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What Promotes Wisdom in 12-Step Recovery?

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Abstract

Research investigations on twelve-step groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) have addressed a number of resources associated with 12-step recovery. However, little is known about the role of wisdom, and whether aspects of 12-step participation might increase this resource among 12-step members. An exploratory analysis revealed that participants who reported having a “spiritual awakening” and considered themselves “members” of 12-step groups reported significantly higher levels of wisdom. Twelve-step meeting attendance was not significantly related to wisdom scores. Findings suggest certain aspects of 12-step involvement are associated with wisdom and may play a role in substance abuse recovery.

Keywords

12-step participation; wisdom; Alcoholics Anonymous; Narcotics Anonymous; Oxford House; Foundational Value Scale; Twelve-Step Participation Questionnaire

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Twelve-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are self-help, community-based groups that encourage total abstinence through social support and spiritual principles (Alcoholics Anonymous, 2001; Narcotics Anonymous, 2008). Over the past two decades, research has demonstrated numerous benefits of involvement in AA and NA. Some of these benefits include: increased abstinence and self-efficacy (Majer, Jason, Ferrari, & Miller, 2011; Moos & Moos, 2007), decreased stress in early recovery (Laudet & White, 2008), increases in both problem-focused (Moos, 2008;

Morgenstern, Labouvie, McCrady, Kahler, & Frey, 1997) and social support coping strategies (Humphreys & Noke, 1997; Laudet, Savage, & Daneyal, 2002; Noone, Dua, & Markham, 1999), and meaning in life (Majer, Droege, & Jason, 2010).

Earlier work has raised interesting questions about the role of wisdom in substance abuse and substance abuse recovery (Jason, Helgersen, Torres-Harding, Carrico, & Chimata, 2004; Perry et al., 2002). Wisdom is a complicated and broad term that has been defined as a form of knowledge linked primarily to an awareness of and connection to oneself, one's surroundings and others (Berry, 1988; Erikson, 1959; Goleman, 1995; Wegela, 1988). Others have expanded wisdom's definition to include aspects of spirituality and connectedness to nature (Berry, 1988; Ellison, 1983). Wisdom is likely a core component of AA and NA's organizing framework. For instance, the twelve step meetings are based—not on empirical research or the judgment of clinicians—but on wisdom accumulated through the lived and shared experiences of recovering addicts (AA, 2001). Similarly, the *Serenity Prayer*—which it is read at many AA and NA meetings—calls on individuals to recognize the things they can change, the things they cannot change, and the wisdom to know the difference. Twelve-step practices, like the Serenity Prayer, might be a form of wisdom that helps individuals better manage their lives through reflection and personal insights.

Much of this wisdom may be linked to the fellowship and spiritual practices of 12-step programs. In terms of fellowship, research suggests that 12-step programs, like AA, link people with other individuals who are recovery-oriented and provide support for abstinence (Humphreys & Noke, 1997). Maintaining a social network of recovery-oriented individuals, particularly other AA members, is associated with positive abstinence outcomes (Kaskutas, Bond, & Humphreys, 2002). In terms of spirituality, findings from a recent study suggest that AA leads to better sobriety outcomes, in part, by enhancing individuals' spiritual practices and providing support for AA's own emphasis on increasing spiritual practices to facilitate recovery from alcohol use disorder (Kelly, Stout, Magill, Tonigan, & Pagano, 2011). Twelve-step programs endorse reliance on a "Higher Power" and encourage the use of prayer and meditation (AA, 2001). In fact, the main purported mechanism of recovery from "alcoholism" is identified as a "spiritual awakening" (AA, 2001) or "spiritual experience" (AA, 2001, Appendix II). Although wisdom and spirituality are related, they are not synonymous construct and, at present, little is known about the specific role of wisdom in the context of 12-step participation.

There is one study that demonstrated that wisdom may be associated with decreased substance use (Perry et al., 2002). This work by Perry and colleagues raises interesting questions about the larger role that wisdom may play as a resource for individuals in recovery who also participate in 12-step groups. Such information may have important implications for service providers. Thus, the present study examined the relationship between wisdom and participation in 12-step groups in a community sample of women in recovery from substance abuse disorders. Although our aim was exploratory in nature, we hypothesized that participation in 12-step groups would be related to increases in wisdom.

Methods

Participants

The investigation was formally approved by DePaul University institutional review board. No human subjects are described individually or named; confidentiality is maintained. One hundred and sixteen women recovering from substance dependence were recruited. The majority of participants were single (49%), reported having an education at the high school/ G.E.D. level or higher (70%), and an average age of 38.7 ($SD = 10.7$) years. Most participants were Anglo-American (54%) and African-American (35%), and about 11% reported other racial/ethnic backgrounds (i.e., “other,” Latina/Hispanic, Multi-racial, American Indian or Alaskan Native, Native Hawaiian or Pacific Islander). The majority of participants reported being dependent on illicit substances (90%) including cocaine, heroin, and cannabis in addition to alcohol (44%). About 30% reported they were seeking outpatient substance abuse treatment and 96% reported attending 12-step groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), with an average of 4.3 ($SD = 2.9$) AA/NA meetings per week.

Procedures

Participants were recruited through two methods. The first method required the assistance of Oxford House officials whom allowed us to attend Oxford House business meetings (see Jason & Ferrari, 2010) where all house members were required to attend. Long-term partnership with Oxford House Inc. allowed us to recruit 38 out of 38 women living in Oxford Houses in a large US Midwest metropolitan area. The second method involved the recruitment of 78 out of 188 recovering women who were attending a worldwide annual Oxford House Convention in Washington, DC. All participants were engaged in a process of informed consent, and all measures were administered once for a cross-sectional design. Measures were self-administered, no incentive was provided, and time of survey administration was approximately 15 minutes.

Measures

Wisdom—The *Foundational Value Scale* (FVS; Jason et al., 2004; Jason et al., 2001; Perry et al., 2002) was administered to measure participants’ level of wisdom. The FVS consists of 23 items using a 5-point Likert scale (1 - *I definitely do not have this characteristic* to 5 - *I definitely have this characteristic*). Individuals rated their beliefs of whether they possessed a list of qualities or characteristics (e.g. “positive self-esteem,” “demonstrate a concern for the health of the environment,” “kindness”). The internal reliability for the FVS was excellent (Cronbach's alpha = .93) in the present study.

12-Step Participation—The *Twelve-Step Participation Questionnaire* (TSPQ-2F; Tonigan, Miller, & Connors, 1997), a briefer and modified version of the *Alcoholics Anonymous Involvement scale* (AAI; Tonigan, Connors, & Miller, 1996), was administered to ascertain participation across a number of 12-step activities in addition to participants’ perceptions and meeting attendance rates during the past 90 days. The TSPQ-2F is a 22-item measure that attempts to capture an individual's participation to a twelve-step program (e.g. “Have you considered yourself to be a member of a 12-step group in the past 90 days?”

“Have you had a 12-step sponsor in the past 90 days?” “Have you called a 12-step member for help in the past 90 days?”), and it also includes items on whether participants had worked each of the 12 Steps. Responses to TSPQ-2F items are dichotomously scored (*yes/no* format) except for items that ask about meeting attendance (open ended response). The internal reliability for TSPQ-2F items (not including meeting attendance rates due to high variability of responses) was very good (Cronbach's alpha = .86) in the present study.

Results

We conducted one-way analysis of covariance (ANCOVA) tests to examine TSPQ-2F items in relation to wisdom (FVS) scores, treating rates of 12-step meeting attendance as a covariate to better understand aspects of 12-step participation, consistent with investigations that have examined individual aspects of 12-step participation apart from meeting attendance (Cloud, Ziegler, & Blondell, 2004; Timko, Sutkowi, & Moos, 2010; Tonigan & Rice, 2010; Widtbrodt & Kaskutas, 2005; Zenmore & Kaskutas, 2008). Individual ANCOVAs were necessary because of the disproportionate number of items ($n = 21$) in relation to available cases ($n = 116$).

Two TSPQ-2F items were observed to be significantly related to differences in FVS scores. Participants who reported having had a “spiritual awakening” ($n = 92$) reported significantly higher wisdom scores, $M = 4.10$ vs. 3.59 , $SE = .06$, $.12$; $F(1, 112) = 15.06$, $p < .001$, $\eta^2 = .12$, compared to those who did not report having had a spiritual awakening ($n = 23$). In addition, participants who reported that they considered themselves “to be a member of a 12-step group” ($n = 107$) also reported significantly higher wisdom scores, $M = 4.05$ vs. 3.38 , $SE = .05$, $.21$; $F(1, 111) = 9.30$, $p = .003$, $\eta^2 = .08$, compared to those who did not consider themselves as being a member ($n = 7$). These results were statistically similar when meeting attendance was not included in the models.

Meeting attendance was not a significant covariate in either model. The results were statistically similar when examining the interaction effect between main items, and the interaction effect was not significant, $F(1, 109) = 0.33$, $p = .569$, $\eta^2 = .003$. In addition, there were no significant effects observed in relation to whether participants had worked any of the 12 steps.

Discussion

There were two main findings in our study. First, participants who reported experiencing a spiritual awakening (compared to those who did not) reported significantly higher levels of wisdom. This finding is consistent with research evidence that has shown spirituality and wisdom as being related constructs (Berry, 1988; Ellison, 1983). Additionally, this finding suggests that spirituality derived in AA and NA groups is associated with increased wisdom. As noted in the introduction, the putative mechanism of recovery is identified as a “spiritual awakening” (AA, 2001) or “spiritual experience” (AA, 2001, Appendix II). Subsequently, in the context of our results, it is possible that those who have achieved a spiritual awakening have also become wiser.

Second, our results also demonstrated that participants who considered themselves as 12-step group “members” reported significantly higher levels of wisdom than those who did not. This finding suggests that wisdom may be a resource in helping substance dependent individuals develop social relationships through their connection to other 12-step members. Notably, earlier research has found that a lack of kinship and identification with others is associated with decreased social support and self-efficacy for abstinence (Majer, Jason, Ferrari, Venable, & Olson, 2002). Taken together, findings in the present study highlight the importance of living spiritual principles and close identification with other recovering members in 12-step groups (AA, 2001; NA, 2008).

In the present study, no other TSPQ-2F item was significantly related to wisdom scores. It is possible that other measures of 12-step involvement such as the *Alcoholics Anonymous Involvement Scale* (Tonigan, Connors, & Miller, 1996) and *Alcoholics Anonymous Affiliation Scale* (Humphreys, Kaskutas, & Weisner, 1998) might better assess 12-step participation because they provide a systematic scoring of items whereas the TSPQ-2F does not. Nonetheless, the findings in this study represent an important exploratory investigation into an area that, to date, has received virtually no attention. It is hoped that the findings in our exploratory investigation can inform future studies and, ultimately, treatment implications.

One implication of the present study is that treatment providers may want to explore issues of wisdom with their clients. These providers may be able to indirectly influence their clients’ perceptions of wisdom by encouraging 12-step participation. Treatment plans designed to gauge participation in 12-step groups might be instrumental in helping resistant clients who intellectualize their treatment. Likewise, clinicians, drawing on their expertise, can direct appropriate clients to immerse themselves in 12-step culture by attending 12-step events (e.g., AA/NA sponsored events, going out for coffee after meetings), which might prove instrumental in helping certain clients identify with peers as well as their own their personal recovery process in meaningful ways.

While this study represents an important advancement in our understanding of the relationship between 12-step participation and wisdom, there are several limitations. Due to the cross-sectional nature of this study, it is impossible to determine if being member of 12-step programs is responsible for increases in wisdom, or if already wiser individuals seek out 12-step programs. Likewise, it is, at present, unclear if a spiritual awakening occurs first and allows for individuals to feel a sense of community, or if a sense of community precedes a spiritual awakening. It is not inconceivable that such relationships are, in fact, bidirectional with each simultaneously influencing its effect on the other. Future work that considers such possibilities would do much to increase our understanding of the relationship between 12-step programs and wisdom. The fact that this sample was entirely female limits its generalizability. Future work should be done to further validate these findings with diverse groups of individuals in recovery from substance dependence.

Wisdom and recovery are incredibly dense topics. Our study is intended to be a first step that elucidates one piece of a complex relationship between wisdom and recovery. Additional work, that illuminates how a myriad of other factors (e.g., cultural factors;

individual therapy) influence the 12-step and broader recovery process, would continue to broaden our understanding of the many factors that affect substance abuse recovery. Furthermore, it is likely that wisdom can be enhanced by a variety of community-based resources (e.g., church, community groups, and group therapy). Further inquiry into topics such as these will provide useful insight on additional mechanism that can be used to promote wisdom.

Finally, repeated measures with more established 12-step measures and other outcomes including abstinence rates are recommended. Although there are several limitations, this study represents an important early step in studying the empirical relationship between the role of wisdom and substance abuse recovery. Overall, the findings in the present study suggest that participating in 12-step groups provides recovering substance dependent persons with wisdom to support their ongoing recovery.

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References

- Alcoholics Anonymous. Alcoholics anonymous: The big book. 4th ed.. Alcoholics Anonymous World Services; New York, NY: 2001.
- Assman, A. Wholesome knowledge: Concepts of wisdom in a historical and cross-cultural perspective.. In: Featherman, DL.; Lerner, RM.; Perlmutter, M., editors. Life-Span Development and Behavior. Erlbaum; Hillsdale, New Jersey: 1994. p. 188-224.
- Baltes PB, Staudinger UM. Wisdom: a metaheuristic (pragmatic) to orchestrate mind and virtue toward excellence. *American Psychologist*. 2000; 55(1):122–136. [PubMed: 11392856]
- Berry, T. The dream of the earth. Sierra Club Books; San Francisco: 1988.
- Clayton, V.; Birren, JE. The development of wisdom across the life span: A reexamination of an ancient topic.. In: Baltes, PB.; Brim, OR., editors. Life Span Development and Behavior. Academic; New York: 1980. p. 103-135.
- Cloud RN, Ziegler CH, Blondell RD. What is Alcoholics Anonymous affiliation? *Substance Use & Misuse*. 2004; 39:1117–36. doi: 10.1081/JA-120038032. [PubMed: 15387206]
- Ellison CW. Spiritual well-being: Conceptualization and measurement. *Journal of Psychology and Theology*. 1983; 11(4):330–340.
- Erickson EH. Identity and the life cycle: Selected papers. *Psychological Issues*. 1959; 1:50–100.
- Goleman, D. Emotional Intelligence. Bantam; New York: 1995.
- Humphreys K, Kaskutas LA, Weisner C. The Alcoholism Anonymous Affiliation Scale: Development, reliability, and norms for diverse treated and untreated populations. *Alcoholism: Clinical and Experimental Research*. 1998; 22:974–978.
- Humphreys K, Noke JM. The influence of post treatment mutual help group participation on the friendship networks of substance abuse patients. *American Journal of Community Psychology*. 1997; 25:1–16. [PubMed: 9231993]
- Jason LA, Ferrari JR. Oxford House recovery homes: Characteristics and effectiveness. *Psychological Services*. 2010; 7:92–102. doi: 10.1037/a0017932. [PubMed: 20577571]
- Jason LA, Helgersen JL, Torres-Harding S, M. Carrico A, Chimata R. A scale to measure wisdom: Socio-demographic and psychological characteristics. *The Humanistic Psychologist*. 2004; 32:284–306.
- Jason LA, Reichler A, King C, Madsen D, Camacho J, Marchese W. The measurement of wisdom: A preliminary effort. *Journal of Community Psychology*. 2001; 29(5):585–598.

- Kaskutas LA, Bond J, Humphreys K. Social networks as mediators of the effect of Alcoholics Anonymous. *Addiction*. 2002; 97(7):891–900. [PubMed: 12133128]
- Kelly JF, Stout RL, Magill M, Toniga J, Pagano ME. Spirituality in recovery: A lagged mediational analysis of Alcoholics Anonymous' principal theoretical mechanism of behavior change. *Alcoholism: Clinical and Experimental Research*. 2011; 35(3):454–463. doi: 10.1111/j.1530-0277.2010.01362.x.
- Laudet AB, Savage R, Daneyal M. Pathways to long-term recovery: A preliminary investigation. *Journal of Psychoactive Drugs*. 2002; 34:305–311. [PubMed: 12422942]
- Laudet AB, White WL. Recovery capital as a prospective predictor of sustained recovery, life satisfaction, and stress among former poly-substance abusers. *Substance Use & Misuse*. 2008; 43:27–54. doi: 10.1080/10826080701681473. [PubMed: 18189204]
- Majer JM, Droege JR, Jason LA. A categorical assessment of twelve-step involvement in relation to recovery resources. *Journal of Groups in Addiction & Recovery*. 2010; 5:155–167. doi: 10.1080/15560351003766158.
- Majer JM, Jason LA, Ferrari JR, Miller SA. 12-step involvement among a U.S. national sample of Oxford House residents. *Journal of Substance Abuse Treatment*. 2011; 41:37–44. doi:10.1016/j.jsat.2011.01.010. [PubMed: 21353447]
- Majer JM, Jason LA, Ferrari JR, Venable LB, Olson BD. Social support and self-efficacy for abstinence: Is peer identification an issue? *Journal of Substance Abuse Treatment*. 2002; 23:209–215. [PubMed: 12392807]
- Moos RH. Active ingredients of substance use-focused self-help groups. *Addiction*. 2008; 103(3):387–396. doi:10.1111/j.1360-0443.2007.02111.x. [PubMed: 18269361]
- Moos RH, Moos BS. Protective resources and long-term recovery from alcohol use disorders. *Drug and Alcohol Dependence*. 2007; 86:46–54. doi:10.1016/j.drugalcdep.2006.04.015. [PubMed: 16769181]
- Morgenstern J, Labouvie E, McCrady B, Kahler C, Frey R. Affiliation with Alcoholics Anonymous after treatment: A study of its therapeutic effects and mechanisms of action. *Journal of Consulting and Clinical Psychology*. 1997; 65:768–777. doi:10.1037/0022-006X.65.5.768. [PubMed: 9337496]
- Narcotics Anonymous. Narcotics anonymous: Basic text. 6th ed.. World Service Office; Van Nuys: 2008.
- Noone M, Dua J, Markham R. Stress, cognitive factors, and coping resources as predictors of relapse in alcoholics. *Addictive Behaviors*. 1999; 24:687–693. doi:10.1016/S0306-4603(98)00087-2. [PubMed: 10574307]
- Perry CL, Komro KA, Jones RM, Munson K, Williams CL, Jason LA. The measurement of wisdom and its relationship to adolescent substance use and problem behaviors. *Journal of Child & Adolescent Substance Abuse*. 2002; 12(1):45–63.
- Timko C, Sutkowski A, Moos R. Patients with dual diagnosis or substance use disorders only: 12-step group participation and 1-year outcomes. *Substance Use & Misuse*. 2010; 39:1117–36. doi: 10.3109/10826080903452421.
- Tonigan, JS.; Miller, WR.; Connors, G. The twelve-step participation questionnaire (TSPQ-2F). 1997. Unpublished measure. <http://casaa.unm.edu>
- Tonigan JS, Connors GJ, Miller WR. Alcoholics Anonymous Involvement (AAI) scale: Reliability and norms. *Psychology of Addictive Behaviors*. 1996; 10:75–80.
- Tonigan JS, Rice SL. Is it beneficial to have an Alcoholics Anonymous sponsor? *Psychology of Addictive Behaviors*. 2010; 24:397–403. [PubMed: 20853924]
- Wegela KK. "Touch and go" in clinical practice: Some implications of the view of intrinsic health for psychotherapy. *Journal of Contemplative Psychotherapy*. 1988; 5:3–23.
- Witbrodt J, Kaskutas LA. Does diagnosis matter? Differential effects of 12-step participation and social networks on abstinence. *American Journal of Alcohol and Drug Abuse*. 2005; 31:685–707. doi: 10.1081/ADA-200068486.
- Zenmore SE, Kaskutas LA. Services received and treatment outcomes in day-hospital and residential programs. *Journal of Substance Abuse Treatment*. 2008; 35:232–244. doi:10.1016/j.jsat.2007.10.006. [PubMed: 18329223]