

SOBER AND ALONE: A PHENOMENOLOGICAL EXPLORATION OF
THE LONELINESS EXPERIENCED BY RECOVERING ALCOHOLICS

by

Timothy J. Evans

Liberty University

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ABSTRACT

SOBER AND ALONE: A PHENOMENOLOGICAL EXPLORATION OF THE LONELINESS EXPERIENCED BY RECOVERING ALCOHOLICS

By Timothy J. Evans

Center for Counseling and Family Studies

Liberty University, Lynchburg, Virginia

Doctor of Philosophy in Counseling

This phenomenological inquiry investigated the loneliness experienced by recovering alcoholics. Select participants responded to open-ended interview questions pertaining to their experience of loneliness as well as its impact on their lives. Moreover, participants were asked to identify what factor or factors may have contributed to the onset or persistence of their loneliness. Phenomenological analysis of the data revealed that loneliness, as experienced by recovering alcoholics, is a recursive experience that is co-morbid with a number of debilitating affects.

Therefore, the loneliness that was experienced during recovery represented just one part of a combination of painful affective experiences. In addition, the data revealed a number of factors that contributed to the experience of loneliness for recovering alcoholics. Information obtained from this study may allow treatment providers to possess a better understanding of how the lives of recovering alcoholics can be influenced by the presence of loneliness and its accompanying affects.

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TABLE OF CONTENTS

| | Page |
|---|------|
| Abstract..... | iv |
| Acknowledgements..... | v |
| | |
| CHAPTER I: INTRODUCTION..... | 1 |
| Background of the Problem | 1 |
| Purpose of the Study | 3 |
| Research Questions..... | 4 |
| Definitions..... | 4 |
| Locating Myself as a Researcher | 5 |
| Summary | 9 |
| | |
| CHAPTER II: REVIEW OF THE LITERATURE | 10 |
| Introduction..... | 10 |
| Loneliness | 12 |
| Characterizations of Loneliness..... | 12 |
| The Impact of Extended Loneliness | 18 |
| Summary on Loneliness..... | 20 |
| Loneliness and its Relationship to Alcoholism..... | 21 |
| Recovering from Alcoholism..... | 24 |
| Loneliness as it pertains Recovering Alcoholics | 28 |

| | |
|--|----|
| Summary | 32 |
| | |
| CHAPTER III: METHOD | 33 |
| Overview | 33 |
| Designing a Qualitative Study | 34 |
| Research Design..... | 34 |
| Selection of Participants | 36 |
| Data Collection | 38 |
| Ethical Procedures | 40 |
| Data Processing and Analysis..... | 41 |
| Ensuring the Trustworthiness of the Findings | 42 |
| Summary | 43 |
| | |
| CHAPTER IV: FINDINGS | 45 |
| Overview..... | 45 |
| Portraits of the Participants..... | 46 |
| General Characteristics of the Participants..... | 47 |
| Individual Portraits of the Participants | 48 |
| An Expanded view of Loneliness for Recovering Alcoholics..... | 59 |
| Contributing Factors to the Experience of Loneliness for Recovering Alcoholics | 74 |
| Summary | 85 |

| | |
|---|-----|
| CHAPTER V: DISCUSSION..... | 87 |
| Overview..... | 87 |
| Findings Pertaining to Loneliness and Recovering Alcoholics | 87 |
| Conclusions..... | 90 |
| Clinical Implications from this study..... | 92 |
| Recommendations for Further Research..... | 95 |
| Locating the Researcher in Reference to this Study | 98 |
| Summary | 100 |
| | |
| REFERENCES | 102 |
| | |
| APPENDIX A: OUTLINE OF THE PARAMETERS FOR THE STUDY | 111 |
| APPENDIX B: INFORMED CONSENT..... | 113 |
| APPENDIX C: INTERVIEW GUIDE | 116 |
| APPENDIX D: LIST OF MAIN THEMES AND SUB-THEMES..... | 117 |

CHAPTER I: INTRODUCTION

Background of the Problem

Loneliness is a pervasive condition that can be difficult to alleviate for those trapped within its grasp (Weiss, 1973). The encumbrance persistently echoes the pain of affliction, rivaling even the most difficult quandaries encountered by humankind (Hansel, 2000; McWhirter, 1990; Rokach & Neto, 2005; Selby, 1998). Loneliness is both complex and multifaceted, and is not only caused by one's being alone, but by the absence of desired relationships (Weiss, 1973).

Initial inquiries pertaining to the notion of loneliness began to surface toward the middle part of the 20th century (Peplau & Pearlman, 1982). Although many of these examinations relied on "clinical observations", additional explorations began to emphasize "the need to develop measures to assess individual differences in loneliness" (Peplau & Pearlman, 1982, p. 7). In 1973, a significant breakthrough occurred with the release of the book: *Loneliness: The Experience of Emotional and Social Isolation* by Robert S. Weiss, which assessed individual differences in loneliness by introducing the terms emotional and social isolation (Peplau & Perlman, 1982; Russell, 1996).

More recently, literature relevant to the study of loneliness has continued to materialize. This discourse has provided valuable insight regarding the characterizations of loneliness as well as its possible consequences (e.g. Alpass & Neville, 2003; Beal, 2006; Bogaerts, 2006; Caplan, 2007; DiTommaso, Brannan-McNulty, Ross, & Burgess, 2003; Hawkey, Masi, Berry, & Cacioppo, 2006; Larose, Guay, & Boivin, 2002; Lauder,

Mummery, Jones & Caperchione, 2006; Rokach, 2002, 2003, 2004; Rokach, Matalon, Rokach & Safarov, 2007; Rokach & Neto 2005; Routassalo, Savikko, Tilis, Standberg & Pitkala, 2006; Yoder, Virden & Amin, 2005).

One potential consequence of loneliness is the significant role it can play in the lives of individuals who are alcohol dependent (Britton & Conner, 2007). For example, several studies have revealed that individuals who suffer from alcoholism often experience more intense sentiments of loneliness than those who are not alcohol dependent (Akerlind & Hornquist, 1992; Medora & Woodward, 1990, 1991; Weissbach et al., 1976). Moreover, alcoholics can bear a form of loneliness so severe it can result in the “erosion of one’s self esteem,” as well as a “dissolved sense of status and a reduction of their disposition to oblivion” (Loos, 2002, p. 200). Loos (2002) refers to this contingency as “*depraved loneliness*,” suggesting that it allows alcoholics to feel so empty and hopeless that their only panacea is the relief they find in alcohol (p. 201).

Not only is loneliness a burden for individuals who are currently alcohol dependent, it can be a hindrance for recovering alcoholics as well (Akerlind & Hornquist, 1992). Medora and Woodward (1991) found that persons who were being treated for alcoholism were more likely to feel lonely than those who were not alcohol dependent. Then too, recovering from alcoholism is difficult, requiring individuals to make significant adjustments to their lifestyle such as separating themselves from acquaintances who still abuse alcohol (Alcoholics Anonymous World Services, 2005; Brewer, 2006; Lewis & Allen-Byrd, 2007).

Loos (2002) suggests that further research is needed to gain a deeper understanding of the loneliness alcoholics can sometimes endure, with the hope that such knowledge may “lead to a reduction in relapse rates, as well as the reduction of the all too frequent premature death by suicide for newly recovered individuals” (p. 211). Currently, there is a paucity of literature that attempts to explore the loneliness that recovering alcoholics may encounter during the process of recovery (e.g. Medora & Woodward, 1991). This study attempted to emulate the findings of Medora and Woodward (1991) and advance the insights of Loos (2002), by attaining a deeper and richer understanding of the role loneliness can play in the lives of recovering alcoholics.

Possessing a greater perspective of this knowledge can have relevance for treatment providers. For instance, such knowledge may allow them to learn how the influence of loneliness can affect the lives of recovering alcoholics. Moreover, treatment providers may be able to realize that the complexity of such loneliness often requires more comprehensive assessment, diagnosis, and treatment planning.

Purpose of the Study

The purpose of this study was to further understand the phenomenon, loneliness, as experienced by recovering alcoholics. Additionally, this study attempted to explore what factor or factors recovering alcoholics identified as contributing to their experience of loneliness. Given this purpose and the fact that qualitative research in general and phenomenology in particular are concerned with describing and interpreting human phenomena from a perspective of those who have experienced them, (Auerbach &

Silverstein, 2003; Creswell, 2007; van Manen, 1990) a phenomenological inquiry was deemed most appropriate for this research.

Research Questions

The principal research questions that framed this study are:

1. What is the experience of loneliness like for recovering alcoholics?
2. What impact does loneliness have on the lives of recovering alcoholics?
3. What factor or factors do recovering alcoholics identify as contributing to the onset or persistence of their loneliness?

Definitions

Alcoholism

This study utilized a definition of alcoholism described by Flavin and Morse (1991) that ascribes to a jointly produced classification by the National Council on Alcoholism and Drug Dependence (NCADD) and the American Society of Addiction Medicine (ASAM). According to these entities, alcoholism “is characterized by continuous or periodic impaired control over drinking, preoccupation with the drug alcohol, the use of alcohol despite adverse consequences, and distortions in thinking, most notably denial” (Flavin & Morse, 1991, p. 267).

Loneliness

According to Peplau and Perlman (1982), loneliness has three points of agreement that many scholars use when attempting to define it:

1. Loneliness is a consequence of insufficient social relationships.
2. It is a subjective experience that is not related to objective social isolation.
3. It is unpleasant and upsetting.

This study defined loneliness as “caused not by being alone, but by being without some definite needed relationship or set of relationships” (Weiss, 1973, p. 17).

Sobriety

In this study, sobriety was defined as complete abstention from alcohol (Alcoholics Anonymous World Services, 2005).

Locating Myself as a Researcher

My initial experience with loneliness occurred during my early childhood years when two prominent physical irregularities changed my life in an inconvenient and emotionally disabling way, leaving an indelible imprint for years to come. At the age of four, I suddenly began to experience episodes of blurred and double vision. I can still recall the frustration of seeing two images of my favorite toy truck lying next to one

another on the floor, but being afraid to pick one of them up because I did not know which one was real.

A visit to an optometrist resulted in a subsequent visit to an ophthalmologist. I was diagnosed with weak eye muscles that needed immediate surgery as well as a lazy right eye. As a kindergartener, I wore a patch over my more dominant left eye in an attempt to strengthen my weaker eye. In addition to the eye patch, I also wore glasses. This combination was devastating to my self-esteem and opened the floodgates to be teased by several of my peers. As a result, I felt exceedingly lonely and disheartened.

In addition, I was born without proper arch support in both of my feet, which resulted in having to wear special orthopedic shoes throughout elementary school.

I hated those shoes! I was not allowed to wear them on the gym floor at school, so my only choice was to participate in sporting activities while wearing nothing more on my feet than my socks. Therefore, I was not able to participate with the same agility as the other children, which only increased the intensity of my loneliness.

As a result, I occasionally chose to retreat to remote settings where I could be alone. This allowed me to embrace a false sense of security, because I felt safe from the possibility of being teased. Ultimately, however, my desire was to live a life with fewer physical setbacks or prolonged periods of loneliness, a life that would no longer produce feelings of loneliness so intense I would sometimes lose the reassurance my circumstance would ever change.

Thankfully, by the time I finished junior high school my feet had mended and I was finally able to wear regular shoes. Even better news arrived when the optometrist

told me that I no longer needed to wear glasses on a regular basis. These two revelations provided new hope that I could begin to feel normal. Soon I was able to establish new friendships that felt welcoming and secure. Subsequently, my feelings of loneliness began to wane. However, a rude awakening occurred after the beginning of my sophomore year of high school, when I became aware that several of my friends were beginning to experiment with alcohol.

I was raised in a Christian home where the use of alcohol was non-existent. Therefore, I initially resisted the invitation to drink with them. However, the choice to either follow their actions or spend extended periods of time alone produced distress and friction in my life. Ultimately, the overwhelming desire to remain in established relationships led to my immersion into alcohol abuse. I consumed alcohol with my friends nearly every weekend for several months. I was happy to feel accepted, but the path we were on was potentially destructive. For instance, on one occasion a close friend became so inebriated that he vomited profusely before eventually passing out and falling to the floor.

Eventually, I began to realize the negative outcomes of my alcohol abuse. Therefore, I chose to no longer participate in this lifestyle. However, my choice to completely abstain from alcohol was not supported by my two closest friends and they avoided me through the remainder of high school. Their sudden absence in my life was devastating and the deep sentiments of loneliness I had encountered as a child abruptly returned.

But this time, instead of isolating myself again, I decided to seek new friendships. I started to participate in activities with the teenagers at my church and began to associate with classmates who did not use alcohol. I am thankful to God that I never became an alcoholic. He lead me away from a path that could have led to alcoholism and surrounded me with healthy family members and encouraging friendships that allowed me to grow as a person.

Currently, I work as a Certified Advanced Addictions Counselor (CAAC) providing therapy to adult alcohol and substance abusers and their families. I have witnessed the inability of the parents in some of these families to maintain their sobriety, which can sometimes result in the removal of their children by the court system. This is devastating to everyone, and I sometimes wonder if it could be prevented if treatment providers were able to gain further insight regarding the process of recovery for those who suffer from alcoholism.

Consequently, I have developed an interest in gaining a deeper understanding of the thoughts and feelings recovering alcoholics encounter while in recovery. I want to know what they feel, who they trust, and what, if anything, gives them hope. My familiarity with recovering alcoholics has shown me that they can experience a deep sense of loneliness. Moreover, several recovering alcoholics have informed me that their most intense feelings of loneliness occurred when they were attempting to separate themselves from those who continued to abuse alcohol.

Even though I am not an alcoholic, I know what it is like to experience loneliness as a result of having friends abandon me because of my desire to stop drinking.

This awareness allows me to “come alongside” and identify with the loneliness recovering alcoholics can experience. In addition, the pain I felt as a result of the lonely experiences I endured when I was younger has instilled a passion within me for alcoholics who currently struggle with loneliness. My desire is to richly understand the complex experiences lonely recovering alcoholics confront during recovery, so they can be better served by those who are attempting to help them.

Summary

This chapter revealed that loneliness is a pervasive and sometimes painful condition that can be difficult to overcome. Several research studies have indicated a correlation between loneliness and alcoholism. Moreover, loneliness can be an impediment for those who are attempting to recover from alcoholism. There is currently a deficiency of literature that seeks to examine the loneliness recovering alcoholics may encounter during recovery. Therefore, additional research is needed to gain a deeper and richer understanding of the loneliness recovering alcoholics can endure, with the hope that such an understanding could prevent potential relapse or even suicide.

Adding to this discourse may allow treatment providers to possess a better understanding of how the presence of loneliness can affect recovering alcoholics who are in the process of recovery. For this study, a phenomenological design was used to obtain thorough descriptions from participants who have specifically experienced the phenomenon of interest, loneliness as experienced by recovering alcoholics. The next chapter will provide a review of the existing literature germane to this study.

CHAPTER II: REVIEW OF THE LITERATURE

Introduction

The review of literature will begin by focusing on the literature relevant to loneliness (e.g. Alpass & Neville, 2003; Bartholomew, 1990; Beal, 2006; Bogaerts, 2006; Borg, Hallberg, & Blomqvist, 2006; Bowlby, 1969; Britton & Conner, 2007; Buchholz, 1997; Butterworth, Fariweather, Anstey, & Windsor, 2006; Caplan, 2007; Chack & Leung, 2004; Davis, 2007; Davis, Fleet & Besser, 2002; Delmonico, 2005; DiTommaso, Brannan-McNulty, Ross, & Burgess, 2003; DiTommaso & Spinner, 1997; Engelburg & Sjoberg, 2004; Erbllich, Earleywine & Erbllich, 2001; Ernst & Cacioppo, 1999; Goossens, Marcoen, Van Hees, & Van de Woestijne, 1998; Goswick & Jones, 1981; Hanna & Wenger, 2005; Hansel, 2000; Hawkley, Masi, Berry, & Cacioppo, 2006; Lambert, Lussier, Sabourin, & Wright, 1995; Larose, Guay, & Boivin, 2002; Lauder, Mummery, Jones & Caperchione, 2006; Leck, 2006; Leondari & Kiosseoglou, 2000; Man & Hamid, 1998; Manthorpe & Liffe, 2006; Masheb & Grilo, 2006; McWhirter, 1990; Moustakas, 1961, 1972, 1975; Nichols & Nicki, 2004; Peplau & Pearlman, 1982; Rich & Bonner, 1987; Rokach, 1988, 2002, 2003, 2004; Rokach & Neto, 2005; Rokach, Matalon, Rokach, & Safarov, 2007; Routassalo, Savikko, Tilis, Standberg, & Pitkala, 2006; Russell, 1996; Russell, Peplau, & Cutrona, 1980; Selby, 1998; Sherman, Lansford, & Volling, 2006; Sroufe, 2005; Troop & Bifulco, 2002; Vareldzis & Andronico, 2000; Yoder, Virden & Amin, 2005; Weiss, 1973). Subsequently, the review will explore the consequences that can occur when loneliness maintains a concomitant relationship with alcoholism (e.g.

Akerlind & Hornquist, 1992; Alcoholics Anonymous World Services, 2001, 2005; Allen, 2001; Haw, Hawton, Casey, Bale & Shepherd, 2005; Loos, 2002; Mann & Currier, 2007; Medora & Woodward, 1990, 1991; Riccio, 2004; Sachs, 2003; Savada & Pak, 1994; Spence-Thomas & Thomas, 2003; Tilley & Brackley, 2005; Ware, Wyatt, & Tugenberg, 2006; Weissbach, Vogler, & Compton, 1976).

Next, the review will examine the process of recovering from alcoholism. In addition, it will explore how loneliness can present a potential encumbrance for recovering alcoholics (e.g. Akerlind & Hornquist, 1992; Alcoholics Anonymous World Services, 2001, 2005; Allsop, Saunders, & Phillips, 2000; Barrick & Connors, 2002; Brewer, 2006; Borkman, Kaskutas, & Owen, 2007; Brown, Whitney, Schneider, & Vega, 2006; Chernus, 2005; Cutler, 2005; Hall, Havassy, & Wasserman, 1990; Harris, Fallot, & Berley, 2005; Harvard Mental Health Letter, 2007; Krahn, Bohn, Henk, Grossman, & Gosnell, 2005; Krampe et al., 2006; Laudet, Magura, Vogel, & Knight, 2004; Lewis & Allen-Byrd, 2007; Litt, Kadden, Kabela-Comier, & Petry, 2007; Loos, 2002; Medora & Woodward, 1990, 1991; Modesto-Lowe, Brooks & Ghani, 2006; Mosher-Ashley, 2001; Orford et al., 2006; Piderman, Shcneekloth, Pankratz, Maloney & Altchuler, 2007; Robinson, 1996; Spiegel, 2005; Storm & Barone, 1993; Streifel & Servants-Seib, 2006; Swora, 2004; Vannicelli, 2002; Wirtz, 2007; Wismer-Bowden, 1998). Lastly, the review will examine the relationship between the existing literature and the proposed study (e.g. Loos, 2002, Medora & Woodward, 1991).

Loneliness

Overview

Initially, this section will explore the common yet subjective experience of loneliness, as well as theoretical approaches pertaining to its specific nature. Next, the experience of living with loneliness and its influence on gender and relationships will be presented. Lastly, this section will explore the impact of loneliness, its perpetual consequences, and the connection between loneliness and addiction.

Characterizations of Loneliness

A Common yet Subjective Experience

The notion that loneliness is recognized as a common and widespread phenomenon has been consistently demonstrated throughout psychological and social science literature (McWhirter, 1990; Moustakas, 1961, 1972, 1975; Peplau & Pearlman, 1982; Rokach, 1988, 2002, 2003, 2004; Russell, 1996; Russell et al., 1980; Weiss, 1973). Loneliness is a natural, unavoidable sentiment that nearly all humans will ultimately confront (Rokach & Neto, 2005; Selby, 1998). Although it is viewed as an ordinary occurrence, loneliness can be very distressing and unwelcoming to those who experience it (Goswick & Jones, 1981; McWhirter, 1990; Peplau & Pearlman, 1982; Rokach, 1988).

According to Bogaerts (2006), a number of researchers have found it useful to distinguish between objective and subjective feelings of loneliness in order to further understand its connotation. Weiss (1973) proposed two forms of loneliness identified as “emotional and social isolation” (pp. 18-19). He theorized that emotional isolation

“represents the subjective response to the absence not so much of a particular other, but rather of a generalized attachment figure” (Weiss, 1973, p. 87), which often creates a sense of loneliness that produces sentiments of emptiness. Weiss (1973) offered that social isolation, on the other hand, should be seen as objective rather than subjective because it is often commenced by the dearth of collective relationships.

However, extracting the essence of loneliness from individuals can be difficult. Many individuals subjectively view their feelings of loneliness as a weakness, and therefore, often attempt to conceal their pain (Peplau & Pearlman, 1982). Moreover, even when individuals admit they are lonely, they often have the tendency to underestimate the role loneliness can play in their lives (Weiss, 1973). Nevertheless, researchers usually prefer to focus on the subjective reports of emotional rather than social loneliness, given that emotional loneliness most closely relates to negative mental and physical consequences (DiTomasso & Spinner, 1997; Ernst & Cacioppo, 1999).

Theoretical Approaches to Loneliness

Peplau and Pearlman (1982) recognized that theoretical approaches pertaining to loneliness differ in their explanations to the specific “nature of loneliness” (p. 123). Representatives of the psychodynamic, sociological, and cognitive theoretical approaches describe the nature of loneliness as unpleasant and negative (Peplau & Pearlman, 1982). However, the existential approach would “encourage people to overcome their fear of loneliness and learn to use loneliness positively” (Peplau & Pearlman, 1982, p. 126). For instance, Moustakas (1972) does not deny loneliness as being a painful experience,

yet he primarily explains true loneliness as being a “productive, creative condition” (Peplau & Pearlman, 1982, p. 126).

The psychodynamic approach, more than any other, emphasizes how specific factors within the individual can perpetuate loneliness (Peplau & Perlman, 1982). Advocates of this approach often trace the origins of loneliness to childhood experiences such as unhealthy parental interactions, particularly with the mother (Peplau & Perlman, 1982). While these experiences tend to be interpersonal in nature, the intention is to determine how factors within the individual such as “traits and intra-psychic conflicts” ultimately lead to feelings of loneliness (Peplau & Pearlman, 1982, p. 125). Therefore, psychodynamic theorists often see loneliness as a pathological state rather than a normal human condition, while in contrast, sociological perspectives ascribe that the origin of loneliness is related to societal forces such as an overall increase of “family mobility” or detached social relationships (Peplau & Pearlman, 1982, p. 126).

Attachment theory demonstrates several elements that are closely related to the psychodynamic approach. This theory is based upon the foundation that parents or other primary caregivers are the most important and critical figures with whom a person attaches to in childhood (Bowlby, 1969). Attachment theory suggests that early childhood experiences result in “working models” that a person mentally possesses, which determines the way they effectively bond and relate to others throughout their lifetime (Bogaerts, 2006, p. 799). Bartholomew (1990) offered that these working models frame a person’s level of expectation regarding current attachment figures. According to Bartholomew (1990), “the type of working model an individual possesses

therefore influences the degree to which he or she is able to establish intimacy and emotional closeness and thus also the degree to which he or she experiences loneliness” (Bogaerts, 2006, p. 799).

While some research studies have revealed a direct relationship between the experience of loneliness and insecure parental attachments (e. g. Ernst & Cacioppo, 1999; Goossens et al., 1998; Larose et al., 2002), others have not demonstrated a direct relationship (e.g. Bogaerts, 2006; DiTommaso et al., 2003; Lambert et al., 1995; Leondari & Kiosseoglou, 2000; Man & Hamid, 1998). In either case, both positions acknowledge that “insecure attachment patterns cohere strongly with loneliness” (Bogaerts, 2006, p. 800). Sroufe (2005) suggests it may not be necessary to view variations in attachment as directly causing a certain outcome. As an alternative, researchers should examine the importance attachment plays in critical developmental functions such as social relatedness and emotional regulation (Sroufe, 2005).

Living with Loneliness

According to Moustakas (1961, 1972), loneliness is a condition that humans have little choice but to accept, face its outcomes and let its course play out in their lives. However, for countless individuals, loneliness can produce a heavy burden that is increasingly difficult to overcome (Hansel, 2000; McWhirter, 1990; Rokach & Neto, 2005). In addition, those who consistently endure sentiments of loneliness routinely feel unacceptable to others or themselves (Hansel, 2000). As Hansel (2002) sees it, “sometimes there’s nothing quite as desperate as feeling all alone, trapped in your own

isolation, it feels like you are in a house with all the windows blackened out so that there is no sunlight coming through” (p. 22). Individuals who suffer from frequent sentiments of loneliness often experience feelings of inadequacy pertaining to their position or role in society (McWhirter, 1990).

A consistent premise in the literature asserts that loneliness is a multifaceted phenomenon that routinely produces overwhelming stress (McWhirter, 1990; Peplau & Pearlman, 1982; Rokach, 1988, 2002; Weis, 1973). Then too, the occurrence of loneliness is often painful and can be perpetuated by an individual’s “personality, background, and situational variables” (Rokach, 2002, p. 623). Loneliness can become increasingly recognizable and emerge as obstinately endless for the immeasurable number of individuals who consistently live with it each day (Rokach, 1988).

The Influence of Loneliness as it Pertains to Gender and Relationships

The literature reveals that women experience sentiments of loneliness more frequently than men (Beal, 2006; Borg et al., 2006; Masheb & Grilo, 2006; Rokach et al., 2007). Furthermore, older individuals are more likely to experience profound sentiments of loneliness than any other age group (Borg et al., 2006). However, older men and women do not appear to experience the severity of loneliness any differently; therefore the magnitude of the loneliness endured is typically the same between the two genders (Rokach et al., 2007).

Unfulfilled expectations of social relationships by either gender can be a predictor of loneliness (Routassalo et al., 2006). Moreover, quality relationships can be positively

correlated with loneliness and levels of self-esteem (Sherman et al., 2006). For example, individuals in relationships that possess low warmth and high conflict often have elevated levels of loneliness and lower levels of self-esteem, while those in relationships with high warmth and low levels of conflict have lower levels of loneliness and higher levels of self-esteem (Sherman et al., 2006).

Individuals who lack romantic relationships or experience marital stress or discord often endure greater amounts of loneliness than those who are in fulfilling relationships or marriages (Leck, 2006). For instance, pastors' wives who suffer from loneliness routinely experience marital stress or discord and are often concerned about feeling rejected or being seen as an "ideal role model", due to the position of influence their husbands uphold (Davis, 2007, p. 99). Furthermore, these women attributed the isolation that can result from frequently having to relocate as a factor that contributed to their ongoing feelings of loneliness (Davis, 2007).

There is evidence in the literature that lonely individuals routinely attempt to purge themselves of distress by implementing new relationships or restoring previous ones (Buchholz, 1997; Peplau & Pearlman, 1982; Weiss, 1973). However, personal relationships are not always a panacea for loneliness, given that negative encounters with select persons can diminish a person's sense of self acceptance and further instigate lonely feelings (Buchholz, 1997). Therefore, individuals who suffer from loneliness frequently experience a discrepancy between their actual and desired relationships (Peplau & Pearlman, 1982).

The Impact of Extended Loneliness

For some, feelings of loneliness are transitory, lasting for a relatively short period of time, while for others such feelings can seem extreme and linger for the better part of a lifetime (Peplau & Perlman, 1982; Weiss, 1973). The literature reveals that extended periods of loneliness can produce lasting feelings of shyness, separation, and an external loss of control (McWhirter, 1990; Moustakas, 1961, 1972; Peplau & Pearlman, 1982; Rokach, 2004; Weiss, 1973). Prominent factors that can contribute to extended durations of loneliness include “personal inadequacies, developmental deficits...significant separation, and social marginality” (Rokach & Neto, 2005, p. 477).

Those who have endured extended bouts with loneliness often possess a poor self-image as well as the propensity to be hurt by even the slightest amount of criticism; therefore, they readily anticipate and routinely tolerate rejection (Moustakas, 1961, 1972). Moreover, extended periods of loneliness can permanently shape an individual’s personal character. For example, continued undesirable experiences with loneliness can cause an individual to develop a negative emotional state of mind, producing a lifetime of discontentment (Peplau & Pearlman, 1982). Then too, when people endure extended periods of loneliness, the desire to amend their condition can seem like a “desperate feeling that will never end” (Moustakas, 1972, p. 19).

Outcomes resulting from extended periods of loneliness should not always be perceived as unfavorable. On the contrary, some individuals who endure such feelings can eventually benefit from the experience (Moustakas, 1972, 1975). For instance, extended periods of loneliness can increase a person’s sense of self-awareness, by

eventually moving him or her into a position of not only being in touch with their own personal existence, but with the existence of others as well (Moustakas, 1961).

The Consequences of Perpetual Loneliness

Individuals who suffer from perpetual loneliness are more likely to smoke cigarettes and suffer from obesity than those who do not suffer from perpetual loneliness (Lauder et al., 2006). The literature reveals that perpetual loneliness has been linked to increased or prolonged health risks such as hypertension and cardio vascular disease (Hawkley et al., 2000; Vareldzis & Andronico, 2000). Additionally, elderly adults who suffer from coronary heart disease are more likely to have endured perpetual sentiments of loneliness than elderly adults who have not suffered from perpetual sentiments of loneliness (Hanna & Wenger, 2005).

Perpetual loneliness is a predictor of age-related differences in systolic blood pressure, health behavior variables, and psychosocial risk factors (Hawkley et al., 2006). Moreover, perpetual loneliness can alter psychological well-being, influence chronic mental illnesses such as depressive disorders (Alpass & Neville, 2003), and lead to increased suicidal behavior for individuals of all ages (Butterworth et al., 2006; Rich & Bonner, 1987). Although suicide among the elderly is not common, an important risk factor for people of this age includes the reality that loneliness can be intensified by the loss of significant others (Manthorpe & Liffe, 2006).

Associations between Loneliness and Addiction

According to the literature, loneliness has been positively correlated with a myriad of serious addictions. For instance, there is evidence that loneliness is a predictor of pornography and sexual addiction and that a significant association exists between loneliness and addiction to internet pornography (Delmonico, 2005; Yoder et al., 2005). Additionally, lonely sentiments can be intensified by the fact that frequent internet users are more prone to feelings of loneliness than those who are not frequent users of the internet (Caplan, 2007; Chack & Leung, 2004; Davis et al., 2002; Engelburg & Sjoberg, 2004; Nichols & Nicki, 2004).

Furthermore, women who suffer from eating disorders report higher levels of loneliness than women who do not suffer from eating disorders (Troop & Bifulco, 2002). As previously stated, loneliness can play a significant role in the lives of individuals who are alcohol dependent (Britton & Conner, 2007). Then too, alcoholism is among the most common addictions known to mankind and the “large-scale use of alcohol has stimulated considerable interest in better understanding the motivators of drinking behaviors” (Erblich et al., 2001, p. 204).

Summary on Loneliness

According to the literature, loneliness is an ordinary yet subjective occurrence that is universally experienced. Although sentiments of loneliness are common, they can be painful and distressing. Individuals who endure extended periods of loneliness often possess a poor self-image and a negative outlook on life. Perpetual feelings of loneliness

can lead to increased health risks, chronic mental illness, and increased suicidal behavior. Loneliness has been positively correlated with sexual addiction, pornography, frequent internet use, eating disorders, and alcoholism.

Loneliness and its Relationship to Alcoholism

The Experience of Loneliness as it Pertains to Alcoholism

There is evidence in the literature that those who suffer from alcoholism experience stronger sentiments of loneliness than individuals who are not alcohol dependent (Akerlind & Hornquist, 1992; Medora & Woodward, 1990, 1991; Weissbach et al., 1976). Lonely individuals who suffer from alcoholism often use alcohol in an attempt to fill a perceived void in their soul (Buchholz, 1997; Riccio, 2004; Ware et al., 2006). Then too, loneliness and the desire for connectiveness can be exaggerated by alcoholism (Ware et al., 2006).

According to the literature, persons who are not able to form healthy connections to their parents or caregivers while growing up are more susceptible to alcoholism than those who are able to form healthy connections (Sachs, 2003). Moreover, the inability of individuals who struggle with alcoholism to preserve friendships or create new ones can cause them to become discouraged and eventually develop increased feelings of loneliness (Alcoholics Anonymous World Services, 2001, 2005). These feelings, if left unchecked can produce an overwhelming desire for alcoholics to drink (Alcoholics Anonymous World Services, 2001, 2005).

Additionally, several gender differences have been found to be affiliated with loneliness and its relationship to alcoholism. For example, Medora and Woodward (1991) recognized that female alcoholics were considerably “lonelier than male alcoholics” (p. 775). This was partly due to the fact that females “tend to be more in touch with their feelings and find it more acceptable than men to feel lonely” (Medora & Woodward, 1991, p. 775).

Furthermore, alcoholic men are more likely than alcoholic women to be perpetrators of domestic violence, and frequently feel a sense of inadequate social contact that is exacerbated by the presence of loneliness (Tilley & Brackley, 2005). Tilley and Brackley (2005) suggested that for some men, alcohol can create “an excuse for violence” and that these men often self-identify with their behaviors (p. 289). However, both men and women who are in satisfying and nurturing relationships score lower in all indices pertaining to loneliness and its relationship to alcoholism (Medora & Woodward, 1991; Savada & Pak, 1994).

The Consequences of Loneliness when Combined with Alcoholism

Lonely alcoholics are typically more socially inhibited than alcoholics who do not suffer from loneliness, and are frequently less motivated to be involved in social situations (Weissbach et al., 1976). Moreover, alcoholics who suffer from loneliness have the tendency to be more emotionally unstable, expedient, suspicious, apprehensive, undisciplined, and tense, than alcoholics who do not suffer from loneliness (Weissbach et al., 1976). In addition, the lonely alcoholic has been found to be more “socially

immature, interpersonally inhibited, and somewhat low in impulse organization” when compared to alcoholics who do not suffer from loneliness (Weissbach et al., 1976, p. 483).

As previously stated, alcoholics can occasionally possess a type of loneliness so severe it can ultimately result in the erosion of their personal disposition (Loos, 2002). Loos (2002) labels this condition “*depraved loneliness*,” asserting that it is “so debasing and degrading that it exceeds abject hopelessness...So spiritless and empty that the anesthesia found in alcohol becomes a comforting illusion of the existence of some life force within” (p. 201). Loos (2002) further suggests that such individuals are often at high risk for suicide.

Then too, according to Spence-Thomas and Thomas (2003), there is a positive correlation between loneliness, alcoholism and suicidal behaviors. Moreover, “the lifetime risk of suicide in patients with alcohol dependence is almost six times the expected rate” for those who are not alcohol dependent (Haw et al., 2005, p. 964). As Allen (2001) sees it, “the reverberation of innumerable past traumas and recent stressors culminates in unbearably painful emotional states” and “efforts to escape from emotional pain may include a retreat into isolation” that could ultimately lead to attempts of suicide (p. 18). Therefore, reducing the risk of suicide for the lonely alcoholic not only involves concentrating on short-term factors such as recent traumas or stressors; long term factors such as “aggression, impulsivity, and pessimism” should be considered as well (Mann & Currier, 2007, p. 337).

Recovering from Alcoholism

The Unknown Reality of Change

Recovering from alcoholism is a daunting task that requires individuals to make significant changes in their lives (Brewer, 2006; Lewis & Allen-Byrd, 2007). For example, individuals attempting to recover from alcoholism must terminate their relationships with those who continue to abuse alcohol (Alcoholics Anonymous World Services, 2005; Brewer, 2006). In addition, they must be aware that the process of recovery involves transitional, as well as early and ongoing stages of change (Lewis & Allen-Byrd, 2007). Therefore, those who are alcohol dependent must acquire a thorough knowledge of the recovery process in order to sustain a sober existence (Alcoholics Anonymous World services 2001; Lewis & Allen-Byrd, 2007).

Recovering alcoholics can be inspired by supportive connotations from friends and family members (Orford et al., 2006). Without such guidance or support, they can be overcome with anxiety and fear, as well as a sense of hopelessness or negativity as they attempt to disconnect themselves from the comfort they have received from alcohol (Wisner-Bowden, 1998). Consequently, recovering alcoholics in the early stages of treatment are often prone to poor expectations and low levels of self-esteem (Storm & Barone, 1993).

Treatment Models Pertaining to Recovery from Alcoholism

An effective treatment model can play a significant role in the life of the recovering alcoholic by helping him or her maintain important social networks (Litt et al.,

2007). Many established treatment models contain principles rooted in the philosophy of Alcoholics Anonymous (AA), such as the pursuit of abstinence as a common goal (Borkman et al., 2007, p. 21). However, “as the alcohol dependence field matures, so too does the complexity of models proposed and tested” (Wirtz, 2007, p. 57).

Consequently, there are a number of treatment models that have proven to be successful when treating individuals who are alcohol dependent (Borkman et al., 2007). Three such models include the Minnesota Model, which uses a “multidisciplinary team of professionals” to implement the 12 steps used by AA; Social Models, that emphasize recovery as the responsibility of the individual, and the Addiction Therapeutic Community Model, which underscores the importance of truthfulness and the admittance of weaknesses to others (Borkman et al., 2007, p. 25). All three models stress the importance of group process as well as “the conveying of hope and motivation” as vital components of recovery (Borkman et al., 2007, p. 28).

The concept of spirituality has been associated with the treatment of alcoholism for many years, yet a universal description of its importance when treating alcoholism does not currently exist (Piderman et al., 2007). While some treatment models are unclear in their attempt to define spirituality and its purpose in the process of recovery (Swora, 2004), others place its significance at the forefront. For example, faith-based treatment models such as the Celebrate Recovery Program introduced by Saddleback Church in California use the “Bible to define a Christian concept” of a higher power (Brown et al., 2006, p. 656). By way of comparison, AA allows its members to define “God as they understand Him” (Alcoholics Anonymous World Services, 2001, p. 192).

Moderation approaches to treatment have received increased attention in recent years (Vannicelli, 2002). Moderation models are intended to give individuals more than one option in terms of sobriety, and attempt to help those who are problem drinkers “moderate their use and thereby lessen the negative consequences or risks associated with problematic use” (Vannicelli, 2002, p. 194). However, moderation approaches are typically implemented with persons who possess noticeably fewer severe alcohol concerns; individuals who are “alcohol abusers rather than those who are physiologically dependent” (Vannicelli, 2002, p. 195).

At one time the use of psychoanalysis was considered to be ineffective when treating alcoholism, due partly to the fact that much like its pathological view of loneliness, it “regarded alcoholism as a psychological symptom rather than a progressive illness” (Chernus, 2005, p. 67). However, in recent years there has been more collaboration between the psychoanalytic camp and members of the self-help community such as AA (Robinson, 1996). This has been evidenced by the fact that “both now recognize the importance of the self-object milieu for the maintenance of the integration” of the recovering alcoholic’s character (Chernus, 2005, p. 67).

For many years, AA with its 12-step method has been an effective approach for the treatment of alcoholism (Harvard Mental Health Letter, 2007; Mosher-Ashley & Rabon, 2001; Streifel & Servants-Seib, 2006). AA supports individuals who are attempting to cope with the arduous transition from ongoing alcoholism to early recovery and further assists them as they work through important issues of grief and loss (Streifel & Servants-Seib, 2006). For the purpose of this research, the AA treatment model was

chosen because of its longstanding reputation as a viable treatment modality for alcoholism (Mosher-Ashley & Rabon, 2001; Streifel & Servants-Seib, 2006; Swora, 2004), as well as the fact that AA and its 12-step routine is the dominant method of treatment in the community where this researcher currently works as an addictions counselor.

The Commitment to Abstinence

There is evidence in the AA and self-help literature that recovering alcoholics who totally abstain from alcohol will eventually exhibit less of a craving for the substance (Allsop et al., 2000; Cutler, 2005; Hall et al., 1990). Then too, AA publications assert that only those who commit to total sobriety can truly achieve victory over their desire to drink (Alcoholics Anonymous World Services, 2001, 2005). Therefore, according to AA, sobriety must be characterized as complete abstinence from alcohol (Alcoholics Anonymous World Services, 2005).

When alcohol dependent individuals make the decision to stop drinking, they often have a strong sense of the negative outcomes consistent with relapse (Cutler, 2005). However, a sustained period of sobriety has the potential to diminish the fear of negative outcomes and could therefore increase the risk of relapse (Cutler, 2005). Krampe et al., (2006) suggest that the later the first relapse occurs during sobriety, the more likely the individual will be able to cope with its consequences.

The necessity for recovering alcoholics to develop new approaches to help cope with the concept of abstinence from alcohol is crucial for a positive outcome of long term

sobriety (Brewer, 2006; Wismer-Bowden, 1998). If successful, such individuals may go on to “help alcoholics who are still in the shadowlands by sharing with them the fruits of their journey” (Wismer-Bowden, 1998, p. 348). However, recovering alcoholics must be aware that the road to recovery is often accompanied by the presence of loneliness, especially when “the changes in lifestyle required to maintain sobriety often lead to the loss of friends who are actively using alcohol” (Mosher-Ashley & Rabon, 2001).

Loneliness as it Pertains to Recovering Alcoholics

Lonely Recovering Alcoholics can Feel Vulnerable and Disconnected

Loneliness can present a formidable obstruction for those who are seeking treatment for alcoholism (Akerlind & Hornquist, 1992). For instance, recovering alcoholics who experience increased feelings of loneliness can become overwhelmed with a sense of despair (Barrick & Connors, 2002; Spiegel, 2005; Wismer-Bowden, 1998). Loos (2002) concurs, proposing that it is difficult for those who are attempting to recover from alcoholism to abandon their old habits and adopt a “new hopeful and healthy self-image” (p. 202). Loos (2002) added that “facing the apprehension of self-discovery while wading through the quagmire of self-destructive, debasing, corrupt, and lonely character traits that are associated with the absence or loss of a sense of self can often be an overwhelming challenge” (p. 202).

When recovering alcoholics experience feelings of loneliness, they can be consumed with the thought of alleviating their discomfort by returning to alcohol (Alcoholics Anonymous World Services, 2005). Moreover, recovering alcoholics who

experience persistent sentiments of loneliness can develop negative feelings that allow them to become disconnected from the people they would prefer to be with (Medora & Woodward, 1991). Then too, when recovering alcoholics suffer from persistent sentiments of loneliness, they often exhibit emotional and social outcomes such as anxiety and depression, which can generate decreased amounts of self-esteem and the prevailing sense of mistrust and vulnerability (Medora & Woodward, 1990, 1991).

According to the literature, women in the process of recovery report loneliness differently than men in recovery with regard to its correlation with relational problems (Harris et al., 2005; Harvard Mental Health Letter, 2007; Krahn et al., 2005). This is due in part, to the fact that women are more likely than men to need supportive relationships in order to maintain their sobriety and counter feelings of loneliness (Harris et al., 2005). Furthermore, loneliness can function as its own distinct urge pattern, often enticing individuals in recovery toward relapse (Krahn et al., 2005).

The Threat of Relapse and the Risk of Suicide

Lonely recovering alcoholics are at greater risk for relapse than recovering alcoholics who do not suffer from loneliness (Laudet et al., 2004; Loos, 2002). However, the presence of stress and interpersonal demands can cause women who suffer from loneliness to relapse at a greater level than their male counterparts (Harris et al., 2005). Therefore, it is important for women to connect interpersonally with supportive individuals if they wish to sustain an abstemious lifestyle (Harris et al., 2005). Likewise, men attempting to recover from alcoholism who proactively form new friendships and

talk openly with their peers during the early stages of treatment, are less likely to relapse and typically have fewer alcohol-related problems in the subsequent years of recovery (Harvard Mental Health Letter, 2007).

Lonely recovering alcoholics are often vulnerable to an increased risk for suicide. Moreover, even when recovering individuals are in the later stages of recovery, the threat of relapse resulting from loneliness can lead them on a path to suicide (Loos, 2002). In addition to the presence of “depraved loneliness” (Loos, 2002, p. 200), the increased risk of suicide for recovering alcoholics can be attributed to the fact that they can often become discouraged by an unwanted relapse (Loos, 2002; Modesto-Lowe et al., 2006).

The Relationship between the Existing Literature and the Proposed Study

As previously noted, there is currently a paucity of literature pertaining to the loneliness recovering alcoholics can experience during the process of recovery. Only two articles closely matched the premise of this researcher’s proposed undertaking. The first study was composed by Medora and Woodward (1991), and examined aspects affiliated with loneliness among recovering alcoholics “undergoing treatment at select alcoholic rehabilitation centers” (p. 769). In addition to discovering that individuals who suffer from alcoholism are more likely to experience loneliness than those who do not suffer from alcoholism, Medora and Woodward (1991) found significant differences “between the loneliness scores of men and woman” with “different familial histories of alcoholism” as well as “between subjects who indicated various degrees of happiness during the previous year” (p. 769).

A more recent study entitled *The Synergy of Depravity and Loneliness in Alcoholism*, by Dr. Dale Loos (2002), closely parallels the foundation of this researcher's inquiry. Loos (2002) introduced the terms "depraved or extraordinary loneliness" as forms of "spiritual sickness", arguing that "the synergy of depravity and loneliness, as a singular condition, may precipitate relapse and premature death through suicide by individuals during late recovery from alcoholism" (pp. 199-200). As previously stated, Loos (2002) suggests that additional research is needed to gain a deeper understanding of what lonely recovering alcoholics endure, with the hope that such knowledge can help prevent the potential for relapse or suicide for those who are in recovery.

Given that the literature recognizes (a) a relationship between loneliness and relapse, and (b) the need for further research in this area, this study is clearly indicated. This study will attempt to echo the research of Medora and Woodward (1991) and further the postulate of Loos (2002) by adding to the literature relevant to the loneliness recovering alcoholics may encounter during recovery. It is the hope of this researcher that this study will provide pertinent information relevant to the way recovering alcoholics experience loneliness, the impact it has on their lives and the factor or factors they identify as contributing to the onset or persistence of their loneliness. This knowledge may assist those who provide treatment to recovering alcoholics by allowing them to realize that the complexity of such loneliness may produce or accompany obstacles that can influence the process of recovery.

Summary

This chapter provided a review of the literature pertaining to loneliness as well as its relationship with alcoholism. Loneliness was found to be a complex and multi-faceted phenomenon that can alter psychological well-being and influence chronic mental and physical illnesses. Alcohol dependent individuals can experience stronger sentiments of loneliness than those who are not alcohol dependent. Then too, loneliness can represent a serious obstruction for recovering alcoholics by enhancing the threat of relapse and suicide. The next chapter will present a detailed description of the research design that was used for this study. It will also describe the methods that were utilized for the collection, interpretation, analysis, and triangulation of the data.

CHAPTER III: METHOD

Overview

The review of literature revealed that the experience of loneliness is a common yet subjective occurrence that nearly everyone will encounter and that a positive correlation exists between loneliness and alcoholism. It further clarified that individuals who suffer from alcoholism can experience greater amounts of loneliness than those who are not alcohol dependent. Furthermore, loneliness can play a detrimental role in the lives of recovering alcoholics by increasing the risk of relapse or suicide. The review of literature established that there is currently a paucity of studies that investigate the loneliness recovering alcoholics experience during recovery and that additional research is needed.

In this chapter, the methods implemented for this phenomenological inquiry will be explained in detail. Initially, a description of the goals and objectives of qualitative research as well as a phenomenological inquiry will be presented. Subsequently, the rationale for choosing the principle research questions framing this study will be reaffirmed. Next, an explanation of the methods utilized for the selection of participants and the implementation of proper ethical procedures will be given, as well as the methods used for the collection, processing and analysis of the data. Lastly, the steps used to ensure the trustworthiness of the findings will be presented.

Designing a Qualitative Study

Qualitative research is a progression of understanding based on distinctive methodological traditions of examinations that investigate a societal or individual predicament (Creswell, 2007). Research that is qualitative in nature implies that the data gathered will be organized into specific themes that will be subjectively analyzed (Rudestam & Newton, 2001). Qualitative research methods are often applied when a study seeks to “describe the complex nature of humans and how individuals perceive their own experiences within a specific social context” (Portney & Watkins, 2000, p. 272).

The overarching goal of a qualitative researcher is to create a “thick and detailed” description of the perspectives of those who are experiencing the phenomenon of interest that is being explored (Auerbach & Silverstein, 2003, p. 142). Furthermore, the qualitative researcher “builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting” (Creswell, 2007, p. 249). As previously mentioned, this researcher implemented a qualitative method of inquiry to help further understand the phenomenon, loneliness, as experienced by recovering alcoholics.

Research Design

An integral undertaking of this study was to further understand the experiences of select recovering alcoholics who have suffered from loneliness during their recovery experience. Therefore, this researcher chose to utilize a phenomenological inquiry; a qualitative research method that attempts to fully understand a notion by allowing the

researcher to describe and illuminate the significance of a concept or phenomenon for several individuals (Creswell, 2007; Rudestam & Newton, 2001; van Manen, 1990). Phenomenological research echoes “the description of the experiential meanings we live as we live them...It attempts to describe and interpret these meanings to a certain degree of depth and richness” (van Manen, 1990, p. 11).

Additionally, phenomenological inquiries attempt to “make sense of a certain aspect of human existence” (van Manen, 1990, p. 31). A phenomenological inquiry involves the researcher’s attempt to gain a textual description of an individual’s conscious experiences, which may include the thoughts, feelings, emotions, and ideas that represent the essence of an incident or situation that has been encountered (Moustakas, 1994). This approach “goes beyond the natural tendency of consciousness to go toward things rather than its own processes and it attempts to analyze these spontaneous processes that present themselves as already formed unities” (Giorgi, 1985, p. 23).

A phenomenological inquiry seeks to know the disposition of a phenomenon within the exact manner it has been experienced (van Manen, 1990). Phenomenological inquiries typically involve identifying and utilizing participants who have experienced or are experiencing the phenomenon that is being investigated (Creswell, 2007; Rudestam & Newton, 2001). This study implemented a transcendental method of phenomenology described by Moustakas (1994), which is rooted in Edmund Husserl’s (1931, 1970, 1973) heuristic method of inquiry. According to Moustakas (1994), “Husserl’s approach is called phenomenology because it utilizes only the data available to consciousness...It is

considered transcendental because it adheres to what can be discovered through reflection on subjective acts and their objective correlates” (p. 45).

With this in mind, and because it was the intention of this researcher to seek detailed descriptions pertaining to the specific experience of loneliness as described by recovering alcoholics, a transcendental phenomenological framework was chosen. As previously mentioned, the principal research questions framing this study are:

1. What is the experience of loneliness like for recovering alcoholics?
2. What impact does loneliness have on the lives of recovering alcoholics?
3. What factor or factors do recovering alcoholics identify as contributing to the onset or persistence of their loneliness?

Selection of Participants

Data for a phenomenological inquiry should be gathered from a group of individuals selected because of the likelihood of their provision of pertinent information relevant to a given phenomenon (Creswell, 2007; Rudestam & Newton, 2001). Therefore, criteria for selecting participants for a phenomenological inquiry would include the fact that the individual has experienced the phenomenon of interest, is deeply committed to understanding its connotations, is willing to participate in an exhaustive interview (and perhaps a follow-up interview), agrees to be tape-recorded and is willing to have the data that is produced published in a dissertation or journal (Moustakas, 1994). Select participants for this study were located through the use of “criterion sampling,” which

entails choosing contributors who closely match the criteria needed for a given study (Rudestam & Newton, 2001, p. 92).

Additionally, one select participant was located through the use of snowball sampling (Auerbach & Silverstein, 2003; Portney & Watkins, 2000). Snowball sampling entails asking participants to suggest other potential participants, who “in turn are asked to suggest more research participants” (Auerbach & Silverstein, 2003, p. 18). Snowball sampling is most suitable when potential contributors with “specific characteristics are hard to locate” (Portney & Watkins, 2000, p. 149).

This therapist attended several of AA meetings in an attempt to locate potential participants for this study. When potential participants were identified, this researcher presented them with an outline (Appendix A) that addressed the goals for the study and the qualifications needed to participate. Potential participants were informed that the study would focus on the experience of recovering from alcoholism. Every potential participant was made aware of their necessity to have sustained at least six months of sobriety. The six month minimum was determined by this researcher as well as several of his peers who were consulted on the matter. It was put into place as a safety measure to help ensure that the potential participants were adequately progressing in their treatment process, and therefore, may not be as likely to relapse.

Potential participants were asked to take a short self-report test entitled the Revised UCLA Loneliness Scale, which is also known as the Personal Experience Survey. The UCLA Loneliness Scale has been viewed as the standard of measurement for the majority of research studies relevant to loneliness (Russell, 1996). The 20 item revised

edition (Personal Experience Survey) is a self-reporting instrument that was used to determine the level of loneliness the potential participants were experiencing. This researcher chose to implement the Personal Experience Survey because of its relative ease of usage in administering, as well as the fact that it has been successfully implemented in numerous research studies pertaining to loneliness (Russell, 1996). The self-administered examination was typically completed in five to ten minutes by the potential participants.

Recovering alcoholics with at least six months of sobriety who reported experiencing normal, elevated, or significant levels of loneliness on the Personal Experience Survey qualified for this volunteer study. This researcher presented the Informed Consent Agreement (Appendix B) to qualified potential participants, explaining the goals for the study, the methods that would be implemented, the possible risks that were involved, and the issue of confidentiality. Those who agreed to the informed consent were invited to participate in the study.

Data Collection

The procedure for data collection in a phenomenological inquiry is primarily accomplished through in-depth interviews that are conversational in nature (Creswell, 2007; Rudestam & Newton, 2001). Moreover, the “interview process needs to be disciplined by the fundamental question that prompted the need for the interview in the first place” (Van Manen, 1990, p. 66). Phenomenological interviews can be long and

exhaustive; therefore, it is important to create a relaxed and trusting atmosphere (Moustakas, 1994).

Creswell (2007) emphasizes that in order to attain the desired saturation of the data, the phenomenological researcher will need to interview up to 10 participants. Attaining data saturation implies that the prominent themes from the information collected are becoming repetitive, and that any addition of new information would only validate the findings from the existing data (Streubert & Carpenter, 1999). Data saturation for this study was achieved after interviewing eight select participants.

This researcher conducted three of the interviews at his office, three at the homes of the participants, and two at an AA establishment. The interviews were administered in the spring of 2009 and were conducted face-to-face, which allowed this researcher to develop rapport with the participants (Nichter, Quintero, Nichter, Mock, & Shakib, 2004). The names of the research participants were substituted with pseudonyms to protect their identity (Rudestam & Newton, 2001). In addition, the interviews were tape recorded and transcribed verbatim (Rudestam & Newton, 2001) by two professional transcriptionists. Interviewees were told that their participation in this study was strictly voluntary. They could have refused to participate or chosen to stop their participation at any point during the research, without fear of penalty or negative consequences of any kind.

Participant interviews were conducted by this researcher through the use of semi-structured open ended questions from a prepared interview guide (Appendix C). As suggested by Creswell, (2007), the interviews lasted for approximately one and a half to two hours. The transcriptions were read in their entirety by this researcher and compared

to the dialogue recorded on the tapes to check for accuracy and potential errors. The information gathered generated 131 single-spaced pages of data composed of nearly 90,000 words.

Ethical Procedures

The confidentiality of the participants was secured before and after the interviews. All participant information was stored in locked file cabinets that were only accessible to this researcher. In addition, contributors were informed of the moderate amount of risk involved with the association of participating in this study. For instance, participants may have become fatigued from responding to the questions or may have encountered emotional stress as they revealed the essence of their experiences. Accordingly, several participants requested a short break midway through the interview process.

If a participant would have experienced any type of emotional trauma during the interview, this researcher would have carefully processed the event with them and reminded them of their right to withdraw from the study at any time without any penalty whatsoever. If the trauma would have been serious, this researcher could have contacted their primary care physician or therapist if given permission by the participant. Furthermore, participants were informed of their right to review their transcripts as well as the results of the research at a later time if they desired to do so.

Data Processing and Analysis

When analyzing phenomenological data, researchers must attempt to suspend any prejudicial experiences (Creswell, 2007; Giorgi, 1985). Therefore, this researcher instituted the use of “bracketing”, which entails suspending “all narrowly confining interests preceding attention to the phenomenon, in order to become fully interested in the phenomenon” (Giorgi, 1985, p. 91). Furthermore, “horizontalization” was used in an attempt to list every significant statement that was applicable to the topic (Creswell, 2007, p. 159). Creswell (2007) further suggests that the examination of the phenomenological data proceed through “the methodology of reduction”, which consists of “the analysis of specific statements and themes and a search for all possible meaning” (p. 52).

Analysis of the raw transcripts was initiated by utilizing a coding technique outlined by Moustakas (1994). This method entails listing every expression relevant to the experience, shaping the invariant constituents, clustering the constituents into themes, identifying and labeling the core themes, constructing textural descriptions by validating core themes, constructing structural explanations based on the textural descriptions, and finally, constructing for each participant a textural-structural composite description of the meanings and essences of the experiences for the group as a whole.

Analysis of the data was a recursive method entailing the reading and re-reading of the transcripts. During this iterative process, this researcher highlighted the words loneliness, lonely and alone in yellow. Words or groups of words pertaining to or similar in meaning to loneliness were highlighted in blue. Important phrases used to introduce the words loneliness, lonely, or alone were highlighted in green. Significant descriptive

words or groups of words were underlined or circled in pen in an attempt to capture their depth or richness.

Words or groups of words pertaining to the way loneliness was experienced were identified with the letter “E” circled in pen, and placed in the right margin. Words or groups of words relevant to the impact of loneliness were identified with the letter “I” circled in pen, and placed in the right margin. The same process was used to distinguish what factor or factors participants acknowledged as contributing to the onset or persistence of their loneliness. These words or groups of words were labeled with the letter “F” circled in pen, and were also placed in the right margin.

Words or groups of words were then clustered into themes relevant to the way recovering alcoholics experience loneliness, the impact it has on their lives and the factor or factors they identified as contributing to the onset or persistence of their loneliness. A total of two main themes and 12 sub-themes were identified (see Appendix D). The findings were subsequently woven into a phenomenological text in an attempt to further understand the phenomenon, loneliness, as experienced by recovering alcoholics.

Ensuring the Trustworthiness of the Findings

Trustworthiness represents what researchers see as external or internal validity and reliability (Rudestam & Newton, 2001). Triangulation entails the corroboration of data from different sources to find specific themes and theories (Rudestam & Newton, 2001). This researcher provided authenticity to the trustworthiness of the transcripts through the triangulation of personal field notes, journal writings and poems written by

the participants, as well as quotes from self-help books or other forms of literature provided by the participants.

To further validate the findings, this researcher invited every research participant to partake in a follow-up interview (member checking). This process entailed asking participants to analyze the findings and conclusions from the study to see if they agree with the outcomes (Rudestam & Newton, 2001). This researcher attempted to contact all eight participants; two did not return this researcher's phone calls, while one could not be located. The five participants who agreed to meet with this researcher for a follow-up interview wholeheartedly concurred with the findings and conclusions from this study. In the words of one of the five contributors, "you really hit the nail on the head with your study".

This researcher implemented a peer review in addition to the feedback obtained from the four members of the committee. "Peer reviews" involve the use of peers or colleagues to review the material and play the role of "Devil's advocate", scrutinizing and asking tough questions about each area of the study (Rudestam & Newton, 2001, p. 100). The peer reviewer utilized by this researcher provided valuable discourse pertinent to the conclusion of this study.

Summary

This study utilized a phenomenological inquiry in an attempt to further understand how recovering alcoholics experience loneliness. Select recovering alcoholics were invited to answer questions pertaining to the loneliness they have

experienced while attempting to recover from alcoholism. All interviews were tape recorded and professionally transcribed. Analyzed data was integrated into a composite portrayal of the descriptions and themes representing the experiences of the participants as a whole. Triangulated data from several different sources, follow-up interviews, and a peer review were used to help ensure the trustworthiness of the findings.

CHAPTER IV: FINDINGS

Overview

The purpose of this study was to further understand the phenomenon, loneliness, as experienced by recovering alcoholics. This study attempted to explore how recovering alcoholics experience loneliness, the impact it can have on their lives, as well as the factor or factors they identified as contributing to the onset or persistence of their loneliness. In this chapter, the somewhat surprising and unexpected answers to these questions will be presented as the process of how the phenomenological text was created is presented (van Manen, 1990).

When attempting to create a phenomenological text, the researcher must become the “instrument that engages the situation and makes sense of it” (Eisner, 1991, p. 33). Moreover, it is the researcher who must shoulder the responsibility of determining how the construction of the phenomenological text should proceed (van Manen, 1990). According to van Manen, (1990) there is no precise way to accomplish this objective. Therefore, “the textual approach one takes....should largely be decided in terms of the nature of the phenomenon being addressed and the investigative method that appears appropriate of it” (van Manen, 1990, p. 173).

This chapter begins by presenting individual portraits of the eight research participants whose courageous discourse helped orchestrate this study. Next, the two main themes and 12 sub-themes that emerged from the data as the participants richly

described their experiences with loneliness as they were recovering from alcoholism will be presented as follows:

1. Theme One: An expanded view of loneliness for recovering alcoholics
2. Theme Two: Contributing factors to the experience of loneliness for recovering alcoholics

A list of the themes and their accompanying sub-themes can be found in Appendix D.

Portraits of the Participants

This section presents distinct portraits of the eight research participants. The depictions are snapshot representations captured and developed by this researcher. Every effort was made to ensure their authenticity (Riessman, 1993). Five of the participants, Jason, Walker, Brian, Frank, and Ted (all pseudonyms) were males, while three, Andrea, Jodi, and Meg, were females (also pseudonyms).

This selection of five men and three women parallels the reality that men represented at least 60 percent of the individuals who were present at the four AA meetings this researcher attended. Furthermore, men were nearly twice as likely as women to show interest in participating in this study. All contributors who agreed to participate were Caucasian. Only three minorities were present at the meetings and none of them responded to this researcher's open invitation to the group to participate in this study.

Seven contributors revealed that their current level of sobriety ranged from 6 to 19 months. One participant declared he had not consumed alcohol for 30 months.

According to the Revised UCLA Loneliness Scale, six of the eight participants were experiencing elevated levels of loneliness, while two were experiencing normal levels of loneliness. However, one of the two (Andrea) seemed to indicate through her responses in her two interviews, that she too, may have been experiencing an elevated level of loneliness.

General Characteristics of the Participants

In addition to identifying themselves as recovering alcoholics, the participants shared a number of general characteristics. For instance, all eight were born and raised in the same Midwestern state where they currently reside. Furthermore, every participant displayed an indisputable interest in helping others who are currently struggling with alcoholism. As Jason bluntly stated, “when someone reaches out for help, I am responsible”.

Additionally, each participant came from a family with a history of alcoholism. Consequently, they often felt disconnected from their parents or caregivers while growing up. Moreover, every participant began consuming alcohol at an early age. Six of the eight participants admitted to past poly-substance abuse. Seven of the eight either self-reported or have been diagnosed with a number of mental health impediments. The most commonly reported ailments include; Anorexia Nervosa, Bi-polar Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, and Post Traumatic Stress Disorder.

All participants previously felt powerless over their alcoholism, fearing they would never be able to stop drinking. In addition, each participant admitted he or she

was once in denial of the potential catastrophic consequences of his or her alcoholism. Participants acknowledged the supportive relationships they have established at AA as being a crucial component to their recovery.

The participants credited AA for helping them discover or rediscover a “higher power” that intercedes for them as they attempt to maintain their sobriety. Seven of eight participants consider this entity to be the God of the Bible. As Brian put it, “I consider God and Jesus Christ my higher power”. Most of the participants experienced heightened feelings of loneliness early in their recovery process. Thankfully, their feelings of loneliness began to wane as they made progress in their treatment and continued to attend AA meetings.

The participants opened their hearts as they guided this researcher on an amazing journey of their often chaotic yet newly reborn lives. They spoke of painful childhood and adult memories, lawlessness, promiscuity, as well as thoughts or attempts of suicide. These exceptionally brave individuals willingly chose to disclose personal and often agonizing accounts of their “lived experience” with loneliness while attempting to recover from alcoholism (van Manen, 1990).

Individual Portraits of the Participants

Jason

Jason, who is in his mid thirties, has been married for two years and does not have any biological children. Jason studied drafting and engineering in college, but dropped

out so he could keep his job and support his “beer fund”. At the time of his first interview, Jason was laid off from his job with a building contractor. Jason’s biological family has a significant history of alcoholism. He recalled that, “when I was three, I got to watch my dad pack up his car and leave because my ma told him to get out because of his alcoholism.” Jason started drinking at an early age and was a “full blown alcoholic” by the time he was 13.

When Jason was consuming alcohol on a daily basis, he admitted that:

I was drinking to live and I was living to drink. I didn’t get into trouble every time I drank, but every time I got into trouble I was drinking...I think I spent a total of two years behind bars because of my alcoholism. I was born an alcoholic and I will die an alcoholic...I just don’t want to die a drunk one.

Jason stated during his initial interview that he had been sober for 30 months.

However, he constantly lives in fear that he could relapse. In the words of Jason, “It boils down to the point that I don’t know what I would do if I was put in a situation where someone put the beer down right there, I can’t guarantee I wouldn’t drink it”. Jason is currently on probation for his fourth offense of driving a vehicle while intoxicated. As a result, he is required to attend AA meetings. Jason has received outpatient counseling for his alcoholism several times over the past 15 years, but it was only after he became involved with AA that he was able to maintain his sobriety.

Jason credits AA as being one of the best things to ever happen to him because it has helped him connect with others who struggle with alcoholism. Jason attends at least one AA meeting per day, which is more than his probation requires. The Revised UCLA Loneliness Scale reported that Jason was experiencing an elevated level of loneliness.

Jason has a history of anxiety and acknowledged a diagnosis of Bi-polar Disorder for which he is currently taking medication. Jason participated in a follow-up interview and indicated that he agreed with the findings and conclusions from this study.

Walker

Like Jason, Walker does not have any biological children. Walker is in his late thirties and is the only participant in this study who has never been married. He is a high school graduate who currently works in the “mechanical maintenance” field. Walker comes from a family with a considerable connection to alcoholism. As a result, he has never gotten along with his father. According to Walker, “my father was very abusive; both mentally and physically...He was always drunk. Every time I saw him he was either drunk or high”.

Walker began consuming alcohol in his early teens. By the time he was 20 years old, he was using alcohol, cocaine, and marijuana on a daily basis. Walker admitted “there was not a day that did not go by that I did not use something to cover up the way I felt.” At the time of his initial interview, Walker was residing at a men’s transitional living center where he was attending intensive outpatient counseling for his alcoholism and drug addiction. In addition, he stated that he had been sober from alcohol and drugs “for nearly 10 months”. Like Jason, Walker has received outpatient counseling for his alcoholism several times over the years, but was never able to maintain his sobriety.

When asked if the long term intensive program has been helpful for him, he stated that “it’s the best thing that has ever happened to me. A long term program is the only

way to go...but only if you seriously want to change your life”. Walker attends AA meetings on a regular basis. Walker recognizes that the positive support he receives at the meetings helps him sustain his sobriety. According to the Revised UCLA Loneliness Scale, Walker was experiencing an elevated level of loneliness. Walker admitted he has experienced depressive thoughts throughout much of his life. However, he has never taken anti-depressant medication and now states that his depression has lifted. Like Jason, Walker participated in a follow-up interview and concurred with the findings and conclusions from this study.

Frank

At the time of his interview, Frank was also residing at a men’s transitional living center for recovering alcoholics and drug addicts. Frank, who is in his mid fifties, is the oldest of the eight participants. Frank is divorced and does not have any children. After graduating from high school, he spent several years in the US Navy. Currently, he performs “routine maintenance” at the transitional living center.

Frank acknowledged coming from a family with a strong history of alcoholism. His father was an alcoholic and died of a heart attack when Frank was only six years old. Frank recalled that after his mother remarried several years later, “I really didn’t get along good with my stepdad very well”. The poor relationships Frank endured when he was young produced a lot of stress in his life and according to Frank, “I started getting into quite a bit of trouble when I was a kid”.

Frank began to consume alcohol as a young child when his father would mix liquor with lemon juice when anyone in the household was sick. Frank acknowledged that:

When my real dad was alive, we'd have parties, and sometimes we'd take the empty beer bottles, you know people leave so much in this one, so much in that one, and the we'd just walk around drinking and acting like we were drunk.

Frank continued to drink sporadically throughout his childhood and eventually began to severely abuse alcohol as a young adult. Frank recalls that when he was in the Navy, "you could drink on base real cheap, whenever I was in port I would go to the clubs and start drinking."

Frank has attended several alcohol treatment programs over the years, and has attempted to stop drinking on his own. Ultimately, however, he would always relapse a short time later. Frank has been arrested for drinking and driving six times, but is not currently on probation. Frank stated during his interview that he had been sober for 11 months. He attends AA meetings on a regular basis. According to the Revised UCLA Loneliness Scale, Frank was experiencing an elevated level of loneliness. Frank has suffered from depression in the past, but has never received treatment or medication. At the time of his interview, he denied experiencing any current depressive thoughts. This researcher was not able to locate Frank for a follow-up interview.

Brian

Brian has a Bachelor's degree in packaging, but currently works for a construction business he co-owns with his father. Brian, who is in his late twenties, is the

youngest of the eight participants. He and his wife have been married for two and a half years and have a young son. Brian acknowledged that “there’s a long line of alcohol dependency in my family.” Currently, his father and three of his grandparents are struggling with alcoholism.

When Brian was growing up, he felt like he was “always causing headaches” for his parents. Brian “drank a lot” in high school and was often involved in physical altercations with his peers. By the time he entered college, he was abusing alcohol on a daily basis. As Brian recalled, “I partied all of the time and skipped half of my classes...I was going to the bars before I was 21, it was a miserable life.” Brian continued to drink heavily after college. He hit rock bottom in 2008 when he was arrested for his third “drunk driving” offense. At the time of his first interview, Brian stated he has remained sober since his latest arrest 12 months ago. Brian reported that he has no prior history of sobriety or treatment for his alcoholism.

Brian is on probation and is required to attend AA meetings. According to Brian, “the meetings are an integral part of my recovery...My mind is totally different now because I don’t want to drink...I choose not to drink because I know where that will lead me.” The Revised UCLA Loneliness Scale reported that Brian was experiencing a normal level of loneliness. Although Brian does not have a lengthy history of depression, he did acknowledge feeling severely depressed when he spent 75 days in jail in 2008. Brian disclosed that he no longer suffers from feelings of depression. At his follow-up interview, Brian stated that he agreed with the findings and conclusions from this study.

Ted

Ted has three biological children as well as three stepchildren. He is in his late thirties and has been married for twelve years. Ted is a high school graduate. Like Frank, he spent several years in the US Navy. He currently works for a national courier service. Ted comes from “a long line of alcoholics”. According to Ted, “every one of my brothers, my sister, and my parents has been to jail for drunk driving”. As a child, Ted often felt hurt and neglected by his parents as a result of their drinking. In an attempt to numb his pain, Ted starting consuming alcohol at a young age. He drank frequently throughout his teenage years, a practice that continued after high school. As a young adult, Ted recalled that, “the military taught me how to drink...but I didn’t know how to handle myself when I was drinking”.

Ted admitted that earlier in his life as a father, “I didn’t want a relationship with my children. I was their dad and that was all I needed to be...That was the relationship I had with my dad growing up, he was my dad and that was enough”. For many years, Ted considered himself to be a “functional alcoholic” and never had the desire to discontinue his alcohol consumption. However, his attitude changed in 2007 after he was arrested for his second offense of driving a vehicle while under the influence of alcohol. Therefore, he is currently on probation and is required to attend AA meetings several times per week.

Ted acknowledged that,

I don’t have any of my so called friends that I drank with. I always said, they must have got a text message the day I quit because that was the last day I ever heard from any of my drinking friends, none of them have called.

When asked if he gained or lost anything by the sudden absence of his “drinking friends”, Ted declared that “I just learned through time that the beer was the only thing that was keeping them friends.” At the time of his interview, Ted reported that he had been sober for 19 months. Like Brain, Ted, reported no prior history of sobriety or treatment for his alcoholism. According to The Revised UCLA Loneliness Scale, Ted was experiencing an elevated level of loneliness. Ted has been diagnosed with Major Depressive Disorder and is taking an anti-depressant medication. Ted did not return this researcher’s phone messages inviting him to participate in a follow-up interview.

Jodi

Jodi is a high school graduate who was not working at the time of her initial interview. Jodi is in her early forties and has been married for 10 years. She has three biological children, one stepchild, and several grandchildren. Jodi’s parents were divorced before she was born. Jodi stated that while growing up, her mom was “very controlling and strict...I would become this little girl in her presence.”

Moreover, she has never really gotten to know her father. Jodi admits she is still “quite uncomfortable around him”. Jodi began drinking at a young age and was consuming alcohol on a regular basis by the time she was 14. Jodi reported that as a teenager she would often get suspended from school because of her frequent drinking.

Jodi gave birth to her first child when she was 16 and continued to drink heavily as a teenager and young adult. She shared that during this time,

I didn’t know there was anything inside of me that was good. I was looking to

escape reality and I was never afraid to try anything new...Trouble was really flaring...My alcoholism, my desperateness and loneliness, and those inner feelings...It continued to progress.

Jodi has participated in a number of drug and alcohol treatment programs. These programs typically allowed her to maintain several weeks if not months of sobriety, but ultimately she would relapse and begin “using again”. Jodi currently attends AA several times per week. According to Jodi, “I have been coming around [AA meetings] for a while to know who I feel I can trust and who I can’t”. At the time of her initial interview, Jodi stated she had been sober from alcohol for nearly three years, but relapsed twice six months ago. According to The Revised UCLA Loneliness Scale, Jodi was experiencing an elevated level of loneliness. Jodi has been diagnosed with Bi-polar Disorder for which she is currently taking medication. Jodi participated in a follow-up interview and stated that she concurred with the findings and conclusions revealed in this study.

Andrea

Andrea has been married for 25 years. She is in her late forties and is the mother of three sons. Like Jodi, Andrea is a high school graduate who was not working at the time of her initial interview. Andrea grew up in a “very strict” environment that she believes helped contribute to the fact that she and three of her siblings became alcoholics. As Andrea recalled, “my father was, I truly believe, a workaholic, and my mother was a shopaholic, so there are addictive tendencies that ran in our family”.

Andrea acknowledged taking her first drink when she was 16 years old. By the time she was in her early twenties, she was drinking heavily. According to Andrea, “I

was always really lonely. I never really had any close girlfriends and the alcohol made me try and reach out to people”. Andrea has attended outpatient treatment programs for her alcoholism at least three times since 1994. At the time of her initial interview, Andrea stated she had been sober for 18 months.

Andrea attends AA several times per week. She declared that “the more I went to meetings, especially the woman’s meetings, the more I learned that these are people I can trust”. According to The Revised UCLA Loneliness Scale, she was experiencing a normal level of loneliness. However, she seemed to indicate through her responses during both of her interviews that she may have been experiencing an elevated level of loneliness. Andrea has been diagnosed with Bi-polar Disorder and is taking several medications for this ailment. At her follow-up interview, Andrea acknowledged that she agreed with the findings and conclusions from this study.

Meg

Meg is college educated and works as an office manager. She is in her mid forties and has been married to her current husband for 12 years. She has three biological children, three stepchildren, and five grandchildren. Meg acknowledged coming from a family with a significant history of alcoholism. According to Meg, “my mom is a quiet alcoholic, she maintains herself, but my dad was a very angry alcoholic”. Meg’s father has been deceased for 15 years. Her mother is “still drinking” and currently lives with Meg’s brother who is a “full blown” alcoholic.

Meg recalls being a “social butterfly” while growing up. She began to experiment with alcohol to fit in with her peers. Meg was the youngest of five children and often felt lonely during her father’s “full swing of alcoholism”. As Meg spoke further about her upbringing, she recalled that:

I always portrayed that everything emotionally and mentally was fine. I was always the one who joked, I always did well in school. I guess the biggest motivator I had was to gain my father’s acceptance...My whole life revolved around this chess game of how to deal with people’s emotions and how to portray myself. It was just really bizarre.

After graduating from high school, Meg’s life was “infiltrated with partying”. According to Meg, “I could drink a whole lot of liquor but still maintain...I didn’t get belligerent”. Meg continued to drink heavily until she hit “rock bottom” in 2007 when she found out her husband (who is also a recovering alcoholic) was having an affair. Meg and her husband both attend AA and have established positive connections with others in the program.

Meg stated during her interview that she had been sober for 7 months. Like Brain and Ted, she reported no prior history of sobriety or treatment for her alcoholism. According to the Revised UCLA Loneliness Scale, she was experiencing an elevated level of loneliness. Meg admitted she has endured depressive thoughts throughout her life, but is no longer taking an anti-depressant medication. At the time of her interview, Meg described her current level of depression as being under control. Like Ted, Meg did not respond to this researcher’s phone messages inviting her to participate in a follow-up interview.

An Expanded View of Loneliness for Recovering Alcoholics

Rather unexpectedly, given the original intent of the study, once analyzed, the collected data revealed that loneliness as experienced by recovering alcoholics does not occur in isolation. Rather, it is a recursive process involving several other affects that create a co-morbid relationship with—rather than apart from—loneliness including feeling fearful, empty, hopeless, overwhelmed, misunderstood, suicidal, isolated from others, and alone in a crowd.

Feeling Fearful

Analysis of the data revealed a co-morbid relationship relevant to the participants' experience of loneliness and their proclivity to endure fearful sentiments during recovery. Further exploration of this notion necessitates the exposition of literature that exists apart from the content presented in the literature review. For example, Alcoholics Anonymous World Services (1998) addressed the challenges facing recovering alcoholics by suggesting that “sometimes, we found ourselves suddenly and inexplicably undergoing an onslaught of anxiety, fear, terror, even panic” (p. 24).

Meg recalled the fear she experienced the exact moment she began to address the reality of her sobriety. According to Meg, “suddenly everything I ever knew in my whole life was gone”. She confessed that “fear is a big trigger and one of those big fears is loneliness”. Meg shared that her ongoing attempt to separate herself from those who still abuse alcohol has caused her to feel “very lonely” at times. As she sees it, “even though there are always people [in AA] you can call...there is a fear of calling...a fear of

letting people know you are not perfect and you can't do this alone". Meg admitted that she must strive to "identify that feeling inside me, of loneliness, the fear of being alone".

When Jodi is having a bad day, she can go into a "funk" that can last several days. As she sees it, "there is a lot of worry and wonder going on in my head". Jodi loves to write and has entered many of the feelings she has encountered during recovery into a journal. One such entry states:

Life has become a fear I fear to mention. Sometimes being alone hurts so much, faced only with yourself and your thoughts. Suffocating yourself with the past, wondering about the future, staying away from the bad as much as possible, avoiding the good, feeling left out. What is my life leading to? Worry, why? Afraid to be alone for fear beyond reason, fearing the present yet seeing no future. Yourself, a trapped situation, how do you keep maintaining a life your afraid of yourself, afraid of what you want....You're really just scared, no control over your world, sometimes lying on your bed all balled up and curled. You think you should have it better like everyone else you know. You don't let others see how vulnerable you are, you hardly let it show.

During the initial stage of Frank's current recovery, he felt alone and scared because he could not find anyone to "turn to for help." As Frank put it, "when I got to the mission...that was pretty scary...I didn't know what was going on. I didn't know anybody there, I didn't want to fail" [relapse]. Walker concurs, stating that when he entered his inpatient treatment program at the transitional living center, he felt alone. In addition, he was terrified with the notion that he would ultimately relapse.

Likewise, one of Ted's biggest fears when he entered recovery was the possibility that he could relapse. According to Ted, "I was scared that I was going to fail and I don't like to fail...that scared me". Moreover, when Ted began to separate from those who were still abusing alcohol, he suddenly found himself alone. As Ted recalls, "the

loneliness was scary....I think part of it was [asking myself] who am I going to hang out with? That scared me that I wasn't going to have any friends to hang out with".

Jason spoke of occasions when he felt frightened during his present recovery. He mentioned his inclination of always wanting to "hold back" when he is in a room full of people, because he worries they may judge him. According to Jason, "it's the fear based thoughts...When I start feeling like I am afraid to do something, that's my ego stepping back in and edging out God...So I have to stop and ask God to speak". Like the other participants, Jason continuously fears he could fail, admitting:

I still have fear in my brain...I still get nervous, sometimes I have dreams that I use and I wake up scared to death...I wake up and look around and make sure I'm at home. There were a couple of days when I felt like I was walking and drinking because there were a few days where I walked around and felt like I had a hangover...So that's the fear, the fear of going back.

Andrea also greatly fears potential relapse. When Andrea began her most recent attempt at sobriety, she felt "really alone". Andrea recalled that "I didn't want to go down that road again. It scared me, it scared me really bad." Andrea still experiences "bad days" that produce sentiments of fear. In her words:

I don't want to go anywhere. I just want to hide in my house...It's almost like I don't want to do my [AA] readings in the morning because I get scared of what I'm going to read, scared of what I might find out. That scares me because some of the stuff is painful.

An Undeniable Feeling of Emptiness

Five of the participants reported that their experience of loneliness during recovery was co-morbid with an undeniable feeling of emptiness. As Jason explained,

“loneliness starts in the heart” and can create “an empty shell” that can trigger relapse. However, Jason acknowledged that he is beginning to come to grips with this void and that talking with others who care about him has been helpful. According to Jason, “if I didn’t get out what I was hiding inside, I was going to drink again...I was going to do the exact same thing [relapse] I did three years prior”.

Jodi addressed the emptiness she has endured during her recovery in the following short excerpt in her journal: “Lonely in the heart, sanction in the eyes, where silence remains, empty spaces, nothing”. Jodi perceives this emptiness as a feeling of numbness. She admitted that initially, it was hard for her to see worth in herself during her early attempts to remain sober. According to Jodi, it all came down to “not knowing how to love anybody until I could learn to love myself, and I couldn’t learn to love myself until I saw more worth in me”.

Recently, Jodi was able to make positive steps toward loving herself and others. In her words, “as I was guided more through the [AA] steps, I could see myself as not all bad, that there was some good in there as well”. Jodi admits this epiphany was “very slow”, but realizes she has made better decisions in her life as of late. According to Jodi, “I’m not trying to take care of me the way I want...I’m allowing God as I understand Him....that’s why I keep seeking”.

Like Jason and Jodi, Frank experienced concomitant feelings of loneliness and emptiness during his most recent recovery experience. Like Jodi, Frank credits his newfound relationship with God for helping him feel more whole and complete. According to Frank,

God's trying to get me in the right place...I pray to God every day...I think God works in different ways....God cares so much about me, I think He can work this all out to get me back in the fold....back on track before He pulls the plug on everything.

During his initial recovery experience, Walker often felt alone. Furthermore, he experienced an undeniable void in his heart. In his words,

The alone feeling is what you are going to have to deal with because you don't have the things to cover it up that you used to rely on. Drugs and alcohol kill all kinds of pain and loneliness, and when you take away that part of your life, its like you have a void where you are sitting in a room with no one around....You are all alone and things will come to your head where it's like, am I content right now just sitting here being alone? You have to find things inside of yourself that are going to kill that void...It's a big mental battle but it's worth it.

Lastly, Andrea disclosed during her follow-up interview that she has experienced loneliness during her recovery that was co-morbid with an undeniable feeling of emptiness. She offered that the emptiness "contributed a lot to my inability to focus. I felt like I had no purpose in life, I was wandering around aimlessly". Andrea recognizes that her Bi-polar Disorder can play a role in the persistence of her lonely feelings and that she must reach out to others in order to avoid impending feelings of emptiness.

Feeling Hopeless

Several participants admitted experiencing sentiments of loneliness during recovery that were accompanied with feelings of hopelessness. Jodi disclosed the feelings of hopelessness she has encountered during her current recovery in the following passage of her journal:

Loss all around me, all four sides, my loneliness stashed, my feelings hide. Once again I don't know how to cope. I'm wishing right now, I had more dope. Not

accepting reality the way it is, denying all emotions, my feelings, the fizz. No more room in this self to put pain and hurt, yet feeling them often, a life and death flirt...Hoping for change, I see nothing instead. I'm starting to wonder, is it all in my head? Alone and abandoned again, I guess time will tell...seeking reality or stay in my own hell.

Meg felt hopeless and lonely during the initial stage of her recovery. In her words, "I wasn't getting any support from anyone and I was torn every which way, and everyone demanded my time". Meg acknowledged that when she began to attend AA meetings, "I would be alone and irritable...I would go to AA early just so I could get there to be rescued, and I would stay late...I would go have coffee afterwards so I didn't have to be alone".

When Brian begins to feel hopeless, he often refers to his favorite quote from AA's Daily Reflections Book. The narrative has helped him realize that he cannot fight the continuous battle of sobriety without total submission. It proclaims that:

When I came to realize that by myself I can do nothing to overcome the power of alcohol, I realized I had to recoup. I had no recourse except surrender. In surrender I found victory. Victory over my selfish self-indulgence, victory over my stubborn resistance to life as it was given to me. When I stopped fighting anybody or anything, I started on the path to sobriety, serenity, and peace.

Brian acknowledged that when he began his recovery process, "it felt like I was all alone. It just felt like my world was caving in on me. It felt like I was full of despair and I didn't know how it would ever get better". Consequently, Brian was plagued with an overpowering sense of hopelessness. Brian recalled the experience as being "gut-wrenching" and "tear jerking, it was miserable". It was during this time that he wrote the following letter to his wife:

I feel like I don't deserve you. You have been extremely supportive...I know I let you down as well as a lot of other people. I have not been myself. It is because of all of the despair that I feel...I can't eat, can't sleep, I can't even smile. I don't want to feel like this anymore. I need to stop this unhealthy behavior....I want to be the way I was, happy, fun, and loving, but I feel that right now I will never be.

Feeling Overwhelmed

Several of the participants revealed that during recovery their loneliness was comorbid with sentiments of feeling overwhelmed. For example, when Andrea starts to feel overwhelmed, she often shuts down emotionally. According to Andrea, "I almost get panicky, I can't focus, my mind is spinning...I feel lonely". Andrea consistently reminds herself that she has a lot of support [around her] and does not need to do everything herself.

Initially, Ted's recovery experience led him to a "miserable state of mind" where he often felt overwhelmed and discouraged. For instance, shortly after Ted stopped drinking, he and his wife who is also a recovering alcoholic, decided to separate because of their frequent arguments. Consequently, he began to feel overwhelmed by the additional responsibilities that were required to live on his own. During this difficult time in his life, Ted felt lonely due to the absence of his wife and children. Additionally, he was disheartened by the sudden changes created by the separation from his family as well as his ongoing attempt to remain sober. As a result, he would frequently tell himself, "woe is me, I'm not drinking and I don't have anything".

Jason disclosed during his follow-up interview that he still experiences situations

when he feels lonely and overwhelmed. For instance, he admitted feeling overwhelmed recently when he was helping someone work on their house. As Jason saw it, “I felt all alone because he kept berating me”. Jason admits that when he begins to feel alone and overwhelmed as a result of others reprimanding him, he often feels angry.

Feeling Misunderstood

Analysis of the data revealed a co-morbid relationship pertaining to the participants’ experience of loneliness and their inclination of feeling misunderstood during recovery. For example, Meg declared that when she began her recovery process, “nobody understood what I was going through...I just felt very alone and very different from everyone else”. According to Meg, her step-children often treated her with “a lot of disrespect...We were all in our own emotional turmoil...It was constant conflict”. Meg recalls her youngest son trying to connect with her, but admits it was difficult for her to feel appreciated.

At the time of her initial interview, Jodi reported that “I haven’t been to church in six or seven weeks, and I still feel misunderstood”. She perceives several individuals in her church as being uncomfortable talking to those who are different from them. When Jodi feels misunderstood by others, she sometimes feels so lonely she wonders if “God could understand” her. Then too, Jodi did not feel understood by her spouse at the beginning of her recovery process. As she recalls, “there was a point that all we did was fight. We had to separate and this was during sobriety...We had to separate because all we were doing was shaming each other and it was going nowhere”.

Moreover, when Jodi began to attend AA meetings, she consistently felt alone and misunderstood. According to Jodi, “I felt left out, just a total diversion of tension”. Jodi recalled moments during the meetings where she was “rocking back and forth a lot...I would repeat myself...I would say things two or three times and I knew I was doing those things”. Jodi felt hurt when she was told to “shut up” at an [AA] meeting because she would “go on and on and on about stuff that had nothing to do with recovery”.

Like Meg and Jodi, Andrea acknowledged “feeling lonely and misunderstood” during recovery. As Andrea sees it, “I found part of the loneliness was having to look and really seriously go through these [AA] steps...feeling like no one would understand and they would judge me”. According to Andrea, “I’m in the right place today to let go of my old and try the new...I need to remind myself to not be lonely”.

Ted, like the three female participants, acknowledged feeling lonely and misunderstood during recovery, particularly in the early stages. Ted recalled that although he and his wife were both attempting to remain sober, she often viewed their sobriety as more of a competition than a mutual goal, which caused him to feel lonely and unappreciated. According to Ted:

Loneliness to me is when I’m at a point where I think that no one understands what I’m going through...I’m all by myself in this, whether it’s wrong or right thinking, I’m all by myself in this thinking and no one is comprehending, or they don’t want to comprehend what I’m thinking.

Although Ted has felt lonely during many occasions, he confessed that he “can’t think of a word that would explain what it is like, what loneliness is...It is hard to put to words exactly how loneliness feels”.

Walker admitted that the absence of a significant other in his life during recovery caused him to feel lonely and further limited his ability to feel understood. However, he stated that he is making progress in his ability to feel understood by others in spite of the fact he is not in a serious relationship. As Walker sees it, “I am working on building new relationships with new people...I have some good people in my life who understand where I’ve been”.

Thoughts of Suicide

Most participants experienced occasions during their recovery where their feelings of loneliness were concomitant with thoughts of suicide. For Andrea, the realization she could no longer drink caused her sentiments of loneliness to appear more pronounced. After a relapse, she tried to get back on track to a sober existence but felt beleaguered. Andrea admitted that “I had all these pills and I thought to myself, I’m going to be this way the rest of my life. I don’t want to be here...I took them all, anything that was there”. Andrea recalls the incident as being very painful for herself and her family. Fortunately, she was able to grow from the experience. Presently, she seldom if ever endures suicidal thoughts.

The loneliness Jodi experienced early in recovery felt like “the end of the world”. Furthermore, visions of suicide entered her mind on several occasions. Jodi disclosed that after she ceased her alcohol consumption, she began to tell herself that:

I would rather die than feel that inner pain that I can’t wish away, pray away, multi-task away. I can’t do anything with it, its there. There was a point where I couldn’t even have silence because the silence would drive me insane. I had to be

doing something or hearing something or focusing on something. It's a heart and guts thing. It's not something like, you know, I'm going to be lonely. There is no decision making in that, I just felt totally helpless.

During a previous attempt at recovery, Frank was facing multiple charges for driving a vehicle while intoxicated and was therefore feeling lonely and trapped.

Besieged by the prospect of going to prison, he began to ponder "thoughts of suicide".

He was able to thwart his suicidal ideations by repeatedly telling himself, "thou shall not kill and that's killing". Frank's biggest fear was facing God and admitting to Him that "you gave me life...I threw it back in your face".

Meg confessed that the stress she initially encountered during her recovery was "so much of a burden that I got to the point where I just wanted to die". Despite experiencing increased feelings of loneliness, Meg was able to convince herself that "nothing is so miserable that I have to put my kids through this". Walker also experienced suicidal thoughts that were accompanied by loneliness early in his recovery process. According to Walker, "when you are used to having a certain thing a certain way for much of your life and suddenly it is no longer there, you sometimes feel like there is no other way out".

In his follow-up interview, Jason disclosed that there have been many occasions during his attempts at recovery that he felt so lonely and desperate that he contemplated suicide. Jason confessed that "if there was a way to make it look like an accident", he may have been able to get away with it. However, he realizes such an option would not be prudent or beneficial for anyone and that he must completely avoid such thoughts.

Feeling Isolated from Others

Most participants acknowledged that the loneliness they experienced during recovery was accompanied by occasions when they felt isolated from others. As Jodi sees it, “I know I need to be in a social atmosphere or I will continue to isolate at home”. When Jodi recently attempted to reach out to a women’s Bible study at her church, she felt like an outsider. As she recalled, “I felt very isolated and alone, like I was their obstacle”. Jodi confessed that afterward,

I moved my phone, my desk, my typewriter, my dog, my favorite pillows, and all these things into my bedroom and I just kind of stayed in the bedroom. I didn’t even pick up the phone...I just felt desperately lonely and lost. I was even wondering if I was feeling crazy...When I’m at that point, I’m probably quite close to relapse.

When Meg was drinking heavily every day, she felt lonely and isolated from others. However, after she decided to discontinue her alcohol consumption and enter recovery, her feelings of loneliness and isolation increased. In her words, “I felt very alone...I wasn’t getting any support from anyone. I just isolated myself; I didn’t have any close friends. I didn’t have anyone to talk to at all”. Meg acknowledged that she has begun to reach out to others, but admitted it is never easy.

After Brian made the decision to stop drinking, he began to purposely isolate himself from acquaintances who were still drinking heavily. However, the absence of some of his closest friends caused him to feel lonely. When they attempted to contact him, he would tell them he needed to “tend to other things”. As Brian recalls, “it was just me; I had to work some issues out”. Brian admitted that much of the loneliness and

isolation he experienced early in recovery was the product of a lot of “self-pity and misery”.

Andrea recognizes that much of the loneliness she has experienced during her current recovery is accompanied by feelings of isolation, due to her proclivity to purposely separate herself from others. According to Andrea, “I get in my little shell and I don’t want to talk to anybody...A lot of isolation”. Andrea further attributed her thoughts of loneliness and isolation to fact that she can sometimes “feel so sorry” for herself that she will not give anyone a chance to comfort or encourage her.

According to Walker, “it’s easier to find somebody to hang out with” when you are abusing alcohol, “than it is to hang out with them when you are sober”. However, Walker knew he needed to befriend individuals who truly wanted to change. Therefore, he began to isolate himself from those who continued to abuse alcohol. Initially, this proved to be a lonely endeavor, but ultimately he was able to befriend “quality people” who were serious about overcoming their alcohol dependence.

Finally, Jason admitted he sometimes feels lonely as a result of his decision to no longer use alcohol. According to Jason, “the loneliness is still kind of there....I’m still not very good at party situations where there are people”. The difficulty Jason endures when attempting to associate with others can also cause him to feel isolated. However, Jason revealed during his follow-up interview that he seldom feels isolated when he is attending an AA meeting. Jason credits this outlook to the reality that everyone is there for the same ultimate purpose. In his words, “even people [at AA] that I don’t care for; sometimes they still say something I can use...That’s why I go to meetings every day”.

Feeling Alone in a Crowd

Several participants experienced occasions during their recovery when their feelings of loneliness were co-morbid with sentiments of feeling alone in a crowd. To further explore this premise, it is again necessary to cite additional text that was not included in the literature review. For example, Alcoholics Anonymous World Services (1998) affirms that “people can feel lonely in a crowd” no matter where they are, even when attending an AA meeting (Alcoholics Anonymous World Services, 1998, p. 36).

Andrea has felt alone in a crowd for most of her life. However, when she made the decision to stop drinking, it became more obvious that she felt lonely when surrounded by others, particularly at AA meetings. In her words, “I was afraid to participate, that I would say something stupid. I was not secure in myself”. With the help of others, Andrea was eventually able to gain the assurance she needed to reach out to her peers at AA.

Jodi knows what it is like to feel alone in a crowd, “especially early in recovery”.

In her words,

I would go to the downtown celebration thing and I would see tons of people, but I was in my own little world thinking my own little thing, doing whatever I wanted to do. It was about me, me, me, in a subconscious kind of way. I mean, even like church, I am around my church, probably 350 people, but the only one that had been through this sort of life.

Meg attributed her proclivity of feeling alone in a crowd while in recovery to the fact she felt different than everyone else. According to Meg, “you can still be around a big group of people and be stuck in your own thoughts and feel you are different..You

don't have anything in common with those people, so somehow you are still alone". Meg admitted it has been difficult for her to obtain the courage to "interact with other people and somehow feel the same as them, or have some type of connection with them".

Ted does not feel comfortable when he is surrounded by individuals he does not know. He shared an experience he encountered in 2008 at a Christmas party he attended with his wife and her co-workers. As Ted recalled,

I didn't know those people and I didn't give them a chance, so I felt very uncomfortable and very alone at that party...There was probably 75 people there, so it was pretty packed...I didn't feel comfortable and I think that was part of what made me feel lonely.

Ted admitted that the reality of his sobriety has enhanced his feelings of loneliness when he is around others, particularly those he does not know.

Jason would often drink to avoid feeling alone in a crowd. Moreover, he was accustomed to drinking heavily whenever he was around his family members. Jason revealed that "it is harder now [not to feel lonely around others] that I don't have a drink to turn to than it was when I was drinking". He disclosed that when he is around his wife's family, he usually just sits "in the corner". As Jason put it, "I can't bring myself to talk to anyone". Although he has a number of friends, Jason admits he occasionally feels lonely in their presence. However, with "God by his side", Jason insists he is "never totally alone anymore".

For much of his life, Frank felt alone in a crowd. Presently, however, he no longer feels alone when others are around and now prefers to keep his thoughts silent from others. Frank realizes that his independent spirit helps drive this new sentiment. He

admitted that “I like to decide what I’m going to be doing...I guess that’s individuality. If you go with a group, you got to do what everybody wants to do...I don’t know, maybe its self-centeredness”. Frank acknowledged that he “likes to have close acquaintances”, but chooses them very carefully. Consequently, he has fewer close friendships than he once had, but states he is “happier that way”.

Contributing Factors to the Experience of Loneliness for Recovering Alcoholics

In addition to presenting what has been identified in the previous section as an expanded view of loneliness, the collected data revealed several factors that the participants identified as contributing to their ongoing loneliness. Specifically, they attributed their experience with loneliness during recovery to a variety of factors including: severed or strained relationships, the inability to trust, a history of insecure or inept parental attachment, and the reoccurrence of negative thoughts.

Severed or Strained Relationships

Every participant recognized the sudden loss of relationships or the ongoing strain of existing ones as a contributing factor to the feelings of loneliness they have experienced during recovery. Ted admitted he was initially bewildered by the abrupt absence of his friends after they became aware he had stopped drinking. In his words, “for the first couple of months of sobriety, it bothered me, because I had been friends....so called friends with some of these guys since the early 90’s”. Ted no longer misses his “drinking friends”, but admits it took time for him to accept the fact they would no longer

be part of his life. In addition, Ted initially felt unappreciated by his spouse during their mutual attempt to remain sober. According to Ted, he and his wife would constantly argue about things they could have worked out if they would have only understood one another more.

Jason initially felt lonely after the acquaintances he had previously drank with abruptly vanished from his life. According to Jason, “the fair-weather friends I had when I was drinking, they disappeared...Jason’s refrigerator didn’t have any beer it anymore, so there was no point”. Moreover, Jason felt alone when some of his closest friends tried to persuade him to end his sobriety and drink with them. He recalled that “by the time I got to eight months [of sobriety], there were people who were trying to force it down me...I’ll buy you a case if you drink it”. Jason now realizes that the friendships he has today are much more genuine and reliable and do not expect anything in return for his companionship.

When Brian decided to stop drinking, he did not feel supported by several of his closest friends. They did not believe he could cease his alcohol consumption and would ask him to hang out with them and drink. This ultimately caused Brian to feel lonely and frustrated. Consequently, he realized the need to separate from friendships he had enjoyed for much of his life. After he detached himself from their presence, they began to understand how serious he was regarding his desire to remain sober. In his words, “we actually sat down and talked more about it...We still have a lot in common but I’m not ready to hang out”.

Like Brian, many people doubted Frank’s ability to remain sober. He recalled

that he could be “pretty obnoxious” when he was drunk, and it took a while for others to truly believe he was going to “quit for good this time”. According to Frank, “People would tell me, you’re welcome to come over here as long as you ain’t drinking”. When Frank was drinking heavily on a daily basis, his sister did not want anything to do with him. He recalled that after an inpatient recovery stint several years ago that lasted nearly five months, “my sister and everybody, they were glad I was doing something and started coming down there to see me”. However, subsequent relapses and continuous binging of alcohol re-severed the relationship between Frank and his sister. Currently, Frank feels estranged from much of his family and misses the relationship he once had with his sister. In fact, he is not sure she is aware of his current sobriety.

Like Frank, Jodi described a strained relationship with one of her siblings. She disclosed that:

My brother and I, if we got together, we would use...If you ever heard the phrase put principles before personality, my brother was a personality I had to put the principles before. I had to be honest with myself....When I’m with him this is what tends to happen...When I call him it just stirs up those feelings. I wonder if he’s got any jealousy. I can’t be around him because he’s drinking...It’s definitely a trigger.

Jodi admitted that she often feels lonely as a result of the separation she currently endures from many of her family members.

The early days of Andrea’s current recovery experience were difficult on her marriage. She endured frequent arguments with her husband who was still drinking at the time. The disagreements caused her to feel alone and unappreciated. As she recalled, “I would walk around for three days, you know, the silent treatment...feeling bad that I

didn't measure up". Presently, much of the strain between the couple has subsided, thanks in part to the fact they are now living the sober lifestyle together. Andrea admits their marriage will always be a work in progress. As she sees it, "there may be bouts but they go away fast, it doesn't become an overwhelming trapped feeling for days".

Like Andrea, Meg did not initially feel supported by her spouse in their mutual attempt to stay sober. As she recalled, "I guess I got into sobriety for all of the wrong reasons, I was doing it to support him. I quit drinking two days after he quit drinking. We had a really difficult time". Meg recalls her husband telling others how challenging it was to live with her and how miserable she made him feel. This disclosure was very painful for her. However, according to Meg, "he was always willing and able to help other alcoholics, but when I was having a bad day and wanted to talk to him, he wasn't there for me".

Moreover, Meg still feels lonely and frustrated when she and her spouse are fighting. She described the effect it has on her by stating:

I just go down into this bad dark place and start thinking poorly about myself, and think that he doesn't want to be around me, or something is wrong with me...I will call him because I'm lonely and I'll bug him to no end at work, just because I want to talk to somebody.

Finally, Walker identified deeply with the lonely feelings that can accompany the sudden absence of friends or family members during recovery from alcoholism. He stated that early in his most recent recovery attempt:

People didn't come rushing to me, my friends or family, none of them came rushing to me. They were glad that I was going where I was going, but also they were glad that it was quite a ways from where they lived. It was like Ok, we are glad he is going to treatment...He's about two and a half hours away from where

we live so we ain't got to put up with him. I really had to sit and think...you know; I don't expect them to come rushing back to me. In early recovery people don't really want to be around you, especially in my case, my family and friends, they just said, he's a drunk...He needs help...He is getting help. We are going to leave him alone for a while.

The Inability to Trust

Participants acknowledged the difficulty of trusting others during recovery as a contributing factor to their experience of loneliness. Jodi recognized early during her current recovery that her relationships in “sobriety felt really different”. She had a difficult time trusting anyone in AA, disclosing that “it took a long time for me to befriend anybody”. This caused her to feel disconnected from others at the [AA] meetings which resulted in increased feelings of loneliness. Jodi admits it is still difficult for her to rely on people, because they will “continually fail me and let me down”. Jodi is learning to trust herself and others with the help of her growing relationship with God. According to Jodi, “until I could start seeing myself through God's eyes, there was just no good in me”.

Early during his recovery, Ted felt lonely and further demonstrated an inability to trust or be trusted. When Ted was around others, he felt hesitant to reach out to them. When Ted realized how many people he had hurt or offended because of his alcoholism, he attempted to repair some of the damage he had done. However, this has proven to be difficult. As Ted sees it, “I can only say sorry so many times...I have to prove that I was sorry without saying it, and it's taken me a long time to mend some of the fences”.

Then too, before Ted made the commitment to cease his alcohol consumption, he acknowledged that he would often:

Cover a lie with another lie, with a lie. I don't have to worry about doing that no more because you know one thing I have learned in this [AA] program and through my sobriety, is honesty...That's made me become a more trustworthy person, where I didn't have that trustworthiness before.

Ted proclaimed that his marriage is much stronger today because of his newly discovered ability to trust and be trusted and that his feelings of loneliness are beginning to subside.

Throughout his lifetime, it has been difficult for Jason to trust others. According to Jason, "I trusted no one my whole life, not even the poor guy I was looking at in the mirror". When Jason started attending AA meetings, he felt lonely and secluded. He recalled that "I didn't trust anyone so I wouldn't ask for help for anything". After three months of daily attendance, he was able to find a sponsor through AA who also became a trusted friend. Today, Jason is proud to proclaim that "I have a trusted friend in the program; the only guy that I've actually ever trusted".

Like Jason, Frank also recalled the difficulty of initially trusting others early in his present recovery and the loneliness he sometimes endured. Soon after he ceased his alcohol consumption, he began to reach out to others at an AA assembly. When Frank started to feel comfortable around those who were committed to remaining sober, his level of trust started to increase. Furthermore, the loneliness he had initially experienced began to wane, and ultimately, all but disappear.

Walker admitted that it is still difficult to find sober trusting friends and that loneliness can still "creep up" on him. However, he revealed that he now has a "trusted

friend” who will never let him down. As Walker sees it, “one thing I have discovered is that having Jesus in my life takes a lot of those alone and lonely things away from me”.

Meg hit “rock bottom” early in recovery when she found out that her husband had been lying to her about another woman. The devastating news created a strong sense of loneliness deep in her heart. As she recalls, “my trust with him had been completely shattered...He promised me I could earn his trust back and that has been a very difficult process in sobriety”. Although their relationship has improved, Meg admits that “trust issues are stressors” for her and that her feelings of loneliness still persist.

Finally, Andrea conveyed that initially, “trust was really hard” in her present recovery, especially with her children given the fact that she “put them through some stuff” when she was drinking. Andrea revealed that when she started attending AA,

A lot of the loneliness had to do with the women and not fitting in. When I got sober, I had to face my loneliness....The more I went to meetings, especially the women’s meetings which were important to me, the more I learned that these are people I can trust.

As Andrea sees it, “that made a huge difference for me...being in an environment where people trusted me and I trusted them. If I told them something, they weren’t going to go whisper about it and tell the whole world”.

A History of Insecure or Inept Parental Attachment

Participants acknowledged that a contributing factor to their experience of loneliness during recovery can be derived by the fact that they felt abandoned, disconnected, unloved, or underappreciated by their parents or caregivers when they were

growing up. Meg attributes much of the loneliness she has experienced during recovery to the lack of encouragement she received from her parents. As she recalls,

I don't think I received the nurturing I probably should have had as a child. I think that there were a lot of key developmental times in my life and issues I was going through that I needed the connection of an adult...the discipline of an adult, and the advice of an adult...Rather than just; you need to do this because I said so. I didn't have a coherent person who was not in their own tunnel of darkness to connect to...I was in the same room as my mother and father, but I was just in the same room, it wasn't like...how was your day, what did you do? It wasn't like a stimulating conversation where I was valued.

Like Meg, Ted recognizes that the origin of the loneliness he has experienced during his recovery can be traced to the fact that he felt unloved and underappreciated while growing up. Ted spoke explicitly of an incident that occurred when he was home alone as a child. As Ted recalled, "I was eight years old...it was storming really bad and the chimney fell down on the roof of the house. When I called my mom at the bar...she told me to go to bed". In addition to his feelings of loneliness, Ted described the experience as sad and frustrating, especially given the reality that the person who was supposed to be there for him for safety, was nowhere to be found. Ted further acknowledged that:

The biggest thing that sticks in my mind of loneliness...there's the person that you turn to for security that doesn't want to be your security blanket...You look towards your parents for security and it's an awful feeling in a kid's mind and a kid's heart when your parents don't want to be your security blanket. They have their own security blanket and that's beer and booze...It's an awful feeling for me and then for it to stick in my mind for this many years, it still bothers me.

Jodi felt lonely and severely neglected by her parents when she was a child.

Early in her current recovery, she wrote the following narrative richly describing how she has been affected by the lack of attention she received growing up:

Emotionally scarred, your needs were barely met. Jealous of everyone, you were nobody's pet. Negative attention seeker, you had to share trouble, not knowing which way to go, you chose wrong and got it double. Masking loneliness with anger, sometimes abusive fits, facing the hurt of your reality, only in tiny bits. Life is so unfair and you are caught in the middle. You play everyone around you, like they're a tailored fiddle. Someday you will regret your attitude toward life. I truly hope you can get over your childhood strife.

Walker described the frustration and loneliness he endured while growing up in a home where escaping his abusive father's rage often proved futile. He recalled that:

Growing up there was a lot of mental abuse...My father was very abusive, both physically and mentally...I seen a lot of violence from him when I was growing up...It was not a pretty way to be brought up in the world seeing those things. He was very destructive and you know, he would come through the house and his way of coming in the house was to kick the front door in.

Walker admits his father's behavior "had a lot to do with things in my life as I was growing up...Seeing what I seen, it was like the kind of characteristic you pick up as a young person...you learn from what you see".

Although it is still painful for Walker to recall his childhood, he acknowledged that he has begun to move on to the next chapter of his life. As he sees it,

For a long time, I dwelled with the issue with my dad; how he wanted nothing to do with me...I never talk to him...that was another part of my life. If I mixed both of those together...I would definitely be down in the mud...Just dealing with it stuck with me for a long time...it's hard to deal with.

Like Walker, Jason felt lonely as a result of being physically abused as a child and young adult. As Jason recalled, "whenever I did something wrong, I would get hit by my step-father". For this reason, both Jason and Walker despise the thought of using physical discipline as a form of punishment. Furthermore, they attribute the physical

abuse they endured as directly contributing to the onset and persistence of the loneliness they have experienced during their attempts to recover from alcoholism.

Andrea considers the poor relationship she endured with her mother as playing an important role in the origin of both her past and present sentiments of loneliness. In her words,

My mother was never really a very emotional mom. I always felt that my mom never really wanted me....Because my dad was a workaholic, as I started to get older, I started to think, you know, she didn't want me because I took what little attention she got from my dad away. So I never felt like I was wanted or that I fit in.

According to Frank, a contributing factor to his experience of loneliness during recovery can be traced to the fact that he routinely felt alienated from his mother and step-father as a child. He often felt neglected and unappreciated by his mother who did not have much time to spend with him or his sister. Furthermore, Frank felt like an "outsider" when in the presence of his step-father, due to the fact that they had very little in common. As Frank recalled, "that's kind of the way I was brought up...I've been mostly alone all my life".

The Reoccurrence of Negative Thoughts

The participants disclosed that a contributing factor to their experience of loneliness during recovery pertained to their propensity to retreat to negative thoughts that often consumed their lives when they were drinking. For example, when Meg dwells on negative thoughts from her past, she begins to detach herself from others. As a result, she can develop increased feelings of loneliness. Meg acknowledged the existence of

lonely periods during her recovery that caused her to slip into a “dark place”. In her words,

I guess it’s kind of like a tornado. You are going down a funnel of negativity. It’s just not a good place, its negative thoughts. It’s not that I feel like I’m in a dark place, it’s just like sort of a swirling vortex of negativity that takes me down into this crashing lonely negative spot. I just totally bash myself, thinking stinking thinking negative thoughts that I’m not worthy...That’s why I call it a dark place. It’s not a positive place, it’s not bright. It’s not a light filled happy joyous free day; it’s a really negative downer place.

Like Meg, Ted described lonely occasions during his recovery when he was overcome by negative feelings from his past which he also described as “stinking thinking”. Ted confessed that “when I get into that stinking thinking of negativity...that continues throughout the whole day”. Ted admits the experience is not pleasant. In his words, “I can always start my day over, but usually I sit around and stew in my own stinking thinking for a few hours before I do it”.

Andrea described periods during her current recovery when she felt imprisoned by lonely negative thoughts from her past. She recalled that “I would beat myself up because I would start something and I would quit, I would not finish things”. Brian has experienced lonely moments during his recovery which were accompanied by thoughts of “stinking thinking that can lead to drinking thinking”. For Brian, such sentiments usually pertain to times when he feels “down in the dumps”. This often results in a “why me” or “poor me” attitude where he begins to beat himself up mentally.

Jason has been captured by negative thoughts during his present recovery that seemed more common when he was drinking. The sentiments have often caused him to feel both lonely and angry. According to Jason, “when I’m here by myself and upset

because something is not going my way, I'm going back to my old ways of thinking".

Jason admits that when he and his wife are arguing, he "can take the smallest thing and make it huge" and that he has "a big temper". Jason is learning that it is "ok to say, hold on, let's take a half hour break and talk about it later".

Jodi disclosed in her follow-up interview that she still obsesses on "cynical thoughts" from her past that can cause her to plummet into a "negative swirl" and consequently develop increased sentiments of loneliness. As Jodi sees it, "I get focused on what I want...I have no way to control it. When I'm in my selfish mode, this rebellious nature takes over and I obsess on something that will totally harm me". Jodi always has remorse whenever she experiences such thoughts, and usually attributes them to her old "sinful nature".

Lastly, Walker admits he can still fall prey to negative thoughts from his past, but insists his feelings of loneliness are continuously fleeting. According to Walker, when individuals decide to become sober, they need to come to the point where "everything changes, your attitude towards life, the way you think about people, the way you live". As Walker sees it, "it is a horrible thing when you look back at your past and you see where it got you...There are a lot better things I could be doing".

Summary

This chapter introduced the eight research participants who courageously revealed their experiences of loneliness relevant to their attempts to recover from their alcohol dependence. Phenomenological analysis of the data revealed that the loneliness

experienced by recovering alcoholics is a recursive experience that is co-morbid with a number of debilitating affects. Additional analysis of the data revealed several factors that contributed to the experience of loneliness for recovering alcoholics. The subsequent and final chapter will provide conclusions, implications, and recommendations for further research based on the findings revealed through the data.

CHAPTER V: DISCUSSION

Overview

This phenomenological inquiry investigated loneliness as experienced by recovering alcoholics. Outcomes from the analysis of the data produced two main themes and 12 sub-themes relevant to the way recovering alcoholics experience loneliness, the impact it can have on their lives, and the factors that contributed to their experience of loneliness. In this final chapter, the findings from this study will be compared and contrasted with the existing literature. Subsequently, conclusions and clinical implications pertaining to this study, as well as recommendations for further research will be presented. Lastly, this researcher will attempt to locate himself in reference to this study.

Findings Pertaining to Loneliness and Recovering Alcoholics

The findings from this study support the suggestion that recovering alcoholics can be overcome with a sense of fear (Alcoholics Anonymous World Services, 1998). For instance, in addition to feeling lonely, most participants in this study greatly feared they would ultimately relapse. Moreover, findings from this study were consistent with the literature's supposition that recovering alcoholics can experience feelings of hopelessness (e.g. Alcoholics Anonymous World Services, 1998; Barrick & Connors, 2002; Spiegel, 2005; Wismer-Bowden, 1998). Six of the participants admitted their feelings of

loneliness were accompanied by sentiments of hopelessness as a result of the changes needed to maintain their sobriety.

The findings from this study support the literature's assertion that the threat of relapse can increase the risk of suicide for those in the early stages of treatment (Loos, 2002). Six of the participants admitted they contemplated suicide during the early stages of their recovery process. One of the six attempted suicide, confessing that she was devastated by a recent relapse and felt she could no longer fight the continuous battle of maintaining her sobriety.

The findings from this study also support the literature's suggestion that recovering alcoholics can feel alone in a crowd (Alcoholics Anonymous World Services, 1998). For example, not only did participants admit they initially felt alone when surrounded by others in recovery, several admitted presently experiencing such sentiments. Participants reported that they routinely felt lonely when around others because they perceived them as not being able to understand what the process of recovering from alcoholism ultimately entails.

Contributing Factors to the Experience of Loneliness for Recovering Alcoholics

The findings from this study were consistent with the literature's supposition that women in the process of recovery report loneliness differently than men in the process of recovery with regard to its association with relational problems (e.g. Harris et al., 2005; Harvard Mental Health Letter, 2007; Krahn et al., 2005). For example, female participants in this study were more likely than their male counterparts to speak candidly

of the pain they felt as a result of feeling unappreciated by others. These women made it clear that such sentiments can frequently result in severe bouts of discouragement.

However, the findings from this study were inconsistent with the literature's suggestion that women in recovery are more likely than men in recovery to need supportive relationships in order to maintain sobriety and counteract feelings of loneliness (Harris et al., 2005). On the contrary, male and female participants alike acknowledged the necessity of supportive relationships. Participants acknowledged that such connections were crucial to their recovery because they allowed them to feel valued as individuals.

The findings from this study were consistent with several researchers who suggested that the sentiments of loneliness experienced by recovering alcoholics can be accompanied by a prevailing sense of mistrust or vulnerability (e.g. Medora & Woodward, 1990, 1991; Storm & Barone, 1993; Wismer-Bowden, 1998). For example, several participants spoke candidly of the vulnerability they felt during recovery as a result of their inability to trust others or themselves. Participants often sensed that those who were not alcohol dependent would judge them or doubt their ability to cease their alcohol consumption.

The findings from this study were consistent with the literature's proposition that recovering alcoholics may find it difficult to abandon old thoughts which were often "self-destructive" and "debasing" (Loos, 2002, p. 202). Several participants revealed that they often revert to past negative thoughts that were more numerous when they were still drinking. They often attributed these feelings to the lack of support they received from

others, particularly their spouses. Then too, findings from this study were consistent with Medora and Woodward (1991) who suggested that negative feelings can allow individuals in recovery to become disconnected from those they would otherwise prefer to be with.

Conclusions

A number of important conclusions can be drawn from the findings of this study. Perhaps most significantly, analysis of the data revealed that for this sample (recovering alcoholics with 6 to 30 months of sobriety), loneliness is a unique experience that cannot be viewed in isolation. Rather, the loneliness that was experienced during recovery represented just one part of a *mélange* of painful affective experiences.

More specifically, results from this study revealed a co-morbid relationship relevant to the participants' experience of loneliness and their proclivity to endure fearful sentiments during recovery. Moreover, their greatest fear was the potential for relapse. This fear was particularly evident early in recovery when participants realized that the only way they could ultimately avoid relapsing was to terminate their relationships with individuals who were still abusing alcohol.

In addition, this researcher found that the lonely recovering alcoholics participating in this study experienced feelings of emptiness, due in part to the fact that they often perceived themselves as being worthless when compared to others. Moreover, this study revealed that recovering alcoholics can experience a co-morbid relationship between loneliness and the tendency to feel overwhelmed. More specifically,

participants reported feeling overwhelmed by the immense magnitude of changes needed to support their recovery, including the necessity to avoid alcohol and reach out to others for support.

This study revealed that some female recovering alcoholics can feel misunderstood or isolated when they begin to attend AA meetings. Three female participants from this study often feared they would be judged or criticized by others at the meetings if they did not say the right thing. Consequently, it took a long time for them to learn to trust others who were also attending their AA assemblies.

In contrast, four of the five male recovering alcoholics in this study were able to establish trusting connections with their fellow AA cohorts much earlier in their recovery process. The exact reason for this is unknown. The men typically viewed their AA relationships as being more trusting and genuine than the relationships they endured when they were still drinking.

This study revealed that severed or strained relationships with friends or significant others can contribute to the experience of loneliness for recovering alcoholics. Participants expressed that their friends or significant others often doubted their ability to cease their alcohol consumption. Furthermore, four participants who were married found that their spouses did not initially support their sobriety. This in turn caused them (i.e. the participants) to experience intense feelings of loneliness accompanied by feelings of mistrust. Conversely, the two recovering alcoholics who felt supported by their spouses did not report the existence of mistrust accompanied by loneliness.

This study found that recovering alcoholics often grew up in homes where they felt abandoned, disconnected, unloved, or underappreciated by their parents or caregivers. Moreover, participants were adamant that the lack of nurturing or support they received as children or teenagers played a major role in the etiology of their alcoholism as well as their sentiments of loneliness. However, given the reality that all of the participants were recovering alcoholics, this study could not determine if individuals who failed to form healthy attachments with their parents or caregivers were more vulnerable to alcoholism than individuals who were able to form such attachments.

Finally, this study revealed that the experience of loneliness for recovering alcoholics can perpetuate negative feelings that may cause them to become disconnected from people they would otherwise prefer to be with. This was evidenced by the fact that the female recovering alcoholics in this study admitted that when they begin to dwell on negative thoughts from their past, they would often purposely isolate themselves from those whom they care about. Therefore, it was very difficult for these women to feel appreciated by others.

Clinical Implications from this Study

This section presents a number of clinical implications for those who provide treatment to recovering alcoholics. This study revealed that recovering alcoholics who experience loneliness during recovery:

- Can also experience a number of co-morbid affective sentiments.
- Can often identify contributing factors to their experience of loneliness.

- May self-report or possess a DSM Axis I diagnosis.
- Often perceive others as not being able to understand what the process of recovering from alcoholism entails.
- May exhibit low levels of self-esteem.
- Can be prone to criticism.
- Can benefit from the support and assistance of their peers.
- Often experience a decrease in their sentiments of loneliness and co-morbid affects as they gain assurance in their ability to remain sober.

These findings suggest treatment providers should be cognizant that recovering alcoholics who experience feelings of loneliness during recovery can also experience a number of co-morbid affective sentiments, such as fear, emptiness, and hopelessness. Furthermore, lonely recovering alcoholics who feel overwhelmed by the burden of trying to maintain their sobriety may contemplate or attempt suicide. This study revealed that the greatest risk of suicide for this population occurred during the early stages of treatment. This risk was partially created by the reality that they did not want to fight the continuous battle of maintaining their sobriety and often feared they would relapse.

Treatment providers should be aware of the factors which may contribute to the experience of loneliness for recovering alcoholics. More specifically, this study revealed that severed or strained relationships and the inability to trust may contribute to the experience of loneliness for some alcoholics in recovery. Moreover, a history of poor or inept parental attachments or the reoccurrence of negative thoughts from an individual's

past were also identified as factors which may contribute to the experience of loneliness for recovering alcoholics.

Treatment providers should be aware that lonely recovering alcoholics in this study were likely to self-report or have a diagnosis of a DSM Axis I disorder. The most common disorders reported by participants in this study were Anorexia Nervosa, Bi-polar Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, and Post Traumatic Stress Disorder. Therefore, differential diagnosis should be made during the intake evaluation with treatment of co-morbidity addressed in the intervention plan.

In addition, it is important for treatment providers to realize that recovering alcoholics often perceive others as being unable to understand what the process of recovering from alcoholism entails. Then too, treatment providers should be aware that lonely recovering alcoholics often exhibit low levels of self-esteem and can be affected by the slightest amounts of criticism. Therefore, it is important for treatment providers to remember that the psyche of a recovering alcoholic, particularly one who is entering recovery, is often quite delicate.

Additionally, treatment providers should be conscious of the fact that lonely recovering alcoholics often benefit from the support and assistance of their peers. For instance, participants in this study revealed that the support they have received from others who were also in recovery often inspired them and allowed them to feel more accepted. Finally, treatment providers should realize that although recovering alcoholics in this study experienced co-morbid sentiments of loneliness and other affects during

initial recovery, such feelings started to wane as they began to gain confidence in their ability to resist alcohol.

Recommendations for Further Research

This section provides recommendations for research based on the findings of this study. First, recommendations for research pertaining to the affective aspect of the recovery experience will be provided. Next, recommendations for research relevant to the impact of co-morbid conditions for recovering alcoholics will be presented. Subsequently, recommendations for research pertinent to the personality traits of recovering alcoholics who suffer from loneliness will be given. Finally, recommendations for research applicable to the importance of support from significant others will be provided.

Studies Relevant to the Affective Aspect of the Recovery Experience

Studies are needed that would investigate the complexity of the affective aspect of the recovery process for recovering alcoholics. Such studies should not only investigate the ever changing extent recovering alcoholics can experience loneliness and the co-morbid affects that can accompany it, but also the depth and richness of each sentiment. This information may produce a better understanding of the diverse sentiments that can accompany the experience of loneliness for recovering alcoholics.

Additionally, studies could be conducted that would seek to determine the long term significance of these affects. For example, researchers could compare and contrast

the intensity of the co-morbid affects that recovering alcoholics endure to the intensity of the influence of such affects when they were still drinking. This information may help treatment providers determine the etiology of such affects as well as the basis of their persistence in the lives of recovering alcoholics, so that they could better assist recovering alcoholics in overcoming the devastating impact such affects often produce.

Studies Pertaining to the Existence of a Co-morbid Condition

Additional studies are needed that would seek to discover the potential impact a co-morbid condition such as depression or anxiety may have on how recovering alcoholics perceive their feelings of loneliness. This may help determine if the etiology of the loneliness experienced by recovering alcoholics is derived from of a pre-existing co-morbid condition. Moreover, such studies may also establish if the existence of a co-morbid condition helps determine how recovering alcoholics experience loneliness.

Studies could also seek to determine whether lonely recovering alcoholics who suffer from a co-morbid condition experience more increased symptoms relevant to their co-morbid condition or increased sentiments of loneliness throughout their treatment process. This understanding could be clinically significant for treatment providers by helping them comprehend the intensity of the co-morbid condition and loneliness that is being experienced.

Studies Relevant to Personality Traits or Characteristics

Data from this study indicate a need for research relevant to the personality traits or characteristics of recovering alcoholics who suffer from loneliness. Research has been conducted that attempted to explore such factors for alcoholics who were still drinking (e.g. Weissbach et al., 1976). However, studies are needed that would explore whether recovering alcoholics who possess certain personality traits or characteristics are more susceptible to intense or increasing sentiments of loneliness during recovery.

Therefore, research could be conducted that would explore whether the presence of a DSM Axis II disorder can influence how recovering alcoholics experience loneliness. For example, studies could be conducted that would seek to establish if the existence of an Axis II disorder, such as Borderline Personality Disorder or Dependent Personality Disorder, increases the likelihood that an individual who is recovering from alcoholism will experience increased sentiments of loneliness. This information may assist treatment providers by allowing them to realize that the complexity of an Axis II disorder requires more comprehensive treatment planning.

Studies Relevant to the Importance of Support from Significant Others

Based on participant response, studies are needed that investigate the importance of support from significant others in the lives of lonely recovering alcoholics during recovery. Although this study revealed that these individuals routinely recognized the importance of support from significant others while attempting to remain sober, no studies were found that seek to empirically describe the effect such support can have on

their lives. This information may provide treatment providers with a clearer depiction of how marriages can be affected when one or both of the spouses begin treatment for alcoholism. Furthermore, such knowledge may help recovering alcoholics realize that those who love them the most, desire to know how they can better support them during recovery.

Locating the Researcher in Reference to this Study

This study was a strenuous yet exceptionally fulfilling experience that stretched me in ways I had not been challenged before. The endeavor frequently flooded my soul with joyful exuberance as well as occasional exasperation. I began this journey determined to gain a deeper and richer understanding of how recovering alcoholics experience loneliness. Not only was it my ambition to know what impact loneliness can have on their lives, I desired to identify whom they trusted, and what, if anything gave them hope. As I look back at the findings and conclusions that were generated, I am humbled by the magnitude of their significance.

As I listened to the eight research participants share their amazing stories, it became obvious that it took all the strength they possessed to articulate the struggles they have endured while attempting to recover from alcoholism. This was evidenced by the trepidation Jason demonstrated as he confessed that he often feels anxious when sharing his “deepest secrets”, as well as the forthrightness of Andrea, who admitted that she often experiences knots and butterflies in her stomach when she shares stories relevant to her alcoholism. Then too, when talking with Jodi and Meg, it was evident by the quiver in

their voices that the condemnation and lack of support they initially received from others during recovery was exceedingly painful for both of them.

Moreover, hearing the agonizing account of the misery Brian endured after he decided to separate himself from his closest friends, was emotionally gripping. Then too, there was the heartfelt admittance of Ted, who stated that the sudden loss of close friendships that accompanied his recovery effort was initially heartbreaking. I was moved by the ardent resolve of Walker, who was able to speak candidly of the painful occurrences of physical abuse he endured as a child by the hands of his alcoholic father. Finally, I will never forget the genuineness in Frank's voice, as he nervously spoke of his triumph over his past suicidal ideations during recovery.

As I listened to the discourse echoed by the research participants, it became increasingly obvious that the ability to bracket my opinions relevant to their experiences was not going to be problematic. On the contrary, it was holding back tears of joy that proved to be more difficult, especially when the participants passionately described how their lives had been transformed, if not saved, by the changes they had made during their current recovery. Although I was saddened by the immense pain they initially endured, I was amazed by their determination not only to avoid alcohol in the future, but also to help others who are currently struggling with alcoholism.

When the participants described their excruciating experiences of loneliness and the negative effects that were co-morbid with such sentiments, I realized that loneliness has had less of an impact on my life than I originally thought. Then too, given its subjective nature, perhaps I have been able to reduce my feelings of loneliness by telling

myself that such sentiments are generally only short-lived and that tomorrow will be a new day. Moreover, although the loneliness I endured as a child was occasionally concomitant with feelings of hopelessness or isolation, thankfully, it did not lead me to the level of despair that was described by most of the participants.

As a clinician, I have learned a great deal about the experience of loneliness for recovering alcoholics, as well as its contributing factors. Therefore, as a certified addictions therapist, I strive to address these new revelations in accordance with their obvious complexity and significance. Furthermore, I seek to assure recovering alcoholics that they are loved, not only by friends and significant others, but also by their Heavenly Father who cares deeply for them. Lastly, it is the desire of this researcher that the results from this study will help treatment providers gain a better understanding of how the lives of recovering alcoholics can be influenced by the presence of loneliness and its accompanying affects.

Summary

This chapter presented a discussion of the findings and conclusions from this study. When compared and contrasted with the existing literature, the findings from this study were consistent with a number of those cited. Conclusions based on the findings revealed that loneliness is a unique experience that cannot be seen in isolation. Rather, the loneliness experienced by the participants during recovery represented just one part of a combination of painful affective experiences. Clinical implications derived from the conclusions relevant to treatment providers were given. Recommendations for further

research called for inquiry pertaining to the affective aspect of the recovery experience, the impact of a co-morbid condition in the lives of recovering alcoholics, their personality traits or characteristics, and the importance of support from significant others during recovery. In addition, this researcher was located in reference to this study.

REFERENCES

- Akerlind, I., & Hornquist, J. O. (1992). Loneliness and alcohol abuse: A review of the evidences of an interplay. *Social Science & Medicine*, 34(4), February, 404-414.
- Alcoholics Anonymous (2001). *The big book* (4th ed.). New York: Alcoholics Anonymous World Services.
- Alcoholics Anonymous (2001). *Twelve steps and twelve traditions*. New York: Alcoholics Anonymous World Services.
- Alcoholics Anonymous (2005). *Living sober*. New York: Alcoholics Anonymous World Services.
- Allen, J. G. (2001). *Traumatic relationships and serious mental disorders*. West Sussex, England: John Wiley & Sons.
- Allsop, S., Saunders, B., & Phillips, M. (2000). The process of relapse in severely dependent male problem drinkers. *Addiction*, 95(1), 95-106.
- Alpass, F. M., & Neville, S. (2003). Loneliness, health and depression in older males. *Aging & Mental Health*, 7(3), 212-216.
- Auerbach, C. F., & Silverstein, L. B. (2003). *Qualitative data*. New York: New York University Press.
- Barrick, C., & Connors, G. (2002). Relapse prevention and maintaining abstinence in older adults with alcohol-use disorders. *Drugs and Aging*, 19(8), 583-594.
- Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal Relationships*, 7, 147-178.
- Beal, C. (2006). Loneliness in older woman: A review of the literature. *Issues in Mental Health Nursing*, 27, 795-813.
- Bogaerts, S. (2006). Feelings of subjective emotional loneliness: An exploration of attachment. *Social Behavior and Personality*, 34(7), 797-812.
- Borg, C., Hallberg, I. R., & Blomqvist, K. (2006). Life satisfaction among older people with reduced self-care capacity: The relationship to social, health and financial aspects. *Journal of Clinical Nursing*, 15, 607-618.
- Borkman, T., Kaskutas, L. E., & Owen, P. (2007). Contrasting and converging

- philosophies of three models of alcohol/other drugs treatment: Minnesota model, social model, and addiction therapeutic communities. *Alcoholism Treatment Quarterly*, 25(3), 21-38.
- Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.
- Brewer, M. K. (2006). The contextual factors that foster and hinder the process of recovery for alcohol dependent woman. *Journal of Addictions Nursing*, 17, 175-180.
- Britton, P. C., & Conner, K. R. (2007). Reliability of the UCLA loneliness scale in opiate dependent individuals. *Journal of Personality Assessment*, 88(3), 368-371.
- Brown, A. E., Whitney, S. N., Schneider, M. A., & Vega, C. P. (2006). Alcohol recovery and spirituality: Strangers, friends, or partners? *Southern Medical Journal*, 99(6), 654-657.
- Buchholz, E., S. (1997). *The call of solitude*. New York: Simon & Schuster.
- Butterworth, P., Fariweather, A. K., Anstey, K. J., & Windsor, T. D. (2006). Hopelessness, demoralization and suicidal behavior: The backdrop to welfare reform in Australia. *Journal Compilation 2006, The Royal Australian and New Zealand College of Psychiatrists*, 648-655.
- Caplan, S. E. (2007). Relations among loneliness, social anxiety, and problematic internet use. *Cyber Psychology & Behavior*, 10(27), 234-242.
- Chack, K., & Leung, L. (2004). Shyness and locus of control as predictors of internet addiction and internet use. *Cyber Psychology & Behavior*, 7(5), 559-570.
- Chernus, L. A. (2005). Psychotherapy with alcoholic patients: A self psychological approach. *Smith College Studies in Social Work*, 75(3), 63-92.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five traditions* (2nd ed.). Thousand Oaks, CA: Sage.
- Cutler, R. B. (2005). Abatement of craving in recovering alcoholics: A descriptive analysis. *Addiction Research and Theory*, 13(12), 111-127.
- Davis, J. L. (2007). Alone in a crowd: A phenomenological inquiry into loneliness as experienced by pastor's wives. Unpublished doctoral dissertation, Liberty University, Lynchburg, Virginia.

- Davis, R. A., Fleet, G. L., & Besser, A. (2002). Validation of a new scale for measuring problematic internet use: Implications for pre-employment screening. *Cyber Psychology & Behavior*, 5(4), 331-345.
- Delmonico, D. L. (2005). Sexual addiction and compulsivity: Watching the field evolve. *Sexual Addiction & Compulsivity*, 12, 1-2.
- DiTommaso, E., Brannan-McNulty, C., Ross, L., & Burgess, M. (2003). Attachment styles, social skills and loneliness in young adults. *Personality and Individual Differences*, 35, 303-312.
- DiTommaso, E., & Spinner, B. (1997). Social and emotional loneliness: A reexamination of Weiss's typology of loneliness. *Personality and Individual Differences*, 22, 417-427.
- Eisner, E. W. (1991). *The enlightened eye: Qualitative inquiry and the enhancement of educational practice*. New York: Macmillan.
- Engelburg, E., & Sjoberg, L. (2004). Internet use, social skills, and adjustment. *Cyber Psychology & Behavior*, 7(1), 41-47.
- Erblich, J., Earleywine, M., & Erblich, B. (2001). Positive and negative associations with alcohol and familial risk for alcoholism. *Psychology of Addictive Behaviors*, 15(30), 204-209.
- Ernst, J., & Cacioppo, J. (1999). Lonely hearts: Psychological perspectives on loneliness. *Applied and Preventive Psychology*, 8, 1-22.
- Flavin, D. K., & Morse, R. M. (1991). What is alcoholism? *Alcohol Health and Research World*, 5(14), 266-271.
- Giorgi, A. (1985). *Phenomenology and psychological research*. Pittsburgh: Duquesne University Press.
- Goossens, L., Marcoen, A., Van Hess, S, & Van de Woestijne, O. (1998). Attachment style and loneliness in adolescence. *European Journal of Psychology of Education*, 13, 529-542.
- Goswick, R. A., & Jones, W. H. (1981). Loneliness, self-concept, and adjustment. *The Journal of Psychology*, 107, 237-240.

- Hall, S. M., Havassy, B. E., & Wasserman, D. A. (1990). Commitment to abstinence and acute stress in relapse to alcohol. *Journal of Consulting and Clinical Psychology, 58*(2), 175-181.
- Hanna, I. R., & Wenger, N. K. (2005). Secondary prevention of coronary heart disease in elderly patients. *American Family Physician, 71*(12), 2289-2296.
- Hansel, T. (2000). *Dancin' toward the dawn*. Colorado Springs, CO: Victor Cook.
- Harris, M., Fallot, R. D., & Berley, R. W. (2005). Special section on relapse prevention: Qualitative interviews on substance abuse relapse and prevention among female trauma survivors. *Psychiatric Services, 56*, 1292-1296.
- Haw, C., Hawton, K., Casey, D., Bale, E., & Shepherd, A. (2005). Alcohol dependence, excessive drinking and deliberate self-harm. *Social Psychiatry Psychiatric Epidemiology, 40*, 964-971.
- Hawkley, L. C., Masi, C. M., Berry, J. D., & Cacioppo, J. T. (2006). Loneliness is a unique predictor of age-related differences in systolic blood Pressure. *Psychology and Aging, 21*(1), 152-164.
- How alcoholics anonymous works. (2007). *Harvard Mental Health Letter*, July, 4-6.
- Husserl, E. (1931). *Ideas: General introduction to pure phenomenology* (D. Carr Trans.). Evanston, IL: Northwestern University Press.
- Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology* (D. Carr Trans.). Evanston, IL: Northwestern University Press.
- Husserl, E. (1973). *Experience and judgment* (L. Langrebe, Rev. & Ed.; J. Churchill & K. Ameriks, Trans.). Evanston, IL: Northwestern University Press.
- Krahn, D. D., Bohn, M. J., Henk, H. J., Grossman, J. L., & Gosnell, B. (2005). Patterns of urges during early abstinence in alcohol-dependent subjects. *The American Journal of Addictions, 14*, 248-255.
- Krampe, H., Stawicki, S., Wagner, T., Bartels, C., Aust, C., Ruther, E., Poser, W., & Ehrenreich, H. (2006). Follow-up of 180 alcoholic patients for up to seven years after outpatient treatment: Impact of alcohol deterrents on outcome. *Alcoholism: Clinical and Experimental Research, 30*(1), 86-95.
- Lambert, V., Lussier, Y., Sabourin, S., & Wright, J. (1995). Attachment style, loneliness and psychological distress in young adults. *Journal of International Psychology,*

30, 109-131.

- Larose, S., Guay, f., & Boivin, M. (2002). Attachment, social support and loneliness in young adulthood: A test of two models. *Personality and Social Psychology Bulletin*, 28, 684-693.
- Lauder, W., Mummery, K., Jones, M., & Caperchione, C. (2006). A Comparison of health behaviors in lonely and non-lonely populations. *Psychology, Health & Medicine*, May, 11(2), 233-245.
- Laudet, A. B., Magura, S., Vogel, H. S., & Knight, E. L. (2004). Perceived reasons for substance misuse among persons with a psychiatric disorder. *American Journal of Orthopsychiatry*, 74(3), 365-375.
- Leck, K. (2006). Correlates of minimal dating. *The Journal of Social Psychology*, 146, (5), 549-567.
- Leondari, A., & Kiosseoglou, G. (2000). The relationship of parental attachment and psychological separation to the psychological functioning of young adults. *Journal of Social Psychology*, 140, 451-670.
- Lewis, L., & Allen-Byrd, L. (2007). Coping strategies for the stages of family recovery. *The Haworth Press, Inc*, 2007, pp. 105-124.
- Litt, M. D., Kadden, R. M., Kabela-Comier, E., & Petry, N. (2007). Changing network support for drinking: Initial findings from the network study project. *Journal of Consulting and Clinical Psychology*, 75(4), 542-555.
- Loos, M. D. (2002). The synergy of depravity and loneliness in alcoholism: A new conceptualization, an old problem. *Counseling and Values*, 46, 199-212.
- Man, K., & Hamid, P. N. (1998). The relationship between attachment prototypes, self-esteem, loneliness and causal attributions in Chinese trainee teachers. *Personality and Individual Differences*, 24, 357-371.
- Mann, J. J., & Currier, D. (2007). Prevention of suicide. *Psychiatric Annals*, 37(5), 331-339.
- Manthorpe, J., & Liffe, S. (2006). Suicide among older people. *Nursing Older People*, 17(10), 25-29.
- Masheb, R. M., & Grilo, C. M. (2006). Emotional overeating and its associations with eating disorder psychopathology among overweight patients with binge eating

- disorder. *International Journal of Eating Disorders*, 39(2), 141-146.
- McWhirter, B. T. (1990). Loneliness: A review of current literature, with implications for counseling and research. *Journal of Counseling and Development*, 68, 417-422.
- Medora, N. P., & Woodward, J. C. (1990). Loneliness and alcoholism. *Wellness Perspectives*, 6(3), 42-53.
- Medora, N. P., & Woodward, J. C. (1991). Factors associated with loneliness among alcoholics in rehabilitation centers. *Journal of Social Psychology*, 131(6), 769-779.
- Modesto-Lowe, V., Brooks, D., & Ghani, M. (2006). Alcohol dependence and suicidal behavior: From research to clinical challenges. *Harvard Review of Psychiatry*, September/October, 241-248.
- Mosher-Ashley, P., & Rabon, C. (2001). A comparison of older and younger adults attending alcoholics anonymous. *Clinical Gerontologist*, 24(1/2), 27-37.
- Moustakas, C. E. (1961). *Loneliness*. Englewood Cliffs, NJ: Prentice Hall.
- Moustakas, C. E. (1972). *Loneliness and love*. Englewood Cliffs, NJ: Prentice Hall.
- Moustakas, C. E. (1975). *The touch of loneliness*. Englewood Cliffs, NJ: Prentice Hall.
- Moustakas, C. E. (1994). *Phenomenological research methods*. Thousand Oakes, CA: Sage.
- Nichols, L. A., & Nicki, R. (2004). Development of a psychometrically sound internet addiction scale: A preliminary step. *Psychology of Addictive Behaviors*, 18(8), 381-384.
- Nichter, M., Quintero, G., Nichter, M., Mock, J., & Shakib, S. (2004). Qualitative research: Contributions to the study of drug use, drug abuse, and drug user related interventions. *Substance Use & Misuse*, 39(10-12), 1907-1969.
- Orford, J., Hodgson, R., Copello, A., John, B., Smith, M., Black, R., Fryer, K., Handforth, L., Alwyn, T., Kerr, C., Thistlewaite, G., & Slegg, G. (2006). The client's perspective on change during treatment for an alcohol problem: Qualitative analysis for follow-up interviews in the UK alcohol treatment trial. *Addiction*, 101, 60-68.
- Peplau, L.A., & Perlman, D. (Eds). (1982). *Loneliness: A sourcebook of current theory*,

research, and therapy. New York: John Wiley.

Piderman, K. M., Shcneekloth, T. D., Pankratz, V. S., Maloney, S. D., & Alchuler, S. I. (2007). Spirituality in alcoholics during treatment. *The American Journal on Addictions*, 16, 232-237.

Portney, L. G., & Watkins, M. P. (2000). *Foundations of clinical research: Applications to practice* (2nd ed.). Upper Saddle River, NJ: Prentice-Hall.

Riccio, M. (2004). Alcohol for the soul. *Counseling & Psychotherapy Journal*, 15(10), 10.

Rich, A. R., & Bonner, R. L. (1987). Concurrent validity of a stress vulnerability model of suicidal ideation and behavior: A follow-up study. *Suicide and Life Threatening Behavior*, 17(4), Winter, 265-270.

Riessman, C. (1993). *Narrative analysis*. Newbury Park CA: Sage.

Robinson, C. (1996). Alcoholics Anonymous as seen from the perspective of self-psychology. *Smith College Studies in Social Work*, 66, 129-146.

Rokach, A. (1988). The experience of loneliness: A tri-level model. *The Journal of Psychology*, 122(6), 531-544.

Rokach, A. (2002). Determinants of loneliness of young adult drug users. *The Journal of Psychology*, 136(6), 613-630.

Rokach, A. (2003). Causes of loneliness of those afflicted with life-threatening illnesses. *Social Behavior and Personality*, 33(7), 663-674.

Rokach, A. (2004). Giving life: Loneliness, pregnancy and motherhood. *Social Behavior and Personality*, 32(7), 691-702.

Rokach, A., Matalon, R., Rokach, B., & Safarov, A. (2007). The effects of gender and marital status on loneliness of the aged. *Social Behavior and Personality*, 35(2), 243- 254.

Rokach, A., & Neto, F. (2005). Age, culture, and the antecedents of loneliness. *Social Behavior and Personality*, 33(5), 477-494.

Routassalo, P. E., Savikko, N., Tilis, R. S., Standberg, T. E., & Pitkala, K. H. (2006). Social contacts and their relationship to loneliness among the aged people: A population-based study. *Gerontology*, 52, 181-187.

- Rudestam, K. E., & Newton, R. R. (2001). *Surviving your dissertation*. Thousand Oaks, CA: Sage.
- Russell, D. W. (1996). UCLA loneliness scale (version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66(1), 20-40.
- Russell, D. W., Peplau, L. A., & Cutrona, C. E. (1980). The revised UCLA loneliness scale: Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology*, 39(3), 472-480.
- Sachs, K. S. (2003). Treating alcoholism and a disorder of self: Insights from alcoholics anonymous and masterson. *Alcoholism Treatment Quarterly*, 21(3), 75-85.
- Savada, S. W., & Pak, W. (1994). Problem drinking and close relationships during the third decade of life. *Psychology of Addiction*, 8(4), 251-258.
- Selby, J. (1998). *Solitude: The art of living with yourself*. Santa Fe, NM: Hearstfire.
- Sherman, A. M., Lansford, J. E., & Volling, B. L. (2006). Sibling relationships and best friendships in young adulthood: Warmth, conflict, and well being. *Personal Relationships*, 13, 151-165.
- Spence-Thomas, R., & Thomas, T. (2003). The impact of social isolation and loneliness in a gambling population. *Australian Journal of Psychology*, 55, 213.
- Spiegel, B. R. (2005). The use of the 12 steps of the anonymous program to heal trauma. *Journal of Social Work Practice in the Addictions*, 5(3), 103-105.
- Sroufe, L. A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment and Human Development*, 7(4), 349-367.
- Streifel, C., & Servants-Seib, H. (2006). Alcoholics anonymous: Novel applications of two theories. *Alcoholism Treatment Quarterly*, 24(3), 71-91.
- Streubert, H., & Carpenter, D. (1999). *Qualitative research in nursing: Advancing the humanistic imperative* (2nd ed.). Philadelphia: Lippincott.
- Storm, J., & Barone, D. F. (1993). Self-deception, self-esteem, and control over drinking at different stages of alcohol involvement. *Journal of Drug Issues*, 23(4), 705-714.
- Swora, M. G. (2004). The rhetoric of transformation in the healing of alcoholism: The twelve steps of alcoholics anonymous. *Mental Health, Religion & Culture*, 3,

187-209.

- Tilley, D. S., & Brackley, M. (2005). Men who batter intimate partners: A grounded theory study of the development of male violence in intimate partner relations. *Issues in Mental Health Nursing*, 26, 281-297.
- Troop, N. A., & Bifulco, A. (2002). Childhood social arena and cognitive sets in eating disorders. *British Journal of Clinical Psychology*, 41, 205-211.
- van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany, NY: State University of New York Press.
- Vannicelli, M. (2002). A dualistic model for group treatment of alcohol problems: Abstinence-based treatment for alcoholics, moderation training for problem drinkers. *International Journal of Group Psychotherapy*, 52(2), 189-213.
- Vareldzis, B. P., & Andronico, M. J. (2000). Developing a college men's growth group. *Journal of American College Health*, September, 49, 93-96.
- Ware, N. C., Wyatt, A., & Tugenberg, T. (2006). Social relationships, stigma and adherence to antiretroviral therapy for HIV/AIDS. *Aids Care*, 18(8), 904-910.
- Weiss, R. S. (1973). *Loneliness: The experience of emotional and social isolation*. Cambridge, MA: MIT Press.
- Weissbach, T. A., Vogler, R. E., & Compton, J.V. (1976). Comments on the relationship between locus of control and alcohol abuse. *Journal of Clinical Psychology*, 32(2), 480- 484.
- Wirtz, P. W. (2007). Advances in causal chain development and testing in alcohol research: Mediation, suppression, moderation, mediated moderation, and moderated mediation. *Alcoholism: Clinical and Experimental Research*, 31(3), 57-63.
- Wismer-Bowden, J. (1998). Recovery from alcoholism: A spiritual journey. *Issues in Health Nursing*, 19, 337-352.
- Yoder, V. C., Virden, T. B., & Amin, K. (2005). Internet pornography and loneliness: An association? *Sexual Addiction & Compulsivity*, 12, 19-44.

APPENDIX A: OUTLINE OF THE PARAMETERS FOR THE STUDY

You are invited to participate in a research study

The study is being conducted to further the understanding of what recovering alcoholics experience during their recovery process, with the hope that it will help others who are considering recovery gain insight regarding potential obstacles they may encounter while attempting to remain sober. The study is being conducted by Timothy Evans, a Certified Addictions Counselor (CAC) for Bethany Christian Services in Grand Rapids, and Doctoral Candidate at Liberty University. Recovering alcoholics with 6 to 24 months of sobriety qualify for this voluntary study. Individuals who are close to being within this range may also be considered. Potential participants will be screened for appropriateness for this study through the use of a questionnaire called the Personal Experience Survey.

Individuals who qualify for this study and choose to participate will be invited to answer questions pertaining to their recovery experience through a face-to-face confidential interview with Timothy Evans for approximately one and a half to two hours. During the interview your answers will be tape recorded to produce accurate transcripts, which will later be examined by Timothy Evans in an attempt to find common themes among participants. All information obtained will be held in the utmost confidence. Your name and information will be given an alternate code or number to protect your confidentiality. A \$25 Meijer gift card will be offered to those who participate in the face-to-face confidential interview.

If you are interested, please call Timothy Evans at (616) 224-7524. You may also mail this form along with your completed Personal Experience Survey (back page) to attn: Timothy Evans at Bethany Christian Services, 901 Eastern NE Grand Rapids, MI. 49503. Please include the following information: Name_____ Gender_____ Contact phone number_____ Months of sobriety_____

APPENDIX B: INFORMED CONSENT

Informed Consent for participation in a Research Study

You are invited to participate in a research study. The study is being conducted to further the understanding of what recovering alcoholics experience during their recovery process. The study is being conducted by Timothy Evans, researcher and Doctoral Candidate at Liberty University in Lynchburg, Virginia. Recovering alcoholics with at least six months of sobriety qualify to participate in this volunteer this study.

Potential participants will be screened for appropriateness for this study through the use of a short test called the Personal Experience Survey. Qualified individuals who choose to participate will need to be interviewed by Timothy Evans for approximately one and one half to two hours, in order to gather a suitable amount of information to properly fulfill this study. Some participants may be asked to participate in a follow-up interview in order to help clarify the themes and ideas from the emerging data. The follow-up interview will be approximately one hour in length. As a participant, you will be invited to answer questions pertaining to your recovery experience through a face-to-face confidential interview with Timothy Evans. During the interview your answers will be tape recorded to produce accurate transcripts, which will later be examined by this researcher in an attempt to find common themes among participants.

A confidential transcriptionist will type the data collected. Your name and information will be given a code or number to protect your confidentiality. Your participation in this study is strictly voluntary. You may refuse to participate, or choose

to stop your participation at any point, without fear of negative consequences of any kind. All information obtained will be held in the utmost confidence. The informed consent contracts and the alternate names or numbers will always be stored separately to further protect your confidentiality. All participant information will be stored in locked file cabinets that are only accessible to Timothy Evans. You have the right to review the results of the research if you wish to do so.

Sometimes there can be a moderate amount of risk involved with participating in this type of study. For example, participants may feel exhausted from responding to the questions. If you become tired at any point during the interview, you will be allowed to take a 10-15 minute break before proceeding with the remainder of the interview. Participants may also experience emotional stress as they reveal their answers. Therefore, assistance in finding suitable counseling resources will be provided if needed.

There can also be personal benefits for those who participate in research studies. Some people who provide answers to the questions may feel their time spent in the interview was beneficial to their healing or recovery. Your answers may help others who suffer from similar experiences understand that their situation is not unique, and may cause them to feel more appreciated or understood.

Results from this study may be printed in a professional journal. Please feel free to direct any questions or concerns you may have to Timothy J Evans at (616) 224-7524, or by email at tevans@bethany.org. The Liberty University Institutional Review Board may be contacted at IRB.Liberty.edu or by writing to the attention of the Intuitional

Review Board at Liberty University, 1971 University blvd., Campus North, Suite 2400 U,
Lynchburg, VA 24501.

I, _____, have read and understand the
information explaining the purpose of this research study and my rights and
responsibilities as a participant. My signature below allows my consent to participate in
this research study, according to the terms and conditions outlined above.

| | | |
|--------------|-----------------------|------|
| Printed Name | Participant Signature | Date |
|--------------|-----------------------|------|

As the principal researcher, I acknowledge that the informed consent procedure has been
followed and that I have answered all of the participant's questions as accurately as
possible.

| | | |
|-------------------------|----------------------|------|
| Researcher Printed Name | Researcher Signature | Date |
|-------------------------|----------------------|------|

APPENDIX C: INTERVIEW GUIDE

Title: A Phenomenological Exploration of the Loneliness Experienced by Recovering Alcoholics.

1. Tell me about yourself; your family/job, what do you like to do with your spare time?
2. What can you tell me about your friendships, your social support network?
3. What is a typical day like for you when you are not at work?
4. Describe what a really bad day is like for you.
5. Tell me about your journey from alcohol dependence to your current sobriety.
6. How did your dependence on alcohol affect your relationships with others?
7. What is your understanding of the term loneliness?
8. What do you think contributed to the creation or persistence of your loneliness?
9. Describe your understanding of the relationship between loneliness and the process of recovering from alcoholism.

(Note: This question will be asked here only if it has not been addressed as a result of questions 7 or 8).
10. Is there anything else about your recovery experience you would like to share?

APPENDIX D: LIST OF MAIN THEMES AND SUB-THEMES

An Expanded view of Loneliness for Recovering Alcoholics

Feeling Fearful

An Undeniable Feeling of Emptiness

Feeling Hopeless

Feeling Overwhelmed

Feeling Misunderstood

Thoughts of Suicide

Feeling Isolated from Others

Feeling Alone in a Crowd

Contributing Factors to the Experience of Loneliness for Recovering Alcoholics

Severed or Strained Relationships

The Inability to Trust

A History of Insecure or Inept Parental Attachment

The Reoccurrence of Negative Thoughts