a larger pattern and meaning to one's place in the human family, is one of the core components of spirituality's contribution to recovery from addictions. Specifically, universality displaces previous maladaptive social drives used to satiate one's addictive cravings. This substantiates the relevance of VSEs in clinical contexts as well as harnessing them for recovery. VSEs in our sample were inextricably linked to accompanying experiences of strength and vitality. Once experienced, participants found that their VSEs energized their recovery processes. It did not solve all their problems. In some cases, cravings, trig-

gers, and temptations remained ongoing obstacles to some participants' recovery. Nevertheless, their VSEs encouraged them to live differently in ways that would foster their spiritual health and overcome adversities to their sobriety.

Implications for Clinical Practice

These findings also offer certain implications for addiction treatment professionals. First and foremost, they offer some evidence to support the concept of vital spiritual experiences (VSEs). The participants came from different backgrounds and each experienced their VSEs in differing in context, but we found numerous common (i.e., general) themes in their experiences. Additionally, the participants described the VSE as being helpful in their recovery. Specifically, they noted how it strengthened their commitment to recovery, shifted their outlook on life, and motivated them toward more prosocial behavior. Collectively, these findings demonstrate that some individuals on the road to recovery have spiritual awakenings that they describe as having positive effects on their recovery process. We acknowledge that not every individual in recovery may feel equally as enthusiastic about having spirituality integrated into their recovery process, but these findings indicate that some clients may benefit from the integration of spirituality. Therefore, we recommend that counselors, psychologists, and other helping professionals consider an assessment of the importance of spirituality in their recovery support programs.

Our findings also indicated that the VSE has several unique characteristics, such as transcendent drives, somatic and emotional sensations, and the experience of sacred emotions. Additionally, individuals described the importance of relationships as facilitators of the experience and some participants described a spiritual yearning or hunger that preceded the experience. For clients who are willing and desiring to discuss spirituality, exploring these characteristics of the VSE could be important areas to explore to maximize the positive impact of the experience. A helping professional could take some time in a session to discuss how the person in recovery made sense of the transcendent experience and validate the experience for the individual. Both the VSEs and subsequent

changes that follow in clients' lives should be normalized and could be used as anchors for reframing client experiences, challenging negative core-beliefs, and instilling the importance of compassion. Also, one could encourage the person in recovery to listen to their spiritual yearnings and build community with others who can encourage their spiritual growth.

Limitations and Future Research

This study was a qualitative exploratory investigation. Although, we took numerous measures to ensure the trustworthiness of the data, an appropriate sample size, and the rigor of the analysis, one should be careful in generalizing the findings given the limited sample size. We recommend that future researchers expand on this study using a quantitative approach and attempt to replicate these findings with a larger sample and/or a sample from another geographic location. Although we used a measure of quantum change experiences (i.e., QUERI) that has been validated in previous research, we would also recommend that future researchers expand the number of assessments used in order to offer a more comprehensive look at the experience. When one uses self-report methods, there is always a chance of self-report bias. Finally, this study provides a preliminary look into the VSEs of those in recovery, which we see as a starting point for future research into the mystical and psychospiritual experiences of recovery. We recommend more research into the integration of psychospiritual and spiritually oriented interventions in addictions treatment.

Conclusion

The appendix of *The Big Book of AA* (AA, 2001, p. 568) refers to the VSE as an "untapped and unsuspected inner resource." The stories of the participants interviewed for this study are consistent with this claim. Our findings demonstrate how for some individuals in recovery, a spiritual experience occurs that strengthens them and provides a new outlook on life. We understand that this might not be the case with every individual who enters addiction treatment, and that many may eschew AA and similar programs because of their spiritual content. However, these findings support the notion of a vital spiritual experience as a potentially helpful

resource. When one considers the challenges and difficulties associated with addiction recovery, we believe it is important that we acknowledge the usefulness of every resource that can benefit clients on their journey to well-being.

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