A 12-Step Hierarchy of Needs? Recovery fellowships as a route to self-actualisation

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ABSTRACT

This study explores conceptual parallels between the 12-step model of recovery and Abraham Maslow’s self-actualisation. Existing research on the 12-Step model suggests that it is an effective framework for physical, spiritual and emotional healing. Whilst the two movements have received empirical interest in their own rights, research exploring conceptual overlap between the frameworks is yet to be found. This provides the basis of some intriguing questions. Do 12-Step fellowships act as a hierarchy of needs for those suffering from addiction? Do they promote growth, self-awareness, and an appreciation of life that is equal to self-actualisation? Are long-term fellowship members typifying the characteristics of self-actualisation that Maslow spoke of?

Four semi-structured interviews were conducted with long-term members of varying 12-Step fellowships. Using template analysis, Maslow’s hierarchy of needs acted as a template for interview questions and a priori themes. Multiple themes occurred across the four cases and were divided into ‘life before recovery’ and ‘life in recovery’. The nine most prominent themes are discussed. Findings suggest that 12-Step fellowships are extremely valuable, not only to sustain long-term addiction recovery, but also in promoting self-awareness and growth. Many characteristics of self-actualisation were observed; the analysis suggests this is a direct result of long-term engagement with the fellowships. However, further research is highly recommended to substantiate these findings within a variety of samples, including different genders, ages, length of recovery time and also cross-culturally.

KEY WORDS

TWELVE-STEP FELLOWSHIP

ADDITION RECOVERY

TEMPLATE ANALYSIS

ABRAHAM MASLOW

SELF-ACTUALISATION
Introduction

For over half a century psychological research has focused disproportionately on the faults of human kind (Seligman, 2002). There has long been a rigid, clinical approach to examining human shortcomings. Whilst mainstream clinical psychology has undoubtedly been useful in labelling conditions and dysfunctional behaviour, it is too narrow and lacks foresight (Small, 1991). Until very recently the field of addiction was equally guilty of this dereliction. It has focused extensively on the causality of addictive problems through the pathology-orientated disease model (Krentzman, 2013).

This approach has arguably served its purpose. It provides little insight into the nature of long-term recovery. The field of positive psychology is perhaps the only area to be currently attempting to change this by distancing itself from the medical epistemology (Krentzman, 2013). Together, positive psychology and the field of addiction are beginning to move away from the deficit approach. As the fields join forces, they will hopefully now convey a wider – and arguably more valuable – framework that will deepen understanding of the contributing factors to a long and successful recovery.

The Field of Addiction and Current Issues

The field of addiction has a tradition of drawing heavily from both mainstream clinical psychology and from the medical profession. It does not have a good track record for treating those dependent on substances; relapse is frequent (Vaillant, 2005). The diagnosis for addiction is through use of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), providing an accessible checklist of observable disordered symptoms. Addiction and alcoholism have been included in the manual since its inception in 1952, and the 2013 revision now classifies them together under the umbrella term ‘Substance-Related and Addictive Disorders’ (American Psychiatric Association, 2013).

Whilst DSM may be helpful in determining the extent of the problem, it is perhaps one of the reasons that medical professionals do not acknowledge macro issues such as social and environmental contexts. DSM has been criticised for being of little benefit. Widiger and Trull (1991, p111) call it a “social document”, perpetuating misguided perceptions of what is considered normal or abnormal in society (Maddox, 2002). It is guilty of pathologising problems and neglecting the subjective individual experience (Prilleltensky, 1999).

By resting heavily on DSM, the field of addiction arguably suffers from the same reductionist approach as clinical psychology (Prilleltensky, 1999). Clinical research has done well to demonstrate how problems develop, where they occur in the life span and their biological and psychological causation (Seligman, 2006). However, the factors that contribute to a sustainable recovery, such as a social network, spirituality, personal growth and self-improvement, have been of little research interest. Galanter (2007) could perhaps be considered a forerunner in noting the importance of social, environmental and psycho-spiritual dimensions of a successful long-term recovery.
Positive Psychology and Addiction Recovery

Positive psychology challenges the mainstream deficit driven approach and has provided new perspectives on existing ideas (Hefferon & Boniwell, 2011). It concentrates on positive experiences and crucial elements that make life worth living, such as human strength, virtue, hope, optimism and flourishing, to name only a few (Seligman, 2002). It has been hailed as the much needed antithesis of DSM, finally focusing on the positive dimensions of humanity (Maddux, 2002; Seligman, 2002).

Galanter (2007) observed that those in recovery from addiction want more than just relief from psychopathology: they strive for hope, meaningful life and spiritual renewal. Positive psychology is starting to provide a much-needed scientific framework for studying such variables and their interplay with addiction recovery. Recently the focus has been on applying and measuring the effect of key positive psychological concepts in addiction recovery research (Krentzman, 2013).

Laudet, Morgen & White (2010) felt that past research focuses too much on the outcomes of substance use and not enough on the extensive recovery community. Their research highlighted how positive psychological variables, such as stress, quality of life, social supports, spirituality, religiousness, meaning of life and affiliation with 12-step fellowships, were all crucial in buffering addictive behaviours. They also discovered how spirituality and the meaning of life were considered important and, by fostering a culture of hope and optimism, subsequently enhanced the ability to cope (Laudet et al., 2010).

Spirituality

Spirituality has also been observed as another contributor to recovery (Galanter, 2007). Spirituality is perhaps a contentious issue amongst the scientific community and there may be several reasons for this. Firstly, it is perhaps a difficult construct to measure empirically, although there have been some attempts to develop spiritual measures (Galanter, 2007). Secondly, the avoidance of research in this area could also be a difficulty or resistance in defining what spirituality means in the present day. Originally from the Latin spiritus, meaning ‘breath of life’ (Elkins, 1998), spirituality was once indistinguishable from religion (Lines, 2002). However, this has changed in recent years. No longer about rituals or practices, spirituality is open to interpretation by anyone seeking meaning and transcendence (Elkins, 1998). Religion is no longer synonymous with spirituality, it is only a pathway to it (Elkins, 1998).

Twelve-Step Fellowships

Twelve-step recovery fellowships identify themselves as spiritual programs. They have been praised for allowing individuality by not prescribing theology, dogma or creed (Miller & Kurtz, 1994). All fellowships are non-profit self-help groups for anyone seeking recovery from a range of psychological problems.

The 12-step movement began in 1935 with two men known affectionately as Bill W and Dr. Bob (AA at a glance, n.d.). One a stockbroker, the other a surgeon, both men had been written off as ‘hopeless’ drunks. Together, in an effort to stay sober, they founded the infamous 12-steps (see Appendix A) and 12-traditions (see
Appendix B) of Alcoholics Anonymous (AA), a program of personal and spiritual growth (Alcoholics Anonymous, 2001).

AA’s primary purpose is to help those who suffer from alcoholism to stay sober on a daily basis (Alcoholics Anonymous, 2001). It now has more than two million members in over 150 countries (AA at a glance, n.d.). Eighty years after its foundation, AA has firmly established itself within the recovery community as a successful way of overcoming alcoholism and providing a program for living. It has even been considered a social movement (Room, 1993).

Today there is an extensive network of wide and varied fellowships, based on AA’s foundations, that attempt to address a vast range of psychological issues. The 12-steps have provided a template for sister fellowships to emerge. These include Overeaters Anonymous, Gamblers Anonymous and Sex Addicts Anonymous, to name only a few. Some cross-addicting individuals, those who swap addictive substances or behaviours for others that are equally damaging, often attend multiple fellowships and this is referred to as ‘dual recovery’ (Leath, 2010).

Vaillant (2005) notes that researchers and their own biases impact how and if a concept is approached. This could well be the case for spirituality. However, as was highlighted earlier, this appears to be changing slowly and recent research is reflecting this. Perhaps in our modern society where religion is emphasised less, and spirituality is emerging more, it can now be examined and defined in its own right (Elkins, 1998).

Efficacy of 12-Step Fellowships

In spite of its availability, research into the 12-step model remained controversial, misunderstood and simply disregarded as an approach to recovery until the end of the last century (Morgenstern, Labouvie, McCrady, Kahler, and Prey, 1997). Small (1991) argues that it is the concept of spirituality that prevents a mainstream engagement with the fellowships. Perhaps the spiritual dimension of treating addiction is not only too far removed from the medical model, but is also too abstract to be operationalised (Galanter et al., 2007).

That said, since the 1990s research has started to demonstrate the efficacy of 12-step fellowships. Research shows that the more intensive the affiliation, the higher the number of positive outcomes. These include an increased motivation to refrain from addictive behaviours, commitment to recovery and better coping strategies (Morgenstern et al., 1997). The Alcoholics Anonymous Affiliation Scale (Humphreys, Kaskutas & Weisner, 1998) was also developed in an attempt to measure how AA experiences impact on the level and depth of affiliation. Since then the scale has been used widely in a number of studies.

More recently research has highlighted that regular post-treatment attendance of 12-step fellowships significantly improves addictive outcomes (Cloud et al., 2006). Not only that: long-term AA participation enables a sustained recovery by increasing levels of spirituality (Tonigan, 2007). The Spirituality Self-Rating Scale (Galanter et al., 2007) was devised to measure the importance of spiritual dimensions of 12-step recovery.
Whilst it is felt by some that 12-step fellowships are no more effective than conventional addiction treatment (Straussner & Byrne, 2009), until a medication that can effectively tackle addiction is discovered it remains perhaps the most convincing ‘cure’ to date (Vaillant, 2005).

The present day amalgamation of positive psychology and the field of addiction is contributing to an understanding of effective relapse prevention strategies. McCoy (2009) recently examined relationships between recovery variables such as positive sober experiences, hope, flow and spiritual transcendence, and variables associated with relapse. They found that hope was strongly correlated with recovery variables and could be used as a predictor of relapse.

Despite the fact that the existing research demonstrates a level of efficacy that should warrant further investigation, the subjective experience of its members seems vastly under-represented. In fact, a systematic literature search of this topic yielded no results. There appears to be a large gap in research demonstrating a deeper understanding of causation, addictive processes, recovery models and relapse prevention.

Vaillant (2005) states that because researchers often exhibit ideological differences and unconscious rivalry, their approaches to 12-Step fellowships can often be biased and this perpetuates resistance in the field. In addition, a wider challenge faced by researchers is that fellowships are an autonomous structure that emphasise anonymity. Not only does this create access problems, but the ethical considerations limit rigorous methodological examination (Straussner & Byrne, 2009).

**Maslow - Motivation Theory and Self-actualisation**

Galanter (2007) was possibly the first to suggest that the 12-step recovery model can also be understood in reference to the work of Abraham Maslow, who had a profound influence in the field of psychology some half a century ago. His early work in humanistic psychology, and later work in transpersonal psychology, greatly influenced and shaped the development of positive psychology today. He even coined the term some fifty years previously (Hefferon & Boniwell, 2011).

Maslow spent many years trying to discover the factors that contributed to psychological health. He strived to discover how and why healthy people functioned differently from those with psychological problems. This was in stark contrast to the mainstream at the time which examined the opposite: why sick people behaved differently from healthy people. He is commended for his concrete observations of real people, rather than on formulating ‘ideal requirements’ (Heylighen, 1992). His theory of motivation is simple and clear, highlighting the way in which human needs are prioritised.

Maslow (1943; 1968; 1970) speculated that the difference was not in childhood traumas, learned behaviours or personality variables, but rather the type of motivation one is driven by. Known as the theory of human motivation, he came to the understanding that human behaviour is driven by hierarchical ‘deficiency motives’. This concept is commonly referred to today as the hierarchy of needs.
Maslow’s (1943) hierarchy comprises a set of five ‘deficiency motives’ or ‘needs’ that drive behaviour. Those that are most urgent he called ‘prepotent’. The first are physiological: the needs essential to survival and include food, water, sleep, physical health and so on. When satisfied it is replaced by a new prepotent need for safety. This is characterised by feeling secure and freedom from danger. As the need for safety becomes satisfied, it is replaced by a need for love and belonging. The individual will strive to satisfy a hunger for love, affection and intimacy. Subsequently, the most prepotent need from this point is the esteem need. This includes fulfilling one’s self-esteem, confidence and the esteem of others.

Deficiency needs do not operate in isolation; they are all connected. Every need is dependent on the satisfaction or dissatisfaction of another need at a higher or lower level (Maslow, 1943). He noted that those who were healthy, stable and happy, and had satisfied their deficiency motivations, were then driven by an altogether higher level of motivation: the need for self-actualisation. Self-actualising needs are ongoing, manifesting themselves through thirteen characteristics that Maslow (1970) observed during his clinical studies. These are:

1. Changed perception of reality
2. Acceptance of self and others
3. Spontaneity
4. Problem-centring
5. Desire for detachment and privacy
6. Autonomy and resistance to enculturation
7. Fresh appreciation and richness of emotion
8. Peak experiences
9. Identification with others
10. Changed interpersonal relations
11. Values
12. Creativity
13. Changed value system.

Self-actualisation and 12-Step Recovery

Maslow (1970) argued that many people were unable to self-actualise due to pathological blocks. These are issues which can be traced back to deficiency needs being inadequately met. It is argued that as long as all deficiency motives are largely satisfied, anyone can self-actualise (Lowry, 1998). Put simply, self-actualising individuals do not live by the demands of their deficiency motivations, and as a result they are free to live life to its fullest potential (Lowry, 1998).

The 12-step framework could perhaps be the archetype of Maslow’s work. It provides an intriguing foundation for the exploration of growth and self-actualisation within the realm of addiction recovery. Small (1991, p.29) agrees, stating that the humanistic and transpersonal work of Maslow exemplifies the core principles of 12-step fellowships:

"I can think of no other psychology that comes closer to the basic tenets of Alcoholics Anonymous....and the other Twelve Step programs..."
Maslow (1968, p.138) described self-actualising people as having a “deep feeling of identification, sympathy and affection...a genuine desire to help the human race”. The 12th step of all fellowships could be conceptualised as the self-actualisation step at the top of the ‘recovery pyramid’:

“Having had a spiritual awakening as the result of these steps we tried to carry this message to those who still suffer.”

(Alcoholics Anonymous, 2001, p.59-60)

The AA Big Book, as it is affectionately known by members, contains a set of promises which are read at the end of all AA meetings worldwide. These promises were conceived by the founders of AA in 1935 and are also used in the majority of sister fellowships. It is perhaps these promises that truly exemplify the concept of self-actualisation:

“We are going to know a new freedom and a new happiness.... We will comprehend the word serenity and we will know peace.... We will lose interest in selfish things and gain interest in our fellows.... Our whole outlook and attitude upon life will change...”

(Alcoholics Anonymous, 2001, p.84)

Whilst Maslow did not comment on 12-step fellowships or addiction recovery, his ideas could certainly be conceptualised in the following way. It could be argued that the block to self-actualisation he spoke of is, in this case, the substance or addictive behaviour. The fellowships emphasise growth and spirituality and act as a mediator between the block and deficiency needs. By becoming sober or clean through the process of working the steps, the block begins to be removed. As a result, the deficiency needs can then be met. Through long-term engagement and a desire for self-betterment, those in recovery eventually become motivated solely by their need for self-actualisation. This poses the question of whether 12-step fellowships could be considered a route to self-actualisation.

Research Aims

As highlighted through this introduction, Maslow’s work can be examined in reference to 12-step fellowships. The two frameworks are appreciated widely in their own rights, yet the links between them do not appear to have been made. His theories are considered highly valuable and relevant today (Cox, 1987), profoundly impacting on the development of positive psychology, the very field that is currently dovetailing with addiction studies.

In light of the issues discussed thus far, it is clear that qualitative research into the realm of 12-step fellowships needs to be expanded. It has been highlighted that the considerable limitation of existing research into 12-step efficacy and related areas is the dominance of psychometric data. Whilst the value of these studies cannot be ignored, it could be argued that psychometric testing is limited in conveying subjective, individual experiences. This is perhaps the most important aspect of research in this field.
It is felt that the concept of self-actualisation in recovery lends itself well to qualitative research; a technique such as interviewing provides detailed accounts of individual experiences. Maslow’s framework could be an efficient template to explore self-actualisation within 12-step fellowships, a seemingly unexplored concept within psychology. Thorough and systematic literature searches have not yet revealed research explicitly linking the two concepts. I believe that these factors all form the basis of a compelling investigation.

Given that Maslow’s hierarchy is being used as a template for the exploration of self-actualisation in 12-step fellowships, the most suitable qualitative method is template analysis. This is a very new approach to analysing data, used mainly within healthcare settings. Template analysis is an efficient method of converting existing theories or ideas into a ‘template’ of themes that assist the analytic process, whilst also allowing new themes to emerge and develop (King, 2004).

With all of the above in mind, the rationale of this study is to apply Maslow’s (1970) hierarchy of needs framework to interview data from those in long-term 12-step recovery. Through exploration and analysis of the data it is anticipated that those in 12-step fellowships will demonstrate two crucial ideas. Firstly, their addictive substance and/or behaviour before recovery blocked their deficiency needs from being met. Secondly, as a result of joining 12-step fellowships, they will now be driven primarily by the higher growth motivations and many – if not all – of the thirteen self-actualisation characteristics will be observed. Therefore, the specific research question is:

‘A 12-step hierarchy of needs? Recovery fellowships as a route to self-actualisation.’

Method

Design

This is qualitative research project that employs template analysis. A semi-structured interview schedule was designed to extract details pertaining to the research question: ‘A 12-step hierarchy of needs? Recovery fellowships as a route to self-actualisation’. In order to gain an insight into whether or not the fellowships mediate the process of self-actualisation, the questions were designed to highlight whether and how deficiency needs were met in addiction, and whether and how they are met today as a result of long-term recovery.

Participants

Participants were recruited and chosen according to two specific criteria. Firstly, it was felt that a minimum of two years affiliation with a 12-step fellowship was crucial. Members in their first year of recovery are considered newcomers and would be potentially much more vulnerable, therefore raising ethical concerns. If recovering individuals are self-actualising this would arguably be better demonstrated by those who have been affiliated for a longer period. Secondly, dual recovery was also a criterion for selecting participants. Although the steps are the same in all fellowships,
it was felt that those with experience of multiple fellowships would demonstrate a strong commitment to recovery and provide a richer account of their experiences.

Participants were all female, between the ages of 30 and 55, and their affiliation with 12-step fellowships included Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Overeaters Anonymous (OA). Their length of involvement with these fellowships ranged from 4 to 24 years.

Participant I is a 55 year old female affiliated with AA and OA. Her involvement in AA spans ten years and her involvement in OA spans two years. She is employed, married with two adult children, and works closely with a sponsor – a sponsor is a more experienced member who guides someone through the steps – in both her fellowships and also sponsors others.

Participant II is a 47 year old female affiliated with AA and OA. Her involvement in both fellowships spans 24 years. She is employed, married with two school-age children, and works closely with a sponsor in her fellowships and also sponsors others.

Participant III is a 50 year old female affiliated with AA and OA. Her involvement in both fellowships spans 24 years. She is employed, married with two school-age children, and works closely with a sponsor in her fellowships and also sponsors others.

Participant IV is a 30 year old female affiliated with AA and NA. Her involvement in both fellowships spans 4 years. She is single, a full-time student, and works closely with a sponsor in her fellowships and also sponsors others.

Age itself was not a crucial factor in recruiting participants, but their length of time in recovery was. Participants’ gender, however, was of importance to the selection process. As a female researcher also in recovery, I was restricted to asking only females to participate in the project. This was for two reasons: my own personal preference and guidance from the fellowships. Due to the potentially intimate nature of the interview questions, I felt that same-gender would allow both me and the participants to feel more comfortable during the interview process.

Secondly, with respect to guidelines within fellowships, males and females are advised not to sponsor opposite genders due to the potential vulnerability and intimacy of these relationships. I therefore adhered to these same guidelines when conducting research and recruiting my participants.

**Materials**

The interviews were conducted using a semi-structured interview schedule (see Appendix C). Based on Maslow’s (1970) deficiency needs of the hierarchy, questions and prompts were created relating to each of these four needs: physiological, safety, relationship/belonging, and esteem. Questions were designed to extract responses detailing whether and how a particular need was met during addiction and whether and how it is met in their current day recovery.
All interviews began with the same question: “Tell me a little about what a day in your life was like before you came into X fellowship?”, to ease participants into talking about their past. This then led on to more specific questions that focused on the needs themselves. For example, a question based on physiological needs was: “Do you feel your basic needs were met such as sleep, nutrition, health etc?” Safety questions included: “Before you joined your fellowship did you feel safe?” A relationship question was: “How do your relationships compare now to before recovery?” Then finally, esteem questions included: “How has the fellowship impacted on your self-esteem?”

Due to the flexibility of a semi-structured questionnaire, questions and prompts could be adapted in light of the individual responses. However, it was crucial to try to ensure that all four needs were eventually incorporated into the questions.

All four interviews were recorded using an Olympus DM20 voice recorder.

**Procedure**

The four interviews were carried out between December 2013 and January 2014 and were all approximately 30 minutes in length.

The interview setting was quite informal. Due to an existing level of trust, interviews were conducted in participants’ homes as this was where they felt most comfortable. I feel that this undoubtedly added to their sense of security as it ensured their anonymity and confidentiality. As a result I felt that the participants were able to open up fully to me. Again, this highlights how being an ‘insider’ in the fellowship has provided me with an advantage to interview an otherwise closed population (for further details please refer to the Reflexivity section).

Before the recording, the participants and I also engaged in general conversation in which I was conscious not to reveal too much of the project’s aims as I did not want this to influence their responses. However, all information was provided to them at the end of the interview.

**Ethical Considerations**

With respect to the information provided to the participants, written information sheets explaining the nature of my study – bar the research question itself – were provided. These included a participant information sheet (see Appendix D), a consent form (see Appendix E) and a debrief (see Appendix F). They were also reminded verbally beforehand of what would be required of them for the research.

Anonymity is fundamental to all 12-step fellowships and is taken very seriously by all members. So the most crucial factor for me as a researcher was ensuring that participants felt that their anonymity was respected. The 12-traditions of the fellowships were devised by the founders to protect both the fellowships themselves and their members from harm (see Appendix B). Traditions 11 and 12 discuss the issue of anonymity:
“Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, films and public media… Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.”

(Alcoholics Anonymous, 2001, p.562)

Reassuring my participants that I was adhering to the traditions was crucial. For example, it was expressed vehemently to participants that their recordings would only be used by me for data analysis. I assured them that their names would not be revealed; they would only be referred to as a number. I also explained that interviews would be deleted as soon as they were transcribed and offered them the chance to delete them for themselves if they preferred. Participants seemed comfortable and satisfied by my reassurances.

Due to the nature of this study, the participants were at risk of becoming emotionally vulnerable. There were occasions when two participants became emotional. When this happened, I offered them the opportunity to stop the interview and continue at a later stage. However, neither of the participants took up this offer and were comfortable to continue. They were encouraged to seek support from their sponsors or support through other members of their fellowship. The university counselling service details were also provided.

Template Analysis

For this project the analytical strategy for interpreting and analysing the data was template analysis. As highlighted in the introduction, template analysis is a relatively new qualitative technique. It developed from other approaches such as interpretive phenomenological analysis (IPA), grounded theory and thematic analysis (Waring & Wainwright, 2008). King (2004, p.268) pioneered the recognition of this method, arguing that it is a “highly flexible...well-structured approach to handling the data…producing a clear, organised, final account of the study”.

There are many advantages to using template analysis. First and foremost it is designed to efficiently organise data into hierarchies, demonstrating themes that occur both across cases and within cases (King, 2004). It also allows the researcher to develop a set of a priori themes which accelerates the coding process. These are themes that have been identified as integral to the research question and are expected to be strongly relevant to the data (Brooks & King, 2013).

These a priori themes form the basis of the initial template. King (2004) states that themes can be based on existing research and are the philosophical or theoretical underpinning of the research question. However, a priori themes are not fixed and the researcher must remain open to the need for them to be amended in various ways as the analysis becomes more in-depth (King, 2004). Template analysis is therefore both top-down and bottom-up in its approach.

Template analysis also allows the researcher to take a ‘subtle realist’ approach: the acknowledgment that their perspective is influenced by their position in their social world (Hammersley, 1992). The researcher can only ever create a representation of the research, which is ultimately based on their own position. They must also
recognise that other perspectives on the phenomenon are possible (Brooks & King, 2012).

There are two justifications for the use of template analysis in this research. The first is that the use of *a priori* themes allowed me to utilise my existing knowledge and personal experience of 12-step fellowships to explore my research question. It allowed a practical dovetailing of Maslow’s hierarchy of needs and 12-step recovery. The templates themselves also show how themes develop and grow from their *a priori* status to full blown hierarchical templates and assist in presenting a picture of the various themes extracted.

The second is based on my epistemological position as a researcher. The concept of self-actualisation within 12-step recovery emerged as a direct result of my own affiliation with the fellowships, and thus is shaped by my position in my social world. Template analysis allows me to acknowledge my position yet utilise this within my research. It would be misleading to pretend that I have not approached this research without preconceived ideas. On the contrary, it is due to my own personal experience that these ideas emerged in the first place and lead to my desire to investigate my suppositions.

**Developing and Applying the Initial Template**

By following the suggestions of King (2008) and Brooks and King (2012), template analysis was carried out across all four interviews. The first step in developing the template was to define the *a priori* themes. These were simply the four deficiency needs that formed the basis of the interview schedule: physiological, safety, relationships/belonging, and esteem needs.

Once the *a priori* themes were defined and the interviews fully transcribed, hand coding of the first transcript took place (see Appendix G). To develop a template, King (2004) advises examining a sub-set of transcripts, defining codes in the light of a project’s aims. For this smaller scale research project, examining just one transcript was sufficient. At this stage the coding involved only identifying parts of the text that were relevant to either the *a priori* themes or the research question: ‘A twelve-step hierarchy of needs? Recovery fellowships as a route to self-actualisation’.

During the extensive engagement with this transcript, the *a priori* themes were indexed onto the sections of the data whenever they occurred. Unsurprisingly, these emerged quite prominently as they formed the basis of the interview questions. At the end of initial coding, all themes were listed with their frequencies (see Appendix H).

A comprehensive initial template was subsequently developed from this code list (see Appendix I). It consisted of first, second, third and fourth order codes. The first order codes were the broader *a priori* codes, the second order codes began to represent finer distinctions, and the third and fourth order codes were making very specific distinctions of themes emerging in the text. These distinctions not only help to make sense of the data on a deeper level, they prevent the template from becoming too broad and missing vital details.
The initial template was then systematically applied across the three remaining transcripts (see Appendices J, K & L). Themes from this template were indexed into the margins. However, during this process of initial coding, inadequacies in the initial template began to emerge. Many of the codes could not be applied to all three of the other transcripts. This is not uncommon and templates should be revised many times before they can adequately represent the data (King, 2004). Where a piece of text could not be coded by the template, it received a new code. At the end of applying the initial template across the transcripts, new codes and code frequencies were noted and listed so that the template could be revised (see Appendices M, N & O).

**Revising the Template**

In light of the initial template's inadequacy, it became necessary to revise the template (see Appendix P). Themes were inserted, modified, refined, merged and deleted. The most notable change in the revised template was that the four *a priori* themes were now better represented by other code names. As the interview schedule was designed to initiate discussions on both life before recovery and life in recovery, the *a priori* themes were fragmented to better represent this. For example, ‘physiological needs’ from the initial template became ‘neglect of self’ and ‘self-care’ on the revised template.

Also, the participants’ emphasis varied on certain aspects of the deficiency needs. ‘Safety’ was discussed by all but not as much as ‘relationships’. ‘Safety’ dropped to two second-order themes, but ‘relationships’ stayed as a top-level theme but split into ‘poor relationships’ and ‘improved relationships’. ‘Esteem needs’, however, was too broad in itself to adequately represent all the varying textual references and so was split into ‘negative self-perception’, ‘grandiosity’ and ‘increased self-esteem’.

Once the revised template was formed, it was then applied across the four transcripts (see Appendices Q, R, S & T). Therefore, the transcripts were coded twice. The same process took place: themes from the revised template were indexed onto the relevant segments of text. It became clear at this stage that the revised template was representing the patterns in the data far more extensively than its predecessor. However, there were still a few minor sections of text that could not be represented by the template and so it was revised for a final time.

**Final Template**

Whilst it is difficult so say that a template is final – as changes can go on *ad infinitum* – it was felt that the 110 themes (13 higher order, 69 second order, 27 third order and 1 fourth order) well represented the content of the four interviews in relation to the phenomena in question (see Appendix U). Only a few alterations were made based on some inadequacies that appeared during the second analysis. This process was mainly a case of merging, deleting and renaming a few themes that represented similar concepts, such as merging ‘perfectionism’ and ‘all or nothing’. ‘Appreciation of life’ was also renamed to ‘engagement with life’.

The themes that occurred across all four cases were highlighted on the final template, along with the frequencies (see Appendix V). These frequencies provided interesting information on theme patterns across cases and also within individual
results. This assisted the process of analysing and subsequently discussing the themes that appeared most significant to the research question ‘A 12-Step hierarchy of needs? Recovery fellowships as a route to self-actualisation.’

Results

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<th>Table 1: Themes (‘Life in addiction’) occurring across all four cases</th>
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<td><strong>First-order themes</strong></td>
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<td><strong>Neglect of self</strong></td>
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<td><strong>Poor Relationships</strong></td>
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<th>Table 2: Themes (‘Life in recovery’) occurring across all four cases</th>
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<td><strong>First-order themes</strong></td>
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Analysis and Discussion

After extensive analysis of the interview data, a large number of themes pertaining to the research question, ‘A 12-step hierarchy of needs? Recovery fellowships as a route to self-actualisation’, have been identified. The themes identified are of central relevance to the participants’ experiences both before joining a 12-Step fellowship, and now today after many years of affiliation. This is referred to as ‘life in addiction’ and ‘life in recovery’ respectively. Tables 1 and 2 display themes that occurred across all four transcripts, with the highest frequency in yellow.

‘Life in Addiction’ – Themes

Alcohol dependency

The ‘life in addiction’ theme with the highest frequency was Alcohol dependency, a third-order theme within Neglect of self. This was not surprising as all four participants consider themselves alcoholics in recovery through AA. There were numerous references to the destructive power of alcohol and how they neglected their basic needs.

On how alcohol affected Participant I’s health, she described:

“…the number of units I was drinking – it was about 140…so when you’re drinking that many units your nutrition and everything goes out the window”. (Line 054-056)

In putting herself in grave danger because of her alcoholism, Participant II revealed:

“I was found with my head down a man’s toilet throwing up blood when I was at college because I drank too much.” (Line 166-168)

Participant III highlighted that she was dependent on alcohol to get through tough situations:

“When I used to sing I was very nervous; I’d drink to go on stage….I had to have a drink.” (Line 256-257)

In outlining her typical day, Participant IV stated how her use of substances affected her ability to function:

“I’d go out, hit a pub, get drunk, probably pick up some drugs…yeah and then later on go into blackout where I wouldn’t recall anything.” (Line 004-005)
Insecurity and No Self-esteem

A negative self-perception seemed to be very apparent with all participants; the way that they viewed themselves before recovery was highly critical and judgemental. The insecurity they described appears closely connected with their chronic low self-esteem and seemed to dominate their lives. Participants’ discussions frequently intertwined the two concepts. Subsequently, Insecurity and No self-esteem were both extracted as second-order themes. With a high frequency of references, all participants made clear how little they thought of themselves:

When asked to describe her self-esteem before recovery, Participant I said:

“...I never felt my work was good enough. If I got 90% I wanted 100, if I got 99, I should have got a 100, if I got 100 then someone else got 100 with me, and I never really felt good enough.” (Line 046-048)

Participant III also demonstrated her insecurity on multiple occasions:

“I felt that I'd be found out, I felt I probably wasn’t able to do the job.” (Line 009-010), “I thought I had to be something to fit in.” (Line 158-159), and “I was so worried I couldn’t do [the job] I wasn’t fully listening to the instructions.” (Line 025-026).

Participant IV illustrates how her chronic lack of self-esteem made her feel:

“I just found life really hard to cope with...on the day where I was binging I would wake up and the first thing I would do is eat as much food as I could with my flatmates not seeing, then I would go to college and buy stuff from the shop and stick it somewhere where I could eat it - in the toilets, where people wouldn’t see me. I would...feel really fat, I would hate myself, I would want to wear really big baggy clothes so no one could see how fat I'd got. I felt so horrible about myself but then I’d stay in pinching people’s food – stealing it – and feeling awful about myself and then going back up and down to the shops to replace what I’d stolen. It was just chaotic.” (Line 34-44)
Unable to take responsibility

The four participants all expressed their inability to take responsibility for themselves when in their addiction. The participants highlighted how being unable to take responsibility affected them in a variety of areas from family life, spending and health, to ignoring their own safety and others. Participant I admitted how she struggled to look after her family whilst in her alcoholism:

“I had to live with the guilt of how I’d probably neglected the kids…there were many occasions when I should have been doing things with them and I didn’t or I couldn’t.” (Line 020-022)

Participant II referred to her inability to take responsibility much more so than the other participants. In fact, this was perhaps the most dominant theme throughout all of her pre-recovery themes:

“I never took responsibility. I used to turn up on my parents’ doorstep in a sobbing heap…back to mum and dad to rescue me, back to the parents to rescue me, but they couldn’t rescue me.” (Lines 053-054, 180-181), and “Once…I took a whole bottle of spirits, plus a tumbler of whiskey plus some tablets, because I didn’t want to be a waitress.” (Line 168-170)

In discussing her lack of responsibility surrounding her health, Participant III admitted:

“If I look back now I was probably depressed but didn’t even know that. I wouldn’t have even thought of going to a doctor. I only went to the doctor because I got an injury….Everything else was just…you know I got a kidney infection, urine infections, god…no…” (Line 040-043)

Participant IV admitted that she ignored the safety of herself and others and put people in danger:

“The situations I would get myself into quite frequently…were quite dangerous situations to be in. For example, drink driving all the time. I was, you know, neglecting my own safety there, and everyone else’s.” (Line 061-063)

Maslow (1970) suggested that the absence of a spiritual life is also a block to self-actualisation. The following statements seem to fit with this concept and could indeed be considered as one of the blocks about which he spoke.Whilst not mentioned in detail or at length by all participants, some highlighted that underneath their symptoms was a spiritual disconnection. Participant II said:

“Spiritually…my spirit was dead really. I felt so hopeless. Completely and utterly dead.” (Line 171-172)

In addition Participant III said:
“I have had times when I thought there was a god but I didn’t necessarily feel I was being looked after. I always thought I was being punished.” (Line 099-100)

These themes clearly demonstrate that before participants joined their 12-step fellowships they were not functioning well on any level. Due to their addictive problems, their ability to meet even just their physiological needs – the most basic of all of them – was an impossible task. Participants could be seen as being driven solely by their deficiency needs. As long as their substance took priority in their life, the process of moving through the hierarchy of needs could not be fulfilled and self-actualisation could not be achieved.

‘Life in Recovery’ – Themes

“...the day that I came into AA was the beginning of my life as I know it now. And it’s been the most amazing journey...my life is totally, totally, different today, in every respect, than it was then.” (Participant I, Line 036-038)

The above quote clearly highlights just how valuable the fellowships are and how much gratitude is felt towards them. Whilst the pre-recovery themes illustrate the nature and extent of the participants’ problems, it is the themes that emerge in relation to their lives in recovery that present the most interesting and powerful data. All participants discussed in great detail how their lives had changed as a result of their 12-step fellowships.

The purpose of this research was to explore whether changes occurring as a result of affiliation with 12-step fellowships could be considered a form of self-actualisation. As discussed in the introduction to this research, Maslow (1970) listed thirteen observable characteristics commonly seen in those who are in growth motivation and are self-actualising (see page 7). In light of the analysis, it appears that many of these characteristics manifest themselves within the strongest ‘life in recovery’ themes.

**Changed Perception**

The theme that occurred with the highest frequency and depth across all the interviews was the second order theme, Changed perception. This was clustered within the first-order theme, Engagement with life, and here is sat alongside second order themes, Creativity, Ambition and Freedom, and third order themes, Gratitude and Reality (see Appendix V).

It is arguably this first-order theme, Engagement with life, that strongly encompasses dimensions of self-actualisation. An ‘enhanced perception of reality’ is defined by Maslow (1968) as an observable characteristic of self-actualising individuals. He believed that the most striking feature of how self-actualising people perceive reality is seen by their absence of fear. He argued that they are not threatened by the unknown: they do not deny or run from it, in fact they embrace it.

Self-actualising people are also autonomous: they are independent and are not hampered by others (Maslow, 1970). Participants I-III all clearly discuss this
autonomy, or *Freedom* as it is coded here. They expressed on numerous occasions how they were driven by fears before recovery, but today they experience freedom from this fear. *Freedom* was extracted and defined as a second order theme.

“The things that used to really cause me a lot of worry and stress and fear don’t anymore. And that is by following the program…” (Participant I, Line 113-115)

“…life before recovery was chaotic, traumatic, sad, hopeless, depressing, a nightmare really. A nightmare. And recovery is…uplifting, peaceful, it gives me freedom, hope, it gives me faith, it keeps me trusting, and I just know that whatever happens in my life, in the end, it will be alright. I know I’m being looked after and I’m on the right journey, on the right path.” (Participant II, Line 470-475)

“I was a closed, closed person….I never would let anyone ever know that I ever was frightened whereas now it’s so easy. I can just tell someone and I’m not judged. I felt so judged and that was a fear. I have safety in that I’m not judged. I don’t judge myself either, so you know, it’s very freeing.” (Participant III, Line 130-134)

From the interviews it seems that the freedom the participants spoke of was also connected to other themes such as *Spirituality, Feel looked after, Engagement with 12-step program* and *Fellowship*. Participant I’s quote above illustrates that her freedom came as a result of being involved with a 12-step program. Participant II highlighted that her freedom is connected to her spirituality: having faith and feeling looked after. As a major theme running throughout her interview, Participant III identified a sense of freedom as the result of her crucial relationships with other people.

**Application of 12-step program**

The second theme to have a very high frequency across the four interviews was *Application of 12-step program*. This is not a surprising find as all participants are long-term members of their fellowships and have committed a significant amount of time to them. 12-Step fellowships are the epicentre of the research question. Maslow (1970, p.139) also defined ‘human kinship’ as an aspect of self-actualisation, stating that individuals experience strong affection for people and “deeper and more profound interpersonal relations than [others]”. This would certainly seem to be the case with the participants, who vehemently described their relationships as crucial to them and their recovery. Through working their 12-step programs in their daily life, the participants stated that they felt their relationships had improved greatly with a variety of people. They place great value on their fellowship friends.

*Fellowship* was a second-order theme within *Improved Relations* and occurred across all interviews. Interestingly, during the analysis, Participants II and III both chose to describe their fellowship relations with the word ‘crucial’ (Participant I, Line 272-273, Participant III, Line 202). Participant I certainly described a deep feeling, identification and affection for her relationships:
“Well my relationships with people in the fellowship are just amazing...we all share so many similarities, we don't have to explain to each other how we're feeling or...we don't have to apologise for what we've done or anything like that because we all understand...we've been there, we've all done it....we've all got similar stories...” (Line 160-166)

Participant IV also strongly emphasised how she values her relationships within the fellowship:

“They are beautiful....I have never experienced friendships like them. They are nurturing...that person wants to be your friend just because they love you, and not for something they can get out of you. Yeah, it’s really lovely. These relationships I have...are beautiful." (Line 118-123)

**Self-awareness**

It was Participant IV, however, who emphasised the need on her part to maintain these relationships and how important it is for her to be self-aware. She spoke of making amends to people when she is in the wrong (Line 217) and the need to for her to take inventory of her behaviour (Line 214). She stated:

“I really monitor the way I've been and if I could do anything better or differently...so that I'm on the up always. I'm never going to be perfect, I'm human but I need to look at this stuff daily so that I'm not slipping back.” (Line 219-221)

Self-awareness was extracted as the third most frequently occurring theme. It occurred so frequently on the revised template that it moved from a third-order code to a second-order theme on the final template. Self-awareness was not explicitly referred to by the participants, but rather this was an interpretation I made as the researcher. This was based on the many references that participants made to their improved relationships through being active in a 12-step fellowship. Participant I illustrates this:

“I think it’s just kind of helped me to accept people for what they are....and help me to accept that my alcoholism and my food addictions; they're my issues. They're nobody else’s....because of that I think it's helped me in my relationships with other people.”

Self-awareness could arguably be a dimension of self-actualisation, more specifically the observable characteristic of ‘acceptance’. Acceptance was also defined as a second-order theme within Values. Maslow (1970) discussed at length how self-actualisers accept people and life with all its difficulties. He noted how they display a changed value system and a deep desire for affection and human kinship. Those in recovery indeed demonstrate self-awareness on a variety of these levels. Participant III explained some of her principles:

“That’s the principle I try and live by: never feel superior to anyone. Anyone. Anyone!...So...courtesy, and a smile, and, yes hello to someone if they say hello to you in Tesco....So yeah, just to be courteous.” (Line 314-321)
In highlighting how the 12-step fellowships are the catalyst for these changes, Participant II states:

"...the programme works in me being a totally different person. I'm responsible, I like myself, I can be there for other people, I'm not selfish and self-centred most of the time like I used to be." (Line 211-213)

Self-actualisers have a firm value system (Maslow, 1970) and all participants engaged in a discussion on the importance of their values. Through being self-aware they are able to have closer relationships with people. The themes of Honesty, Humility, Kindness and Acceptance form the participants’ values and are demonstrated consistently across cases.

**Reality**

Reality was defined as a second-order theme that is closely interlinked with all of the other themes discussed thus far. It was extracted as a result of the participants outlining how their changed perceptions, application of the 12-step program and increased self-awareness all contributed to a connection and grounding in reality. During their addiction, participants demonstrated what could be considered a grandiose attitude to life. However, now in recovery they appear to have shed many of these characteristics, developing an appreciation for life which is grounded in reality.

Reality, a pivotal aspect of self-actualisation, was also discussed earlier in reference to the theme Changed perception. When deficiency motives are gratified, self-actualising people display a so-called fresh appreciation for life, demonstrated through a sense of good fortune and gratitude (Maslow, 1968). This was certainly observed, as Gratitude was also another strong theme to have been defined in three of the four interviews.

**Taking Responsibility**

Taking responsibility is the final theme for discussion. This is a first-order theme that contains many aspects of the a priori themes. This theme highlights how participants take responsibility for their health, safety, relationships and their self-esteem. It is also interlinked with Reality, Self-awareness, Changed perception and Application of 12-Step program. Through their changed perceptions, the participants demonstrated that they can take responsibility. Participant II also shows clearly in her discussion on her recent difficulties how she is still able to take responsibility for her life:

"I'm going to get some help for 20 weeks to deal with the trauma I'm going through...despite the fact I'm going through the trauma, I still get up, I still do what I need to, I still take responsibility...although I get moments where I think I'm sinking, I'm not actually, in reality, sinking..." (Line 217-225)

Participant III details that whilst her friendships are important, she is cautious always to place her recovery before anything else:
“...they’re an addict first and the reason that we are close is because we are on the same journey of recovery. So the friendship sometimes has to be second place if you see what I mean and I've learnt that the hard way. So what’s more important is my recovery and their recovery.” (Line 212-215)

Participant IV’s earlier quote from Self-awareness also illustrates Taking responsibility and demonstrates how the themes discussed do not occur in isolation.

Summary

The ‘life in addiction’ themes support the notion that participants’ deficiency needs were not met, precisely the block to self-actualisation that Maslow (1968; 1970) spoke of. Conversely, the themes from ‘life in recovery’ demonstrate the opposite: participants appear to be motivated primarily towards growth. It seems that the 12-step fellowships indeed act as a mediator that allows the ‘blocked’ addict to begin to self-actualise. By committing to the fellowships for an extended period of time, participants “…no longer look at the world through the clouded lens of deficiency motivation…” (Lowry, 1998, p.xi), and realise the benefit of ongoing self-development. As a result, multiple characteristics of self-actualisation can be observed. With this in mind, 12-Step fellowships appear to be a route to self-actualisation.

The five most dominant ‘life in recovery’ themes discussed earlier appear to support this. Eight of the thirteen characteristics of self-actualisation arguably manifest themselves through these themes. These were: perception of reality, acceptance, autonomy, fresh appreciation, kinship, changed interpersonal relations, morals and value system (Maslow, 1968). It was also clear that themes did not occur in isolation. Just as the deficiency needs do not operate independently of each other, the self-actualisation needs do not either, explaining why the themes were all inextricably linked.

The vast amount of recovery themes, most of which could not be discussed here at length (see Appendix U), clearly indicate that participants are instead driven by growth motivations. Although no individual can be free of deficiency motivations all of the time, on the whole they are largely free of deficiencies (Lowry, 1998). As highlighted in the introduction, as long as all deficiency motives are largely satisfied, anyone can self-actualise. However, for those who suffer endlessly with a battle against addiction, they are unlikely to achieve this alone and some type of mediation is needed.

However, it must be noted that some of the characteristics were not as clear in the data. These were: solitude, peak experiences, spontaneity, problem centring and creativity. There could be several reasons for this. Firstly, it could be that the questions were designed to focus on the four deficiency needs and so responses more related to immediate aspects of safety, esteem, etc. These slightly more abstract concepts would perhaps need more specific questioning.

Secondly, the aspects of self-actualisation that were not identified may have no relevance to 12-step recovery. Perhaps the fellowships and the steps do not address such concepts as ‘spontaneity’, as there is no recovery purpose. However, ‘changed
perceptions’ and ‘acceptance’ are clearly visible as they are more relevant to the 12-Step ethos of growth. Therefore it cannot be said concretely that these characteristics do not feature in the participants’ lives – they may well do – but as the researcher I did not identify what I thought were such characteristics in this particular data.

Perhaps the most unexpected finding for me as the researcher and fellowship member was that spirituality could not be easily defined as a dimension of self-actualisation. Participants’ descriptions of it did not ally with the observable characteristics listed. So, whilst spirituality emerged across all cases as a higher-order theme, I struggled to see how it linked to characteristics of self-actualisation.

This could be in part down to how the concept of spirituality is defined by those involved in the research. As highlighted in the introduction, its meaning is open to interpretation and participants differed with theirs. Whilst the characteristic ‘peak experiences’ could be considered an aspect of spirituality, I did not feel able to make a definite interpretation of this from the data. However, upon reflection ‘peak experiences’ could simply be the interpretation of the participant’s appreciation of a better life, their freedom from addiction and embracing life to its fullest potential.

Strengths, Limitations and Reflexive Analysis

From start to finish, my position has shaped this research, from the choice of participants, the design of the interview schedule, the use of template analysis, to defining the themes and the interpretations in the discussion. As highlighted earlier, in adopting the ‘subtle realist’ approach, I could acknowledge how my own perspective in this research is influenced by my experiences and position in my social world (Brooks & King, 2012). Whilst I have endeavoured to step back from my position, some fundamental factors for consideration in the validity of this research must be raised here.

Template analysis was chosen as the preferred method of analysis in light of both my position as a researcher and also the research question. Its strength was that it allowed me to use the hierarchy of needs as a template for analysing whether self-actualisation could be observed in the data of those in long-term 12-step recovery. One particular strength of this method was the flexibility of using a priori themes. They allowed a clear and systematic initial exploration of the data, and upon subsequent analyses they were easily changed by inserting new themes, modifying existing ones and deleting those that were considered inadequate.

Another strength of this method was the ease of defining a large quantity of themes – 110 in total – and organising them into well-defined clusters. Fine distinctions between participants’ comments could be made through the use of higher and lower level codes. It was these fine distinctions that allowed an in-depth analysis to see if characteristics of self-actualisation could be found.

However, a limitation of the method is perhaps the way in which it was applied. It could perhaps be argued that my pre-conceived ideas of what might be found within the data allowed me to take a biased position. The literature on template analysis does not deny that this is possible; in fact it embraces the notion that research
cannot be completely free of bias and this is what makes it distinct from thematic analysis and IPA. However, this does leave the research open to criticisms of validity, in fact the same criticisms that Vaillant (2005) spoke of in the introduction.

I could debate at length just how much of my analysis could be biased through a possible inability to stand outside my research, or whether the themes I extracted are an accurate representation of the data. However, this may well only be truly identified by other researchers not affiliated with the fellowships and who therefore do not have any pre-conceived ideas. This in itself is a point raised by King (2004) who highlights how template analysis should ideally be a collaboration of researchers in order to ensure that themes can be justified.

However, there were advantages to my position. As discussed in the introduction, recruiting participants from fellowships can be difficult, but my position made it very straightforward; they were very willing to be involved. This is most likely due to the crucial element of trust already in place. This was fundamental as they needed to be assured that their anonymity would be respected. They may also have felt that as a fellow member I would understand this need more pertinently. With this in mind, I believe my position enabled candid and open accounts of the participants’ experiences. I do not think this would be the case with an ‘outside’ researcher.

Another important point for discussion is the all-female, white, British sample. Although Maslow (1968) did not comment on whether self-actualisation is gender or culturally specific, it would nonetheless be an aspect worthy of further investigation. It is possible that participants’ responses were gender specific; future research could examine this by using a male sample and also a mixed sample. A comparison of the themes from many different samples should be made and may provide further insight.

However, this creates new problems for me as a researcher. As highlighted in the method section, gender boundaries within the fellowships could be problematic in how far I can personally extend this research. Whilst it would not be impossible, research of this nature, conducted by myself, would certainly be a challenge; the accounts from male participants may not be as detailed due to the often intimate nature of their experiences. The level of trust between myself and participants also may not be as strong. One solution could be to collaborate with a male researcher, but this could create problems with participants’ willingness to partake due to issues of trust and anonymity.

My role also directly shaped the questions to be asked. Whilst they were centred on the hierarchy of needs in relation to 12-step recovery, they were designed to highlight specific aspects of self-actualisation vis-à-vis the research question. I found as I went further into the research process that my responses to the participants stopped resting heavily on the interview schedule and depended more on how I was interpreting what they were saying. However, by the time of interviewing participants III and IV, my confidence rose and I tried to encourage them to illustrate specific examples in the hope of creating ‘better’ data. This could have potentially created differences between the data sets and might only be observed by an external researcher.
It is clear that my own position in this research has undoubtedly impacted on the way in which I have analysed and interpreted the data. My interpretation is that there are strongly interconnected themes that represent a large proportion of Maslow’s (1968) observable characteristics. Another interpretation may well dispute this entirely and define these themes in a completely different way. Perhaps the use of another method, like thematic analysis, would extract a different set of themes. However, I have acknowledged my position from the beginning and so my interpretation cannot, and should not, be considered concrete or absolute.

With all the factors here in mind, this research certainly provides a valuable insight into the nature of 12-step recovery. I feel there are two strengths to this project. The first is that it very clearly demonstrates that recovery from addiction involves more than just abstaining from a substance. The participants eloquently highlight just how recovery has exceeded their expectations of a life without their substance. They discuss at length the many wonderful qualities of their life today and I feel that this is of exceptional value to the field of addiction where the lived experiences of people in recovery are largely ignored.

The second is that this research illuminates a particularly unexplored area of psychology. The concept of self-actualisation occurring as a result of 12-step fellowships is virtually non-existent within academic literature; reasons for this are unclear. Regardless of whether or not one agrees with this particular analysis, or even whether the concept of self-actualisation itself is a valid concept, it cannot be denied that these participants demonstrate the value of 12-step recovery fellowships. I am confident this would be found by others seeking to conduct their own research in this area. This paper elucidates the need for healthcare professionals to stop looking solely towards the medical profession for solutions. It is time now for them to embrace with an open mind a programme that has changed the lives of millions of people worldwide.

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