VITENSKAPELIG HØYSKOLE

Norwegian School of Theology, Religion and Society

Predictors of Alcohol Consumption and Faith-based Intervention in Recovery: A Qualitative Study

Kathryn May C. Cosingan

Supervisor

Tatjana Schnell

This Master's Thesis is submitted in partial fulfilment of the requirements for the MA degree at

MF Norwegian School of Theology, Religion and Society, Spring 2024

AVH5010: Thesis for Master in Theology (60 ECTS)

Word count: 30,196

ABSTRACT

This master thesis investigates how the Evangelisenter, Fjordtun, helped men achieve a drug-free life. There are two objectives in the project; the first objective is to explore the factors these adult men describe as influential in the onset of their alcohol consumption, and the second objective is to determine the participants' perception of how the faith-based rehabilitation program assists their recovery. I have presented theories on predictors of alcohol use and faith-based intervention in rehabilitation as the main themes of this research. I conducted observation first to build rapport with the participants and a semi-structured interview approach was used as the primary data collection method. In this qualitative research, I selected twelve participants who received treatment at the center for at least three months.

Findings from this study on influence in the onset of alcohol consumption are early alcohol exposure, stressful life events, and alcohol expectancy. Participants unanimously mentioned that early alcohol exposure had been the most influential at the beginning of their alcohol consumption. As such, the role and influence of an adult was identified as the most crucial factor in alcohol consumption. In addition, experiencing adversity in life at an early age and mood regulators later in life were perceived as integral in increasing alcohol consumption. As the participants became addicted to alcohol, exhaustion became apparent, and they wanted to turn into a new life and seek assistance.

Consequently, the faith-based treatment helps the participants recover through spiritual transformation, community support, and planning their future. Spiritual transformation encouraged the participants to live a life with no alcohol. In addition, the support they receive was recognized as essential in continuing to live an alcohol-free life. Planning for the future can increase the chance of long-term sobriety, as they are given a chance in life, which becomes their guide to a life without alcohol. The participants also believed that living a Christian life is one way to give back to society, which means staying sober, as God wants them to live as a good example to others.

ABBREVIATIONS

AUD - Alcohol Use Disorder

FBR - Faith-Based Recovery

FBO – Faith- Based Organization

NGO – Non-Govermental Organization

SSB - Statistisk Sentralbyrå (Statistics Norway)

SLE – Stressful Life Events

AE – Alcohol Expectancy

AA – Alcoholics Anonymous

ACKNOWLEDGEMENTS

To my supervisor, **Tatjana Schnell**, thank you for all your help, advice, and motivation throughout this research project. I have learned so much on this project because of you.

To my participants, I extend my appreciation for the stories you have shared wholeheartedly. Your cooperation in this project is much appreciated, and it would not be possible without your participation. I would also like to thank the day manager who helped me recruit participants at the center.

To my loving family here in Norway and my home country, thank you for the moral support, especially when I was doubtful that I could finish this project. I am very grateful for everything you have done for me. To all my friends, thank you for your encouragement during the year I have spent on this project.

To my partner, Garnet, thank you for always being there for me when I struggled to complete every chapter of this thesis. You are vital in the completion of this project.

A special thanks to the Evangelisenter, Fjordtun, for their full support in this project, the project will not be a successful one without your absolute support.

To God your love and grace, and may God bless us all.

Lastly, I thank myself for not giving up and for keeping the faith.

Kathryn

Oslo, 15.08.2024

TABLE OF CONTENTS

ABSTRACT **3**

ABBREVIATIONS **4**

ACKNOWLEDGEMENTS **5**

TABLE OF CONTENTS **6**

1. INTRODUCTION **9**

1.1 MOTIVATION AND BACKGROUND OF THE THESIS 9
1.2 RESEARCH QUESTIONS 11
1.3 DEFINITIONS 12
1.4 RESEARCH DESIGN 14
1.5 STRUCTURE AND ORGANIZATION OF THE THESIS 15

2. BACKGROUND INFORMATION **16**

2.1 INTRODUCTION 16
2.2 ALCOHOL USE IN NORWAY 16
2.3 WHAT IS EVANGELISENTER? 19

3. THEORETICAL FRAMEWORK **24**

3.1 THE FAITH-BASED RECOVERY 24
3.2 LITERATURE REVIEW 25
3.3 SUBSTANCE USE DISORDER – COMPLEX LIFE EPISODE 37

4. METHODOLOGY 42

4.1 STUDY SITE 42
4.2 INFORMANT SELECTION 42
4.3 DATA COLLECTION 44
4.4 QUALITATIVE INTERVIEWING 45
4.5 BUILDING RAPPORT 48
4.6 METHODS FOR ANALYZING THE MATERIAL 49
4.7 RESEARCH ETHICS 54
4.8 RESEARCH VALIDITY AND RELIABILITY 55

5. FINDINGS AND ANALYSIS 57

5.1 INTRODUCTION 57

5.2 WHAT ARE THE FACTORS ADULT MEN DESCRIBE AS INFLUENTIAL IN THE ONSET OF THEIR ALCOHOL CONSUMPTION? 58

5.3 WHAT ARE THEIR PECEPTIONS OF HOW FAITH-BASED REHABILITATION PROGRAM ASSISTS THEIR RECOVERY? 68

6. DISCUSSION 79

6.1 THE INFLUENTIAL FACTORS IN THEIR SUBSTANCE ABUSE 79

6.2 THE OUTCOME OF REHABILITATION IN A CHRISTIAN CONTEXT 85

6.3 LIMITATIONS AND FUTURE RESEARCH SUGGESTIONS 91

7. CONCLUSION **93**

BIBLIOGRAPHY **95**

APPENDICES

APPENDIX I - INFORMATION AND CONSENT LETTER 102

APPENDIX II – INTERVIEW GUIDE 106

APPENDIX III – NSD APPROVAL 108

LIST OF TABLES

TABLE 1 INTERVIEW QUESTIONS 46

TABLE 2 INITIAL CODING PHASE 50

TABKE 3 OVERARCHING THEMES AND SUB-TMEHES 58

LIST OF FIGURES

FIGURE 1 INITIAL THEMATIC MAP 52

FIGURE 2 FINAL THEMATIC MAP 53

1. Introduction

In this chapter, I will explain why I chose this topic. I will explain my topic and what I will focus on in my study. In addition, I will define which material and methods I will use in this study. The description of the first chapter is the following:

1.1 Motivation and Background of the Thesis

In the Philippines, where I was born and raised, excessive alcohol consumption is not an addiction. Instead, it is deeply ingrained in our culture. We even have a full-month celebration, called the October Festival, dedicated to beer drinking, the most popular alcoholic beverage in the Philippines. In everyday life, Filipinos hang out together in their homes, streets, and retail stores, drinking beer and spirits. The legal age to buy and drink in my country is 18 years old, but when you buy in a retail store, they will not ask for any identification to prove that you are eighteen. Therefore, young adults have easy access to alcohol both at home and outside their homes. In fact, according to a survey from the Philippines government, there is high alcohol harm among Filipinos, which harms the health of the people, and men drink more alcohol than women (Movendi, 2021). This is the reason why, at an early age, I volunteered at organizations that help young adults who have an alcohol use disorder and also raise awareness of the harmful effects of alcoholism and alcohol-related health issues. In addition, it is also personal to me why I volunteered for this campaign since I grew up in a culture where men were allowed to drink alcohol excessively as it is part of being masculine, and this resulted in alcohol addiction to the men in the family. Experiencing such adversity at a young age pushed me to help other young people enlighten on the effects of alcohol and encouraged young adults not to consume alcohol.

My years of volunteering in the Philippines with people in drug and alcohol abuse have taught me that there is no quick, determined solution or the proper process for all. No program fits everyone; some may want rehabilitation provided by the state, self-rehabilitate, or a faith-based program. This might be the step they needed to become drug-free and a new life. In addition, gaining support from the individual's social network and community is fundamental to recovery. Although, the journey to recovery is difficult since relapse may happen at any time to anyone. Therefore, it is necessary for an individual who wants to be sober to stay in contact with those

who helped them avoid relapse; some may think of self-development, improving their environment, or volunteering to help others in the same situation. I respect those people with a substance use disorder who try hard to be drug and crime-free.

While studying at MF Norwegian School of Theology, I met the people who worked at The Evangelisenter. They have a faith-rehabilitation program that helps people with an addiction rehabilitate, the same field I volunteered in my country. The center has a structured program for helping people with addiction, which is the opposite in my country as we followed no formal regulations in the center where I volunteered and depended on the monetary, talent, and goods donated. We depended on others for funding; therefore, we needed help deciding what to do with the organization. Hence, when an organization has its funding, then they have power. Power is a crucial factor in determining the effectiveness of an organization. With this in mind, I would like to understand their recovery from alcohol use disorder in a faith -based rehabilitation facility here in Norway. I chose this topic because, in my country, we do not get to pause, limited access to public health services such as rehabilitation, or get support from the government. We must find ways to do this, but this is quite contrary here in Norway, which is very interesting. However, before knowing how they were helped, I would like to explore the factors that adult men describe as influential in the onset of their alcohol consumption, as I see this as a key to how they end up becoming dependent on alcohol and later ask for assistance in their recovery.

According to the Ministry of Health and Care Services (2006), treatment and rehabilitation programs in Norway must be available to everyone who wants them. The government works very hard in accommodating everyone who needs treatment by increasing the number of institutions for treating addiction. Furthermore, they also help people with a substance use disorder go back to a drug-free everyday life by allowing them to find work to make them feel that they are part of the community. The government also ensures to help not only the individual with addiction but also their family. The Norwegian Directorate of Health (2022) offers lists of many organizations that offer support and guidance to the families of people with an addiction, which is free of charge. They provide counseling and therapy to children with addict parents, a helpline to call or via chat for anyone who needs help or guidance, and a website if they have any questions. Upon gaining all this information, I would love to have this kind of service available in my country.

1.2 Research Questions

In this thesis, I seek to learn more about faith-based rehabilitation programs in Norway. My experience in my home country, as a volunteer on the faith-based program, makes me interested in how it is done here. I can see how they organize the program here, and it amazes me how the government supports their program. This is why I want to learn more about the program and the learning I will gain from it; I will take it with me for my plans in this kind of program. To gain this understanding, I will investigate how the Evangelisenter helped these men achieve a drug-free life. This study will only be about men, and this is one of the limitations. The center where I conducted my study is a men-only rehabilitation program.

The research questions are:

What are the factors that adult men describe as influential in the onset of their alcohol consumption?

How does the faith-based rehabilitation program assist their recovery?

The Evangelisenter is a faith-based rehabilitation program that helps people with a substance use disorder to a new and drug-free life. The foundation's objective is:

> *The objectives of the intervention are abstinence, improved quality of life, and return to active community life through a comprehensive, round-the-clock rehabilitation and treatment program with the possibility of integrated schooling.*[1]

[1] Services | The Gospel Center Foundation (evangeliesenteret.no).

The foundation clearly wants every individual they help to be functional in society once they finish the recovery program. In addition, "the foundation works from a Christian worldview with a holistic approach to rehabilitating individuals. They focus on the whole person and work concerning meeting physical, mental, spiritual, and social needs".[2]

The influence of religion and spirituality is essential in rehabilitation in the Evangelisenter. I aim to understand how religion and spirituality helped these people with a substance use disorder in their recovery, in light of their life experience and influential factors on the onset of their alcohol consumption. Hence, I will evaluate the following research questions as I present the findings and my analyses with some existing theories.

1.3 Definitions

Before moving on, it is essential to clarify some fundamental terms in this thesis. Religion and spirituality are central concepts. These are big words and have different meanings and definitions. Even though it will be difficult to agree on a single definition, it is essential to think deeply about the meaning of these concepts and clarify how they will be applied in this thesis.

1.3.1 Religion and faith

Religion has a broad definition and is a difficult concept to define. There have been many attempts by scholars, scientists, and religious people to define the meaning of religion into a single definition, but this attempt has yet to be successful. Religion is "conceived as an organized system of beliefs and practices intended to mediate an individual's relationship to the transcendent and the community" (Geppert et al., 2007, p. 389).

[2] Services | The Gospe Center Foundation (evangeliesenteret.no).

My understanding of religion in this thesis is that religion influences a person's behavior and how he sees the world through faith. The system of beliefs is a religious tradition and teaching of one's faith (Koenig et al., 2023). I understand religion includes good and wrong perceptions, monotheism and polytheism, and rituals and sacred in one's religion. Religion can be practiced within a community (public) or alone (private). In my stand, public practice in religion is attending service with people in the congregation, and private practice will include prayers, Bible readings, and watching and listening to religious programs. I must say, I do not depend on one definition of religion. Instead, I accept its existence, which influences one's life differently.

Along with religion, I will frequently use the term faith, possibly because of the term faith-based organization and faith-based treatment program, which is this thesis's main topic. Faith also has a comprehensive definition and is defined in various ways. Hebrews 11:1 defines *faith* as "confidence in what we hope for and assurance about what we do not see." In this thesis, the emphasis of faith is a belief in God and pursuing it through our actions. Therefore, faith becomes what we believe in, even if it is invisible to the naked eye.

1.3.2 Faith-Based Organization

According to Koehrsen & Heuser faith-based organizations is a "profiled in developmental arenas as part of the large sector of autonomous, non-governmental organizations (NGOs); it had its breakthrough in global arenas in 1980" (p. 4). Today, FBO is a distinctive organization that shares the goals and practices of NGOs and religious organizations.

Bradley (2011) identifies three main groups of FBO: "(1) spiritually driven, (2) as an intermediary, and (3) missionary organizations" (p. 94-95). The first group of FBO gives importance to faith in their identification and what they do, and this type of organization depends on the support of a larger organization, which gives them limited power to make decisions or plans for their development. Funds are the top priority for the second group. At the same time, faith is used as a tool for charitable campaigns. It does not give importance to establishing connections with the localities, which may cause hindrance in communicating with the locals.

The last group sees faith as necessary, identical to the first group, and making connections through communication is essential, which is opposite from the second group. In these three groups of organization by Bradley (2011), the last group seems to best describe the FBO in my study.

In addition, I consider FBO as Berger's (2003) interpretation as "formal organizations whose identity and mission are self-consciously derived from the teachings of one or more religious or spiritual traditions and which operates on a nonprofit, independent, voluntary basis to promote and realize collectively articulated ideas about the public good at the national or international level" (p. 6).

I accept this definition, as it is broad and deep and embodies all the different types of FBOS. The organization, The Evangelisenter, I explore in this thesis is a Christian faith-based organization that offers substance abuse treatment to help people with alcohol and other drug addictions. I will elaborate more on their organization in the next chapter.

1.4 Research Design

I chose a qualitative research study because my topic is about the experience of individuals with addiction and understanding a faith-based rehabilitation program in the Evangelisenter. Researching an individual's personal experiences will be best to gather in an in-depth interview. Data was collected through interviews and observation at the Evangelisenter, Fjordtun. Observation was done in the center before conducting and during interviews. Building rapport is my purpose for observing the participants; I also used this opportunity to converse and make connections before their interview. In addition, I had a reflection journal with me where I wrote my observations when I was at the center and the body language and reactions of the participants during the interview. I have twelve participants in total. The interview was conducted face-to-face based on the semi-structured questions, and some follow-up interviews were conducted when I needed some clarifications once I had transcribed the material. The interview was conducted at the center in a private office they provided. Conversations were in English and

recorded in a recorder, with the participant's consent. The participants used Norwegian words when they could not find the right word in English. I transcribed the nine interviews verbatim. I had one interview for about 1.5 hours because he had some concentration problems and kept coming out of the topic. Therefore, I transcribed the part where he answered the interview questions.

Furthermore, I had two interviews that were not recorded, and I tried to write the best I could on how they said it in the interview. The responses provided by the participants to the main research question were analyzed using relevant theory and collected findings. A detailed presentation of this thesis will be presented in the methodology chapter.

1.5 Structure and organization of the thesis

The thesis is divided into seven chapters, which include an introduction chapter. Chapter two will provide the background information on Evangelisenter, briefly introducing Evangelisenter's history. Moreover, I will provide information about the faith-based rehabilitation in Evangelisenter, located in Fjordtun. Chapter three provides a theoretical framework of existing theories that will be applicable in discussing and analyzing the findings of the research question. With the background and relevant theory, chapter four will follow the research methodology of the thesis. Chapter five will then present the findings collected from interviews and on the notes I had in my reflective journal. An analysis of the theories will follow in chapter six. I will present the answers to the research question. I will also discuss the limitations of my study and suggestions for future research will be presented in this chapter. Finally, in chapter seven, the conclusion, I will integrate my findings and answer the research questions.

2. Background Information

2.1 Introduction

As a starting point of this chapter, I will briefly discuss alcohol use in Norway as I conduct my study here and to have some information on alcohol consumption in Norway. I will then give an overview of the faith-rehabilitation program I chose for this study: the Evangelisenter in Fjordtun by the Randsfjord, Gran. I will discuss their beginnings and their vision as a rehabilitation center. The Evangelisenter, or The Gospel Centre Foundation, is used in their English website.

2.2 Alcohol Use in Norway

Alcohol is the most accessible drug in our society since it is a legal drug. Further, alcohol is a natural component of any occasion, both in religious and social gatherings; it might be a happy or sad event. However, too much alcohol consumption might lead to addiction that can affect health, social life, and family. In today's society, alcoholic beverages continue to be seen as a popular form of socialization in most parts of the world. Having too much of anything is dangerous. Therefore, excessive alcohol consumption is a widespread health problem since it affects all the organs in the body.

According to World Health Organization (WHO; 2018), alcohol remains the only psychoactive substance that is not controlled internationally, and it is still legal to buy alcohol with just age restrictions in most countries. A person will not be arrested for buying alcohol as long as he/ or she is in a legal age. While there are health warnings for excessive consumption, it is not very effective for the public. Given the immensity and extensiveness of the problems, global and local efforts must be put in place to support nations and communities in the challenges they encounter to lower alcohol consumption. Early detection of excessive alcohol use is crucial because it could help in providing immediate treatment to patients.

WHO (2018) recorded that intoxication from alcohol led to a significant burden of disease and injury, which has resulted in an estimated "3 million deaths (5.3% of all deaths) globally in 2016" (p.63) and remains one of the first risk factors for poor health globally. Excessive alcohol

intake affects organs such as the liver, pancreas, and nervous system and weakens the immune system. The findings have been evident, consistent, and clear in many studies. In addition, it has been long associated with tuberculosis, stroke, cancer, and heart attack, as well as worsening of the disease course for HIV/AIDS according to the study of Babor et al., 2023 and Rehm et al., 2010. Therefore, WHO encouraged each country to have a written national alcohol policy.

The WHO (2018) conducted a report that provides an overview of alcohol consumption in the population and its adverse effects. The report concluded that Norwegian men drink more than women, and "more than 10% of men have alcohol disorders" (p. 280). In addition, the survey shows young adults, 15-19 years old, have access to alcohol and engage in binge drinking. The problem is that the legal age for beer and consumption in Norway is 18, and the legal age for spirits is 20 (WHO, 2018). The availability of alcohol is one of the significant problems that they start drinking early. Even though the reported results are below average in Norway than other European countries, this still causes concern, especially with the young adult results. according to Bye & Rossow (2023), alcoholic beverages in Norway are beer, wine, and spirits, which they drink almost once a week and men drank far more beer and spirits and significantly more alcohol overall than women, which is valid for the entire period 2012-2023.

The Norwegian government aims to reduce alcohol use in Norway by the following preventive measures (Movendi International, 2022, para. 2):

- Reduced affordability for alcohol products,
- Reduced availability through limited opening hours,
- Advertising bans
- Protection of the Norwegian alcohol retail monopoly "Vinmonopolet."

According to Nordic Alcohol and Drug Policy Network (NordAN; 2014), "vinmonopolet is a government-owned alcoholic beverage retailer, and the only company allowed to sell beverages containing an alcohol content higher than 4.75% in Norway" (para. 1). This is parallel to the WHO's (2018) recommendation as the best way to control alcohol consumption through regulating physical availability, limiting or banning advertising and marketing of alcohol, and increasing the price through taxation.

Alcohol use disorder (AUD) is a long-term disease, and the risk of relapse will be there for a long time, which means recovery takes effort and commitment. James Nelson (2004) describes recovery as demanding as it takes effort that, sobriety is the prime concern, and it is a discipline since alcoholics need to investigate one's effective recovery process and be sincere in their healing. Further, Alcoholics Anonymous (AA; 1981) suggests that it takes much work to achieve sobriety as it requires daily awareness of the disease, and the person with addiction must attend meetings and put effort into disciplining, contemplating, and reading.

The Norwegian government spends a fair amount of money on prevention, treatment, and rehabilitation programs for people with an addiction (Ministry of Health and Care Services, 2008). The government provides different services in rehabilitation, and people with a substance use disorder can choose what works best for them. The Norwegian Drug (ND) Treatment Program "is an alternative penal sanction for drug addicts an alternative to imprisonment for drug-abusing offenders who have committed crimes related to their drug addiction" (Seim, 2018, p. 21). The primary objectives of the program are to prevent offenders from committing new crimes, help the offenders get back into society, and help them live a drug-free life. According to Seim (2018) "the program is carried out in four phases that, in principle, reflect progression and development: implementation phase, stabilization phase, responsibility phase, and continuation phase" (p. 21). In proceeding to the next stage, its duration will be conditional on the offender's performance and willingness to participate in the activities and programs the ND program provides. After the completion of the four phases, it will be decided by the court if the recovering addict has sufficiently finished the program or needs to extend the treatment. Some people with an addiction seek help in either a state-provided rehabilitation center or a faith-based program; it will depend on their goal for rehabilitation.

The faith-based program has a different approach compared to the state–provided rehabilitation program. The program's uniqueness is that it includes prayers, Bible studies, and faith in God in overcoming addiction rather than trusting oneself. The Evangelisenter is an example of a faith-based rehabilitation program, and I will discuss it in the next section.

2.3 What is Evagelisenter?

The Evangelisenter or the Gospel Centre Foundation is a faith-based organization that helps and rehabilitates addicted people. Lisa and Ludvig Karlsen started the center to help other addicts to be free from their addiction through Jesus, just as they were saved (Karlsen & Granly, 1986). They opened their home garage to people who needed their help, but it became too small; the space needed to be bigger to accommodate more people. Therefore, the first center opened on July 2, 1983, in Roa in an old sheriff's house (Karlsen & Granly, 1986). The house has nine rooms and can accommodate more people needing help.

Today, they have six different rehabilitation centers and twenty-one contact centers (Evangelisenteret, nd). Contact centers are where homeless people and addicts can get free food, clothing, and a place to converse with center volunteers. For some, this is the first step in asking for help or realizing that they need help with their addiction. In addition, the center has a magazine, "Ennå er det Håp," that was first published in 1984 and is still present today. The magazine tells the stories of the residents and the vital work the center is doing. They joined the local radio and television to reach as many people as possible. Social networks help us connect anywhere and anytime to many people on any device. Therefore, the center established its website and social media to communicate.

2.3.1 History of Evangelisenter

When I began my research, I became aware of how Lisa and Ludvig Karlsen became the most important person in the foundation. The history of the center begins with the couple. To gain more information about their history, "Ennå er det Håp (1986) describes the early life of the couple and their vision and gives an account of how the center developed. Knowing history is a good start in any study, as it will help us gain knowledge of the center's beginnings and understand how events in the past made things the way they are today.

The book's first part describes Ludvig Kalrsen's life from childhood to early adulthood. His family belonged to a group of taters who traveled a lot, and his family made a living from trading

small things for horses. Ludvig had a difficult childhood but had good memories since he could travel, visit some of their families in Sweden, and meet many people.

When he was 15, he decided to work as a seafarer, initiating his outlaw lifestyle. His drinking habits became an addiction, and not long after, Ludvig committed crimes such as burglary and theft; for this reason, he was sentenced to prison. Ludvig lived this way for several years until he asked Lise, who also had the same lifestyle as him, to move in with him where his parents lived. They married, had five children, and had a stable family income. They enjoyed their life with parties and drinking every day, but when difficulties in the business occurred, they had to sell everything they had. Lise decided to get a divorce, and Ludvig decided to take his own life, but he failed and was too afraid to do it again.

The couple decided to visit Ludvig's parents to tell them about the divorce. When they were there, his parents invited them to join the Sunday service in Eidsvoll. This became their call to be Christian, and they decided not to have a divorce. The couple had a job, joined their local church, learned to be Christian, and joined Sunday school. They have visitors at home but do not have a drinking party. Instead, they are members of their church. It was a different event in their family, but it was a good experience both for the couple and their children.

In his free time and weekends, Ludvig traveled and preached, and after some time, he became a full-time evangelist. As Ludvig Karlsen travels and preaches, he also helps his old drinking buddies and has them live in his garage. In just a year, he was able to help five alcoholics (Karlsen & Granly, 1986, p. 49). This was the beginning of the Evangelisenteret, where alcoholics could seek a place to rest and be rehabilitated. The residents were given the tasks of doing daily chores and caring for the center. In addition, they have morning prayer gatherings and a Bible teaching in the evening. Lisa and Ludvig Karlsen were with the patients as their caretakers and personal advisors, and they also did the administrative work (Karlsen & Granly, 1986). This pattern was followed by the other centers built after the first center, which I also observed at Fjordtun, Evanglisenteret.

The book also discussed the expansion of Evangelisenter, creating jobs for their church members, and how they give jobs to former center residents. At the beginning of 1986, just three years after the first center opened, they could accommodate 100 residents in their centers.

Further, since the "first center in Roa in 1983, they have helped around 500 persons" (Karlsen & Granly, 1986, p. 86 – my translation). The book not only discusses the couple's vision of the rehabilitation treatment but also how they give hope to the residents, also seeking life by offering them to go to school and provide work—consequently, their exemplary story on how these two individuals achieved so much despite their hopeless starting point.

Tatergutten som fikk gull: Evangeliesenterets 15 år (1998) adds further relevant information. It includes factual documentation and actual visualization of the center's development over fifteen years. In 1997, Evangelisenter had approximately 1300 persons who sought help in a short or extended period. Further, there were an "additional twenty centers, six intake process centers, three schools, contact centers, audio- and video productions, radio and television programs, a magazine, a thrift shop, as well as training and courses for the workers" (Øverby, 1998, p. 71 – my translation). The success of the center has been remarkable in just fifteen years. The evidence was when Ludvig Karlsen received the King's Medal of Merit on October 21, 1997, for the many years he had devoted to running the center (Øverby, 1998). The first with a tater background received the award, which became a milestone for the center. In addition, the center was known to those people who had not heard from them.

The book summarizes the center's success and is a sequel to the first book, Ennå er det Håp. Further, it informs us how the center communicates and conveys its mission to help others with personal testimonies from the residents. This garners much recognition in Norway and other parts of the world, with meetings with other professionals, the prime minister, and King Harald (Øverby, 1998). These personal testimonies and the vital work of the center can also be read in their magazine, which has a monthly issue, and other books published after the two books. These testimonies were from residents who felt outcast by society and that salvation is an essential factor in achieving a drug-free life. The book's focal point is that treatment and rehabilitation are not just favorable outcomes for society but are more about individual success and salvation in a Christian context. It is God who works the restoration, healing, and giving new life to the people with an addiction. This divine intervention can be seen not only in daily works but also in how the future will be and the hope that life will be better.

2.3.2 The Christian Rehabilitation in Fjordtun

The Evangelisenter Fjordtun opened its door to help people with addiction in June 1985 and is the oldest rehabilitation center of the Evangelisenter today. Fredrik Lereng-Myrvin has managed the center since August 2022 (Buhagen, 2023). It is located in the countryside on a hill with a nice view of the Ransfjord. The location is perfect for those who want a quieter place to relax and feel safe. According to Skeie (2022), the center was used as a women's center, a medication-assisted treatment, and a detoxification center, and as of today, Fjortdun Evangelisenter is a motivational rehabilitation center for men with room for ten residents, and it is a smaller rehabilitation than the one they have in Østerbo and Varna. When patients arrive at Fjordtun, they will be assigned a case officer and have conversations with one of the facility's social workers, who will help them on their recovery plan. This means they let their patient decide their best interest and guide them to pursue the goal. Further, the center's essential goal is for its patients to feel cared for and heard (Evangelisenteret, n.d.).

The program reaches people with alcohol and substance abuse disorders through a holistic approach. They will be asked to sign a contract once the individual with a substance use disorder decides to participate in the treatment. The contract states the rules in the center that the participant will be willing to follow the program of the center and will take part in the activities provided by the center. In addition, the participants will be responsible for the cleanliness of their rooms and the center. There are twelve rules that the participants are required to abide by while they are in the rehabilitation facility.

However, before entering the program, they must first call the admission department of the Evangelisenter in Østerbo, Halden (Evangelisenteret, n.d.). The admission department is for both women and men who are required to detoxify, stabilize, and screen before the treatment begins. Participants are continuously monitored while they are in the intake treatment to ensure health and safety. In addition, the center has supervising doctors to ensure the participants receive proper treatment at this stage. Once detoxification is complete, male participants will be forwarded to Fjordtun Evangelisenteret.

I observed that they used all the space efficiently at the center and made suitable room sizes for the residents. When I arrived at the center, I first saw the terrace where residents take their

smoke and conversation. Inside, you will see a spacious kitchen, a dining room/ a lounge where they conduct their daily morning prayer, a living room with a sofa and television, and a training room in the basement. They have a garden that they tend to do during summer; and the residents make firewood during the summer, too. The first time I visited the center, several residents were outside with coffee and smoke, and I had a little conversation with them. They offered coffee the moment I made eye contact with them, even though I had not introduced myself. As I conversed with them, I realized this was undoubtedly a home for many residents as they were comfortable around each other, and the workers were kind-hearted, as expected.

The day at the center starts with the sound of a bell ringing, which is a signal that breakfast is ready. Breakfast starts at 8:30 in the morning, and when they finish breakfast, someone will be assign to help clean the tables and kitchen. After tidying up, it will be followed by a morning gathering from 9:30 until 10:30 am. At the morning gathering, they pray, sing praise songs, share the Bible, and share personal sharing if anyone wants to share. After the gathering, they will do their assigned task of doing daily chores and caring for the center. This was also done by the first evangelisenter in Roa. They will do gardening during the summer, and in winter, they will be plowing the snow. Someone will be assigned to help in the kitchen prepare for lunch, and they will also do their own laundry. Lunch is served at kl.13.30, and someone will be assigned to help with cleaning as a routine. After lunch, they can work out in a nearby gym, which is scheduled thrice weekly. They can also do it in the basement, for those who do not want to go out, after kl.14. During the evening, they will have an evening gathering where they will share Bible verses, and it will be led by someone who works in the center or other volunteers. Once a month, they will drive to Sweden or a swimming hall. I visited the center from October until November; they are scheduling on going to a ski tour. In addition, on Sundays, they visit a local congregation in the community, where they meet other church members

3. Theoretical Framework

3.1 The Faith- Based Recovery (FBR)

Faith-based recovery (FBR) programs have many definitions that depend on the congregation providing the social service. Dodson et al. (2011) state that “faith-based can be best described as social programs or services that are administered by an organization with some type of religious affiliation” (p.368). It has been referred to as "intentional religion" in the study of Johnson et al. (2002), which is described as "religion, in an intentional way, "enters the system" in order to meet a particular need at a particular time in a person's life" (p. 8). To describe it more clearly, a person with substance use disorder signs up for a recovery program, which is rooted in a religious organization, to achieve recovery and sobriety.

McCoy et al. (2005) have a similar definition as a service that offers treatment in a Christian belief system through salvation and a permanent connection with God. Their definition is firmly based on faith, and God is the crucial element to recovery and avoiding relapse. Further, the spiritual guidance in the program can be a way to understand one's values and the purpose of life. Thus, the study of McCoy et al. (2005) concluded that spiritual guidance is an excellent personal motivation to overcome addiction.

In another study, Neff et al. (2003) assessed FBR as a program that provides a secure environment for people with an addiction that emphasizes "role modeling and mentoring" (p. 59); religious activities and beliefs did appear as secondary in recovery. They argue in their study that a secure environment is providing an environment where people with a substance use disorder are not being judged but instead providing warmth and support by treating the group as a family. Additionally, Neff et al. (2003) emphasize that role modeling and mentoring, in their investigation, are explained as surrounding recovering people with addiction with staff and volunteers who have recovered or are in recovery as they can relate to their experiences. Furthermore, the research described religious activities such as singing and prayers, Bible study, and social activities are done as a group to encourage social integration and solidarity. The location of my study follows this definition. However, religious activities and beliefs are also essential in the recovery. As mentioned in the previous chapter, they have group activities such

as Bible study and prayer daily, as well as recreational activities to be involved in the social world and the responsibility of the house to exercise accountability. Further, they are encouraged to attend Sunday service and church activities where there are other recovered addict's testimonials through faith.

On the other hand, Stokes et al. (2018) argue that FBR is not just about treatment but also a process that involves the community, local congregation, and the family of the substance abusers. Their research expresses that FBR gives guidance and support in sustaining recovery by having access to different support types such as their family, religious groups, institutions, and community. In addition, “environmental control, such as avoiding high risk people, places and things that might trigger cravings or a desire to relapse, is an essential strategy for maintaining abstinence throughout the recovery journey” (Stokes et al., 2018, p.9).

According to some researchers, there is a growing evidence of cases that show that faith has a positive effect on recovering from substance abuse - McCoy et al. (2004), Edger (2010), and Timmons (2012). Each research points to the need for FBR to have a specific understanding of God. McCoy emphasizes that a long-term partnership with God can sustain your recovery and live a healthy life. Edger's study (2010), which is not about alcoholics but Evangelical Christian men who are sexually addicted, emphasizes that dependence on God helped them recover from addiction through the help of faith-based recovery programs. Similarly, Timmons' study (2012) also confirms the positive effect of having a relationship with God in recovery. "Christian faith-based recovery helps recovering persons to increase their understanding of God's purpose for them to be healed based upon supplication for help to the only Benefactor who can ensure sobriety” (Timmons, 2012, p. 1158). This definition also applies to Evangelisenter’s vision of helping people with drug abuse.

3.2 Literature Review

Much research has been conducted to evaluate the benefits of faith-based recovery treatments. I will present other studies that have influenced me to write this study. The literature has been drawn from books, published articles, and journals that give a synopsis of predictors of alcohol addiction and faith-based recovery treatments.

3.2.1 Predictors of Alcohol Addiction

3.2.1.1 Early Initiation of Drinking

Many studies have been conducted on alcohol use disorder (AUD) and report that a drug dependent in the family is a risk factor for an offspring developing an addiction to alcohol or drugs. In a family with one or both parents, alcohol problems affect the family in numerous ways, such as early exposure to alcohol and neglecting the child, which will lead them to lean on alcohol abuse. McCutcheon et al. (2018) conducted a cohort of a high-risk family study on parental AUD that focused on how participants are associated with early alcohol exposure to their children. The study reports that when two parents have an alcohol addiction, the children will be exposed to early alcohol consumption compared to non-AUD parents, and the age of initiation to drinking alcohol is before age 16. Further, it has been noted that both parents with AUDs show low levels of parental support, increasing the possibility of acquiring alcoholic friends. Parental separation is also a potent cause of alcohol consumption at an early age as parents "may provide less monitoring of their children, so that opportunities for substance use and risky sex are more plentiful" (McCutcheon et al., 2018, p. 342).

By contrast, Macleod et al. (2008) conducted a birth cohort study, and a total of 6895 children at age 10 participated; it suggested that maternal drinking during childhood has a strong influence on children to start drinking early, and paternal drinking decreases the risk in early alcohol consumption. It is also noted in this study that “disadvantage children” (Macleod et al., p. 1736) experienced bullying and maltreatment at an early age, and this is another factor that they start using alcohol at an early age. A longitudinal study by Englund et al. (2008) of 178 adults (95males) from a low-income family was investigated from birth until they were 28 years of age and reported that maternal drinking increased the possibility of becoming a heavy drinker. According to the study, a mother’s alcohol use may give the child an idea that drinking is perceived as an acceptable behavior.

Another factor that influences young men to drink is the construction and performance of masculine identity. As general knowledge, most Western cultures allow men to drink from time to time. A study by Willot and Lyons (2012) conducted at a university in Auckland indicates that

men need to learn to drink beer, which means they like to drink beer for their masculine identities. Further, excessive alcohol (usually beer) in a short period and being able to keep a clear head are essential factors in the identity of male gender roles. The conclusion in their research is supported by the study of Kobin (2013) conducted in Estonia, where binge drinking and drinking vodka is related to masculinity.

> “Heavy drinking is considered more appropriate and accepted for men. A man who does not know how to hold his drink is not seen as masculine and if he is prone to passing out after a ‘couple of shots’, it is seen as a weakness.” (Kobin, 2013, p. 287)

This result also corresponds to the qualitative study of Keenan et al. (2015) conducted on working-age men in Izhevsk, Russia. According to their study, binge drinking in Russia is widely recognized as natural to men and part of their masculinity. Further, heavy drinking in young adulthood was part of their socializing, such as after-work drinking and social gatherings, to promote social relations and influence.

Recent research on different drinking motives among adolescents in Sweden has shown that "social motives and enhancement motives" (Sjödin et al., 2021, p. 266) are the prevailing causes of alcohol consumption and heavy drinking. The study mentions that adolescents who participated in the study drink alcohol for the reason of achieving something positive, such as how alcohol makes them feel good. Gatherings are more enjoyable when alcohol is consumed rather than avoiding negative feelings. It is also noted that conformity motives do not increase alcohol intake; for example, peer pressure is not associated with heavy drinking in this study. Another research suggests that instead of peer pressure, it is more about peer influence on alcohol consumption, which is concluded in the study of Ivaniushina and Titkova (2021). The study suggests that young adolescents choose their peers according to their drinking similarities and behavior. This is one kind of pressure, "keeping up" (Morris et al., 2020, p. 7), that describes that everyone in the group drinks at the same pace. The study concluded that peer pressure happens not only in adolescents but also in all ages. For example, in keeping up with peers' pace in drinking, they feel that they belong to the social group if they drink at the same pace as the other group members, which is a social situation that happens in all ages.

3.2.1.2 Stressful Conditions in Life

In addition, several studies indicate that stressful conditions in life and trauma at a young age can be associated with damaging effects later in life, such as predictors of alcohol dependence. Stressful life events (SLE) are composed of adverse life events such as childhood maltreatment (Schwandt et al., 2013), parental divorce and separation (Pilowsky et al., 2009) and McCutcheon et al., (2018), childhood and adolescent stress (Enoch, 2010), and disadvantaged neighborhoods (Boardman et al., 2011).

The study of Schwandt et al. (2013) indicates that childhood trauma developed alcohol dependence at an early age and specifically susceptible to AUD later in life. The cross-sectional study investigated the connection between five types of childhood trauma (emotional abuse, sexual abuse, physical abuse, emotional neglect, and physical neglect) exposure and alcohol dependence. The findings in the study suggest that emotional abuse is the primary cause of the development of alcohol dependence, both for men and women seeking treatment. In addition, "the relationship between emotional abuse and AD severity can be partially accounted for by participants' neurotic personality traits. Neuroticism is broadly defined as the propensity for negative emotionality, with underlying sub-facets including anxiety, anger, hostility, self-consciousness, vulnerability, depression, and impulsiveness" (Schwandt et al., 2013, p. 990).

However, life stressors affect not only children but also adults, in a cross-sectional study conducted by Boardman et al. (2011) on 1,139 adults where they investigated a connection between drug use and residing in a disadvantaged neighborhood. Neighborhood disadvantage in the study was based on four factors: “(1) percent living below the poverty line, (2) percent of households that are headed by a female, (3) male unemployment rate, and (4) percent of families receiving public assistance” (Boardman et al., 2011, p. 155). The study concluded that there is a connection between drug use and those individuals who live in a disadvantaged neighborhood. The unifying factor they pointed out is drug exposure, as there is a possibility that drug use in this neighborhood is tolerated and considered a norm. In addition, poverty is another factor associated with life stressors within the family. Boardman et al. (2011) expressed that "family income is an important material resource that individuals can draw upon during stressful life events and the otherwise noxious stimuli associated with daily stressors" (p. 162). In addition, disadvantaged neighborhoods lack community organizations for adolescents so that they can

divert their attention away from drugs and resources such as healthcare networks that can educate and treat residents on drug use and abuse.

Another study by Pilowsky et al. (2009) suggests that childhood stressors increase alcohol dependence, and high SLE increases the risk of lifetime alcohol dependence, which signifies that the higher the traumatic events that happened in childhood raises the chance of being an alcoholic dependent later in life. Furthermore, the study result is that parental divorce is a childhood stressor that is a causal pathway that contributes to alcohol dependence as it affects the child emotionally on how the parents act after the divorce. The research of McCutcheon et al. (2018) suggests that children whose parents separate have an early onset of alcohol consumption before the age of 13 years old. The study explained that parental separation "may provide less monitoring of their children, so that opportunities for substance use and risky sex are more plentiful" (McCutcheon et al., 2018, p.342), and has the same result with the study of Pilowsky et al., (2009).

Enoch (2010) found that early exposure to SLE is associated with early drinking habits and substance dependence in early adulthood. According to her study, there is a link between early life stress and developing substance disorders. However, she expressed that the availability of alcohol and drugs is a factor in which this can occur. Further, she claims that stress affects children and young adults who face pressure in this competitive environment. “Adolescence is a critically vulnerable time for the development of risky drinking habits and this is an area where prevention, through the development of positive family, peer, and neighborhood-mediating factors, is vital” (Enoch, 2010, p.26).

3.2.1.3 Alcohol Expectancy Theory

One area in the literature about drinking alcohol revolves around alcohol expectancies (AE). Alcohol expectancy theory is one personal belief as the expected effects of drinking; it is a man's assumption on how alcohol will affect them is related to how much they drink. The positive (AE) effect serves as a reward for drinking, while negative AE motivates an individual to drink. The idea is that alcohol can give pleasure and improve negative emotions, as one divulges in drinking is how positive affect is defined. A study by Jenkins et al. (2020) from a convenience sample of

282 African American students on the relationship between alcohol consumption, domains of self-efficacy, and alcohol expectancies; the study noted that participants who expect positive AE were likely to consume higher levels of alcohol. As quoted, "If a student believes that drinking alcohol will provide positive benefits, such as reducing anxiety and increasing their sociability, they will drink more in settings where alcohol is available" (Jenkins et al., 2020, p. 9). Therefore, positive AE has been proven to be a predictor of alcohol consumption in this study as well as in other studies (Young et al., 2006; McBride et al., 2014). Self-efficacy is one factor they want to examine in how it relates to alcohol consumption. According to the researchers, "self-efficacy is defined as a person's personal beliefs in their ability to handle life situations; hence, their beliefs regarding their own personal drinking habit" (Jenkins et al., 2020, p. 2). The findings revealed that self-efficacy is not a contributor to the participants in their study on alcohol consumption.

Coping motives are defined as "drinking to avoid disturbing thoughts, troublesome feelings, and personal problems" (Sjödin et al., 2021, p. 258). Experiencing negative moods, such as anxiety and depression, due to childhood trauma is "likely to involve mood-related drinking motives" (Schwandt et al., 2013, p. 991), which insinuates that drinking is a way to cope with negative affect.

In a study of Stapinski et al. (2016) conducted a cohort study with 3957 adolescents and expressed that coping motives are related to the initiation of alcohol consumption to cope with different emotions, such as "drinking to relax, to feel more self-confident and drinking to cheer up" (p. 587). This is also parallel to the study of Nehlin, C., & Öster, C. (2019), who conducted a convenience sample of 536 undergraduate students enrolled at Uppsala University, Sweden, who had consumed alcohol in the past 12 months, confirmed that coping motives were directly related to binge drinking as "young people regulate their feelings with alcohol and use it to facilitate interaction" (p.3).

Paulus et al. (2021) study suggests that the difficulties in regulating both positive and negative emotions are associated with alcohol problems by coping motives. The study noted that people with alcohol dependence must learn the skill to regulate their emotions, learn to appreciate positive emotions, and accept negative emotions to avoid coping with emotions through drinking. In this sense, older adults are motivated to drink to relieve the negative emotions. In the study conducted by Gilson et al. (2013) on older adults suggests that older men have more

alcohol problems, and they drink to cope with motives to unwind, manage pain due to sickness, and gain self-confidence. Such findings suggest that they are turning to alcohol to regulate such emotions as they are having difficulties regulating negative emotions. It is also evident to young adults that depression is a motive for drinking in a qualitative study conducted by Couture et al. (2020), and “reported experiencing some mood improvement soon after drinking, whether through improvements in their positive affect, and/or decreases in or numbing of their negative affect” (p. 185). In addition, findings in their study suggested that alcohol consumption is related to better concentration and analytical skills

In exploring this issue, the following researched question is proposed: What are the factors that adult men describe as influential in the onset of their alcohol consumption? Much of the existing research suggests that home environment, stress, depression, and positive and negative alcohol expectancies are predictors of alcohol dependence.

3.3 Faith-based Interventions for Addiction

3.3.1 Personal Relationship with God

Faith-based intervention for addiction has attracted a great deal of interest for many years, as many studies have shown the positive effect of including faith in the treatment. A personal relationship with God has been long promoted, including faith in the treatment. As a person with addiction connects to God through prayers, religious activities in the program, and reading the Bible, they experience spiritual transformation. The growing term of spiritual transformation has long been affiliated with faith-based intervention for addiction. The study of Williamson & Hood (2013) described the spiritual transformation as a continuous experience with the "five themes: (1) Sick and Tired, (2) Unmerited Love, (3) I am Changing, (4) Fast/Gradual, and (5) Destiny" (p. 889). The phenomenological study narrates the spiritual transformation experience by 10 participants in a 12-month resident substance abuse recovery program known as the Lazarus Project. According to the study, spiritual transformation begins with feeling sick, tired, and

hopeless as they want to change; however, they cannot do it alone. This phenomenon is described as a turning point (Sremac & Ganzevoort, 2013) or hitting rock bottom (Nelson, 2004).

As people with an addiction are determined to be transformed, they ask for help, begin to experience God's love through other people's kindness, which is labeled as unmerited love in the study of Williamson & Hood (2013), then transform life for the better and give the love back to others by supporting other people with addiction. This is parallel to Alcoholics Anonymous (AA; 2001) point of view, as they believe that helping others is the foundation of their own recovery.

The study of Timmons (2012) used an in-depth interview on their view and understanding of God as a sponsor with ten former drug abusers from Potter's House, a residential Christian Recovery (CR) program in the United States. The study reports that overcoming addiction by gaining knowledge that God is the healer will cure addiction through constant communication with God through prayers, Bible study, and attending church activities. In addition, God is the helper as God acts as a sponsor that motivates spiritual growth and uses others to help one recover by surrounding the person with an addiction with people he needs in recovery, such as role models and excellent and supportive individuals.

Through the gradual change the participants in the study experienced and developed spiritual growth, personal reformation, and building bridges with family and others (Williamson & Hood, 2013). Spiritual change is described in this study as having a relationship with God, which is described in the study of McCoy et al. (2005) as a devoted lifelong communication with God through spiritual practice, such as prayers. People with an addiction no longer feel pleasure when they consume drugs; however, they feel uneasy about losing the purpose of life. Further, emptiness is mentioned as a cause of consuming alcohol or other drugs as it seeks to "fulfill a spiritual void" (McCoy et al., 2005, p. 9). Their qualitative study was an interview of the eleven staff members composed of seven former substance abusers, and three received treatment in the facility; therefore, their perspectives were relatively connected to their recovery process. Further, the study discussed that recovery begins after the turning point when they realize the lack of a reason for living a meaningless life, and people with addiction suddenly want change in their lives for the better.

In another study, spiritual baptism is a spiritual growth that has positive results in decreasing alcohol and drug use (Egan et al., 2023). The research was conducted in The Salvation Army's Bridge Program in Aotearoa, New Zealand, and 325 participants consented to participate. "Bridge Programme is a faith-based recovery program where spirituality is expressed through Recovery Church, prayer, spirituality lifters/classes, and the higher power component of the 12-Step program" (Egan et al., 2023, p. 2580). The study reports how faith-based programs help people with an addiction in their recovery. The research noted that spiritual practice in the program indicates that spiritual growth is associated with recovery.

Al-Omari et al. (2015) study was conducted in Jordan and argues that most of the participants practicing Islam expressed that religion encourages recovery and motivates them to avoid relapse through religious activities and teachings on how religion views addiction, as it is viewed as a sin in their religion. The participants expressed that knowing that it is a forbidden practice in their religion strengthens their will to avoid relapse. Though this study emphasizes that religious men play an essential role in the recovery process, it is also parallel to other studies to have a relationship with God to avoid reusing addictive substances through religious activities.

3.3.2 Recovery and Church Community

Many studies note that a form of support is beneficial in recovering from addiction. Social support is having a social relationship with family, friends, and social networks (Nguyen et al., 2016) to turn to for support in dealing with stressful events (Kim et al., 2008).

Moos and Moos (2006) conducted a descriptive study on individuals with alcohol use disorders who sought to be treated (professionally and/or AA) or remain untreated on their remission and relapse and were followed up over 16 years. The study suggests that participation in self-help groups, such as AA, promotes short-term abstinence and sobriety. According to the study, it is also vital that individuals ask for help at an early stage, and extended participation in the program has better result outcomes than those who did not receive any treatment. It was also depicted in the study that individuals who remitted and were not treated were likely to relapse, and they tend to depend on alcohol to reduce their stress levels. Furthermore, the study also

suggests that the involvement of supportive social networks and being surrounded by abstinent friends promote positive changes and outcomes.

A strong family connection has been identified as crucial in maintaining sobriety in the research of Moos (2007). Higher levels of social support from family and spouse such as being present in their journey, monitoring their treatment, and engaging in social and recreational activities, promote an alcohol and drug-free environment. "In contrast, family members who create stressors or alienation by directing criticism or hostility toward a recovering individual, or who model and reinforce substance use, heighten the likelihood of relapse" (Moos, 2007, p. 544). In parallel, having peers and social networks that assertively advise, provide emotional support, and promote a drug-free environment and activities is an effective strategy to stay sober. However, peers who hold back their attempt to sobriety have a negative effect that may lead them to relapse.

McCoy et al. (2005) described that religious faith and support are other factors that are reported in sustaining sobriety. The participants of the study concluded that recovery is to accept that Jesus is their savior, and staying sober fully is achieved in a constant relationship with God and with the help of "other human beings doing God's work through their own actions" (McCoy et al., 2005, p. 7). This is supported in the study of Stokes et al. (2018), as described by some participants in their study, who found that having faith in God and support from religious groups lead them to live life accordingly and serve as a guideline to continue their recovery. Nelson (2004) expressed that sharing their stories in their recovery groups helps and knowing that someone out there knows what it is like to be addicted. Thus, a community that understood their imperfection and provided honest guidance and encouragement that gave him hope for sobriety. Nelson (2004) expresses that the narratives they shared in the meetings seem familiar to each other, recognizing their everyday insanity, and there is a sense of belongingness and mutual connection that contributed to the healing process of addiction.

According to Da Rocha et al. (2012), a church community is a social support network that helps people with a substance use disorder in their recovery; the church invests in the 'cure of souls' (p. 181) through the teachings of religion. In the study of Lopez et al. (2018), the involvement of the church, love, and support in recovery can shift loneliness and isolation to fellowship and social rejection to social acceptance. Further, the study argues that people with an addiction turned to

the church for help in their recovery as their relatives were either members of the church or started to attend the church to ask for help for the members of their family's recovery from addiction. In the church where the study was conducted, participants viewed the church members as respectable and honored in society, motivating them to attend the church. This finding is also indicated in Sanchez and Nappo's (2008) study, where recovering individuals are welcomed and treated with respect and dignity by other church members, which enhance their self-esteem and quality of life. This behavior can lead to participants feeling valued and follow the cultural norms the church requires such as leading a drug-free life. This parallels to Nelson (2004), where he describes that the story of God that the healing community provides makes him realize that God cares more for him than he cares for himself and helped him through church experience by telling stories and through missions to help other alcoholics.

According to Neff et al., 2003, the roles of staff and volunteers, as part of the recovery community, provide a secure and warm welcoming environment is essential for recovery. In addition, McCoy et al. (2005) describe the staff as God's vessel to restore His people through love and kindness. Sremac & Ganzevoort (2013) express that the recovery and church communities accept and influence the participant's spiritual transformation as they venture into a possible new life journey. They stated that through acceptance, one feels a sense of belonging to a community; thus, the participant starts to make changes in life, develop faith, and realize the meaning of his life. "The culture of the therapeutic communities and their narrative programs are crucial to the transformation and reconfiguration of identity that occurs in the program" ('Sremac & Ganzevoort, 201, p. 417). Therefore, acceptance of the community and conformity to the new culture play a vital role for people with an addiction to continue their journey to recovery. Conversion testimonies, according to the study, empower other addicts to overcome addiction and start to develop new faith that they can also overcome addiction and start life in sobriety. Nelson (2004) discusses that to be sober; one needs to be disciplined and committed, which means attending meetings, taking the steps the program provides by heart, having complete honesty with oneself, and receiving support from the group for recovery.

3.3.3 God Heals Addiction

In some studies of faith-based interventions, spiritual transformation is finding a new meaning in life, and sustaining recovery and preventing relapse is a continuing process. McCoy et al. (2005) show that spirituality is the essence of their treatment; individuals who seek help to attain sobriety intend to attend their spiritual activities to fill a spiritual void and be transformed into new individuals. Through spiritual transformation, the idea of salvation has been referred to as the "power source that fuels long-term process of developing and maintaining attitudes and skills of sobriety" (McCoy et al., 2005, p. 7). Through salvation, one becomes a new creation and will strive to live according to the will of God. Therefore the study expressed that, to live a Christian life, one must constantly communicate with Jesus through prayers and other religious activities, which are the ways to avoid relapse.

This aligns with Timmons's (2012) study, which describes spiritual transformation as following God's plan for the future. In addition, she points out that the goal of participants to recover from addiction is to understand that God is in control of their lives, even the misery and difficulties in life. Further, hitting rock bottom made the person with an addiction realize that he needed change, as God wanted the best for them. The study explained that God opens their eyes through this experience, realizing where God desires them to be, and "believe that planning for the future evolves from a desire to please God and accomplish his purpose" (Timmons, 2012, p. 1160).

An alternative view for this is destiny, as noted in the study of Williamson & Hood (2013), where the future of people with a substance use disorder is in the hands of God and will unfold in His right time. Further, the study described that God helps them move in the right direction in life and is "no longer without purpose; they see themselves as vessels of God, destined to make a difference in the world" (Williamson & Hood, 2013, p. 902). Therefore, to fulfill God's plan, suggested in the study, one experiences self-transformation as one ventures again into society and helps others to sobriety. The participants in their study expressed that they want to give back the love they received from the support group and embrace God's forgiveness.

In addition, other researchers expressed that helping others to overcome addiction is one way to fulfill God's will by becoming a good example to new recovering addicts by promoting a drug-free life (Lopez et al., 2018). Egan et al. (2022) argue that helping other addicts is an opportunity

for them to contribute to society. In their empirical research, Sremac & Ganzevoort (2013) conveyed that participants become “agents of God” (p.421) who bear a message of hope to other addicts who are lost just as how they were lost, and now they are found and helped others to stay sober by leading as an example. In addition, several participants in the study decided to be involved in the recovery of others, as part of God's plan, by getting a social service professional to support others in their journey to sobriety. They point out that many of the participants “rebuild their lives into a religious or helping career and use their personal experience to help other addicts to abstain” (Sremac and Ganzevoort, 2013, p. 421). Their life experiences as someone with a substance use disorder become beneficial in their missionary work among other addicts.

3.4 Substance Use Disorder – Complex life episode

Substance use disorder is a chronic disease that changes the brain structure and function, making one life episode complicated. According to Sremac & Ganzevoort, 2013 “all theorists in addictionology agree that the notion of addiction is an extremely complex one” (p. 403). Further, researchers conclude that substance misuse can lead to severe physical, emotional, and social difficulties, which complicate the life of an individual. Levola et al. (2014) argue that heavy alcohol consumption compromises the quality of life, as well as threatens a family life relationship in the research of Sremac and Ganzevoort (2013), work performance (Thørrisen et al., 2019), and maintaining good relationships with friends and others (Guo et al., 2016). Because of the complexity of life episodes in alcohol abuse, many alcoholics hit rock bottom, or an individual experiences a low point in life and comes to a decision that he wants to make a change. Thus, this becomes the turning point for alcoholics.

3.4.1 Turning point

According to White, W. & Laudet (2006), a "turning point is an experience that often occurs in the context of near-death experiences (from overdoses, suicide attempts, violent victimization), HIV/AIDS, addiction-related deaths of close friends and incarcerations" (p. 4). Their definition

of a turning point is a critical life event in one's life when they are forced to confront their addiction problem.

AA defines a turning point as “when we sought for humility as something we wanted, rather than as something we must have” (AA, 1981, p. 75). Bill, the founder of AA, realized that he could not be sober without the help of someone more powerful than himself. Bill's turning point is describing that he needs to accept that he is not better than other people and that he needs help in overcoming his addiction. As described in the 7th step of AA (1981), being humble will guide alcoholics from being self-centered to being selfless and accepting that an alcoholic is powerless over alcohol and that the power of those higher than themselves can eliminate their insanity. & Sremac and Ganzevoort, 2013 define turning point when people with addiction mostly "had undergone an existential crisis before their recovery from addiction, supplying the impetus to break out of the powers of addiction" (p. 414), which means that participants probe the meaning of life and turning to God is their last resort to recovery.

The turning point for Nelson (2004) is narrated as hitting rock bottom. However, hitting rock bottom in this book is accepting defeat and experiencing the powerlessness of alcohol. He recounted that addiction turned him into an enslaved person to alcohol and that every decision in life comes after the alcohol – family, friends, work, and sometimes even the law. "It is a slave-making disease, and the rebirth of freedom seems to require our hitting bottom" (Nelson, 2004, p.102). After hitting the bottom, one must also have the self-determination and will to ask for assistance. This is the same as expressed in AA when asking for help; one must be humble enough to accept his powerlessness and ask for guidance from a higher power. In this stage, an addict's way of seeing life suddenly changes, and he abruptly wants to modify his life. Thus, they start to get motivated to overcome addiction, and recovery becomes apparent to the people with an addiction.

3.4.2 Recovery and Motivation

To start the new phase in their lives, recovery, they discover ways to find their reason for existence, rekindle relationships with their family and friends, and return to their community and churches to motivate alcoholics to live alcohol-free. Therefore, “recovering drug addicts are

motivated to find meaning and 'make sense' of their lives in ways that maintain self-esteem and to create new social and religious identities" (Sremac & Ganzevoort, 2013, p. 405). Their study emphasizes forgiveness for past transgressions, an essential aspect of their recovery. Forgiveness applies not only to their shortcomings and how their life turned out; it also includes forgiveness to and from others and by God. This is also consistent with previous researches that give significance to forgiveness as a first step to recovery (Webb et al., 2006) (Benda & McCuen, 2006).

In a Christian tradition, recovery is a "gift of a new way of seeing" (Nelson, 2004, p. 180), which differs from how they perceived life before seeking recovery. Thus, it is the understanding of the resurrection, the beginning of new life, like how and a new creation.

> *You were taught, with regard to your former way of life, to put off your old self, which is being corrupted by its deceitful desires; to be made new in the attitude of your minds; and to put on the new self, created to be like God in true righteousness and holiness.* (NIV, 2011, Ephesians 4:22-24)

The Bible verses highlight becoming a new creation in God by leaving the old way of life, such as addiction, and living as a new creation of God that is righteous and holy.

McCoy et al. (2005) state that recovery "begins only after a turning point in which the substance abuser recognizes his or her emptiness and lack of purpose, or a spiritual void" (p. 9). Further, the study indicates that recovery is a long-term relationship with God and accepting Jesus as their savior. This is also relevant to the study of Timmons (2012) when she stated that "CR helps recovering persons to increase their understanding of God's purpose for them to be healed based upon supplication for help to the only Benefactor who can ensure sobriety" (p.1162). God's role in her study was the healer and helper in overcoming addiction, and by accepting God, continuous relationship, and planning their future, God motivates the recovery persons to lead a drug-free life.

Motivation is the driving force behind the action, which is also vital to continue the journey to recovery. Further, it is the readiness of one's self in life to change from being an addict to sobriety. People with a substance use disorder need to initiate a recovery process, commit to change, and make use of the help of people around them in their journey to sobriety. Because with a firm commitment, it will be easier for people with an addiction to stay motivated. AA (1981) motivates its members by staying involved in the community and helping other alcoholics achieve sobriety.

This is also relevant in the research of Egan et al. (2023) expressed that in faith-based recovery programs, people with an addiction want an opportunity to help others reach sobriety. However, Al-Omari et al. (2015) study expressed that religious man and religion play an essential role in their recovery. They stated in their study that religion encourages and motivates people with an addiction to be sober and avoid relapse with the help of religious men (Shikh) in raising awareness of religious views on addiction and why it is prohibited. Therefore, the recovery and church communities must work together to support the participants continuing recovery and sobriety.

3.4.3 Sobriety

Recovery is much more than alcohol abstinence; it is living a transformed life and sobriety. Faith-based recovery programs' methodology in achieving sobriety is through religious practice. The research of Timmons (2012), which has a theme of understanding God as a sponsor, suggests that God is the healer, as participants credited their recovery to their continuous connection with God through "prayer and devotion" (p.1159). According to the study, God is the helper by assisting the participants in sustaining abstinence. Further, God helped them transform their life as "participants have absolute faith in God to take care of all life's problems and view the plan for recovery as 'the only way out" (Timmons, 2012, p. 1160). This means that God helps them recover from their addiction and realize life's purpose and existence.

The study of Sanchez and Nappo (2008) extends in the same direction as they emphasize that including faith in the treatment improves the participant’s quality of life. In addition, participants believed that prayer helps them grow their faith and helps them when they feel unrest. “By

adopting religious references, the follower puts his or her faith in the protection of God and chooses to respect the norms and values that the religion dictates, thus improving his or her quality of life" (Sanchez & Nappo, 2008, p. 268). Once the participants follow the moral values of their religion, they essentially dissociate themselves from drugs and alcohol.

Moreover, AA (1981) believed that sobriety is achieved through working with the twelve steps daily, regularly attending group meetings, and working with others who want to achieve sobriety. According to AA, they are not affiliated with any religious traditions and beliefs; however, it is not also prohibited. Participants can decide their higher power in helping them overcome their addiction and determine their pathway in recovering from addiction.

After reading all other books and research on achieving sobriety, I have concluded that one must first recognize that he has an addiction, that acceptance and humility that addiction has taken over one's life. After acceptance, one must reach out to someone who can help start recovery. Help may come from the family, social groups such as friends and acquaintances, or the church community. However, sobriety cannot be achieved alone; instead, people with an addiction need support from family, friends, professional support, and the community. As Chapter One mentions, not all treatments work for everyone; one must find a program that meets their needs. The most crucial factor is readiness to change, as this will provide the best program and help prevent relapse in the future. Being sober requires discipline, participation, and commitment. Lastly, it is vital to participate in after-care programs since sobriety does not end when one finishes a rehabilitation program. After-care programs will help them stay on track to a drug-free life and avoid relapse.

4 Methodology

In this chapter, I will provide the readers with an insight into the procedures I have used. I chose to conduct qualitative interviews in a semi-structured and face-to-face interview. I used thematic analysis to analyze this study. In addition, I will also present the location, informant selection, and the processes of data gathering that led to the findings I present in this thesis. Furthermore, I will reflect on the quality of the study and the ethics of this thesis.

4.1 Study Sites

The Gospel Center Foundation currently has five addiction treatment centers. I chose the center that is located in Fjordtun, Gran. The reason for the selection is that it is the nearest location to my house. Therefore, it will save me time and resources to reach the location. I will not spend so many resources compared to choosing the more extensive area when conducting the study. I can return to the study site whenever I need clarifications to the recorded interviews, which means my study is detailed and elaborate. As English is not their first language, they incorporate some Norwegian words that may have yet to be familiar to me. In addition, proper analysis will be applied effectively, and I will have good data. The participants of this study are only adult males, as the treatment facility caters only to male patients, which is one of the study's limitations. I received a copy of their contract and the twelve rules they must follow at the treatment facility. I asked if I could include it as a document in the paper. However, my request was declined. Therefore, I have not mentioned their contract in detail in this study; instead, I have provided general information, such as that they need to participate in religious activities the program provides.

4.2 Informant Selection

Recruiting began in September 2023, and study participants were selected through purposive sampling. Purposive sampling is when "participants are based on the purpose of the study and

grouped according to pre-selected criteria relevant to a particular research question" (Goodwill, 2015, p. 70). This is the most used method in selecting informants, as the informants are already knowledgeable about the thesis topic. Further, I was advised by Sikt Data Protection Services that when recruiting participants through a religious organization, the project is forwarded by the organization on behalf of the student so that the sample recruits itself. This will also ensure the anonymity of the participants, which is the best option to ensure that the participants stay anonymous throughout the project.

Participation in the research was entirely voluntary, and participants were in recovery for more than three months. For this study, recovery is interpreted as alcohol and drug abstinence, which means they are clean and sober during their treatment. I gave the letter of information and consent form to the house manager, who distributed it to the patients. After a week, I was told I could start my interview as many patients were interested in participating in the study. Further, their consent and agreement were sought before the start of the study.

Participant's qualifications are the following:

- Male and aged 18 years old or above
- He has been in the treatment facility in Fjordtun for at least three months and onwards.
- He is willing to participate in the study.

I chose participants who have been in the facility for at least three months to ensure they know how the treatment is utilized. Further, four participants who were about to finish the program wanted to share their experiences, and another two will begin their schooling in January, vocational and Bible schooling. Religious affiliation is outside the criteria, as I want participants with a religious background and those who do not have one. I had five participants without any religious background, and seven of them grew up in a family with religion or with some religious background.

A total of twelve male participants participated in the study. Ten participants agreed to be recorded, and the other two declined the recording but still wanted to participate in the study. I included the two participants, as I was allowed to take down notes while they were talking. Further, their interview provided me with concrete answers to the interview questions. These two

participants purposely talked a little slower so I could follow on with their answers. I also had plenty of time right after the interview, as I did have no other interview conducted when there was no recording.

Additionally, I initially planned to include two more interviews with employees at the center, however to give importance to the views of those who are in the faith-based treatment, I narrowed the participants to in-patient only.

4.3 Data Collection

Participants who showed willingness to participate when they received the study proposal, letter information, and consent letter were included for data collection. Once I had permission to conduct my study, I went to the location and was given the time to introduce myself and my thesis to the participants after their morning prayer. I conducted the research interviews and observations from the first week of October 2023 until the last week of November 2023.

The thesis involved three phases of data collection: research interviews, data transcriptions, and observation. In all the interviews I conducted, I introduced and described my study and asked some general questions to build rapport. After building rapport and when I observed that they are more comfortable to answer my questions, I asked about the family history and any religious affiliation. Further, I asked questions related to the topic. Finally, I asked if they had anything to add to wrap up or any questions or clarifications and, afterward, terminated the interview session. After transcribing their interviews, I would ask the participants for a follow-up interview if I needed clarifications. As I mentioned, they converse some words in Norwegian when they can't find the right word in English. This is the only reason why I asked for any follow-up interviews.

The final phase in data collection was to transcribe the interview recordings. The transcription of the recording is verbatim and was done either after each interview or on the same night when the interview was conducted. As mentioned in the first chapter, there were a total of 12 interviews were conducted. The nine interviews were transcribed verbatim, and one interview was not transcribed verbatim as the participant kept coming out of the topic. I only transcribed the part

where he answered the question related to the topic. In addition, 2 participants did not allow me to record for personal reasons; however, they wanted to be interviewed to share their experiences. I was allowed to take down notes while they were interviewed. Therefore, I included their interview and transcribed it as best I could. I transcribed their interviews right after we finished the interview, and I only did one interview when it was not recorded so that I would remember more details.

I also write in my reflective journal immediately after each interview. The reflected journal included my thoughts and concerns about the collected data. Additionally, I wrote how to do the following interview better to make rich data in my reflective journal. Doing the interview better does not mean altering questions; instead, I could ask questions that will make them feel relaxed and comfortable. These participants are vulnerable, may have trust issues, and may feel uncomfortable if I ask them questions about my study immediately. Building rapport is an essential aspect of this kind of interview.

The research interviews were analyzed via thematic analysis. After transcribing, some participants finished the program, others found jobs at other centers, and some were already at the program's next stage, Bible schooling and vocational schooling. The participants did not provide me with any contact information, such as an email address, to forward any information, as this is also to assure anonymity. After all interviews and follow-ups were finished, I had no personal contact with the participants. I forwarded the transcription to the participants still in the program and asked if they had any additional information or anything to change. The participants have not contacted me for any changes they want in their interviews.

4.4 Qualitative Interviewing

The interview was the primary research method used for my data collection. Participants were engaged in personal interviews. Interviews were digitally recorded in a tape recorder to preserve the quality of the data for the analysis. I have two interviews that were not recorded, as the participants will not allow recording. The interviews lasted an average of forty-eight minutes, with the shortest being thirty-one minutes and the longest being one hour and thirty-three minutes. I transcribed their data right after the interview to ensure I remembered the relevant

answers to the research topic. I also make sure to write their answer the way they express it in the interview as much as I can.

Further, I asked the participant's permission to be audio recorded. The interview questions were included in the letter of information and consent forms the participants signed in agreement with before the interview. Some of the participants, made notes on the paper they received on experiences they want to talk about. I take minimal notes throughout the interview so as not to distract them while they are answering questions. As I mentioned, I had two journals during the interviews; one was the data transcription, and the other was my reflection and experience.

Table 1 Interview Questions

Interview Guide
1. When and why did you start drinking? Although there is certainly a lot to say about this, can you give a relatively short answer here? 2. When did you realize that you needed help with your addiction? 3. Why did you choose to go to the Evangelisenter? 4. Do you have any religious roots or belong to any religious community? 5. What therapies and activities do you take part in here? 6. What do you think has been positive with this therapy? Which of these offers is especially helpful for you? 7. Have you had any negative experiences with this therapy center?

8. In your opinion, is there anything that should be done differently?

9. What do you think about having religion and spirituality as part of the offer at this treatment center?

10. Finally, is it possible for you to say how Evangelisenter is helping you in your recovery?

11. Do you have any comments you would like to add after what we have talked about here?

12. What do you think of being interviewed like this?

My first research question concerns an event in their life that they need to remember. I asked the participants to recall an event, such as when and why they started to drink. During the first part of the interview, in which they narrated their life stories, I did not make any notes and listened attentively. While they were telling their story and I wanted some clarification, I did not interrupt; instead, I made a mental note to ask when he finished narrating the events. Narrative stories are hard to predict regarding how long it will take, so I ask them to make a brief statement after stating the question so I can control the time. As they were telling their stories, I made sure I reacted by smiling and nodding to encourage participants to express their stories freely.

The entire interview was a semi-structured and face-to-face interview. A semi-structured interview is "qualitative interviewing" (Brinkmann, 2013, p. 21), where a pre-determined question is prepared to begin the conversation, and the interviewer can ask follow-up questions related to the study's theme so that participants can share their narratives in their own way. Further, I chose to have individual interviews as my research questions are more personal and sensitive. Thus, this allows more confidentiality for the participants to answer questions uninterrupted, and it will be easier for me to build rapport and trust. Face-to-face interviews

capture participants' body language and emotional reactions to questions, and this was written in my reflection journal right after the interview to help me later in my analysis.

Furthermore, in qualitative interviewing, the "interviewer should make clear that there generally are no right or wrong answers or examples in qualitative interviewing, and that the interviewer is interested in anything the interviewee comes up with" (Brinkmann, 2013, p. 16). I always express this notion at the start of the interview to establish that the participant can come up with answers that he thinks are valuable to the research. I used open-ended questions to elaborate on participants' factors on the onset of alcohol use and how the program helps them in their recovery. Follow-up probing questions were utilized to obtain more specific and in-depth information from the participants. Questions include what event or defining moment or moment of clarity you want to change your life, what and who supported you to sustain your recovery, and what are the easiest and most challenging in maintaining recovery and sobriety.

The interviews were conducted in English. I informed my participants that they could answer my questions in either Norwegian or English. I have been in Norway since 2010, and I took the Norwegian B2-C1 class at the University of Oslo, where I received a B grade. Therefore, I can translate it into English if they answer me in Norwegian. However, most of my participants speak in English and only use Norwegian when they think it is difficult to express their answers in English as they need help finding the right word. The conversation is more in English, with one or two words in Norwegian in a sentence. Though transcription was challenging and time-consuming, I only spent a little time translating. I chose qualitative interviewing as I wanted to know more about their life stories, from being an alcoholic to recovery and sobriety. Since it is a sensitive topic, I interviewed the participants individually.

4.5 Building Rapport

Participant observation is not the primary research method used to collect the data; instead, it is used to build rapport with the participants. Building rapport is essential to get to know more about the participants and make them feel comfortable during the interview. Therefore, I spent some time with the participants before I conducted the interview, so later on, during the interview, it would be with great ease and organized as they are comfortable around me. I ate

breakfast and lunch with the participants, attended their morning service, and talked to them during their free time. I also had the chance to help around the kitchen and talk to them while we were cleaning. With observation, I learned how their day is organized, how faith is included in the treatment, and how they communicate with other participants. This experience gave me general knowledge about the recovery program before I conducted interviews. Therefore, I have not documented much of the participants' observations in the findings chapter.

4.6 Methods for Analyzing the Material

Reflexive thematic analysis was the chosen method to analyze the data. This analysis has six phases: (1) dataset familiarization; (2) data coding; (3) initial theme generation; (4) theme development and review; (5) theme refining; and (6) writing up (Braun & Clarke, 2022, p. 6). I analyzed the data following the six phases.

4.6.1 Dataset Familiarization

In order to realize the first phase, which is getting to know the material, the data collected must be transcribed in a written form, and typing my transcription was more effective than writing in a paper. Further, I replaced the participant's names with numbers to protect their identity, and other identifying information such as the school they attended, workplace, age, and names they mentioned were removed from the transcription. Reading through the transcribed interviews a few times and familiarizing myself with the data was the first agenda for my analysis. This phase takes up a great deal of time, and sometimes, it takes a toll on me as it seems monotonous. When this happens, I check my reflective journal to remind me how participants expressed their answers when asked about the research topic, and it re-establishes my interest in the study. While reading the transcriptions, I also checked for new information that could be of interest and be used in analysis and discussion chapters. I also make sure to take notes on the ideas relevant to other studies I have read so I can return to them later on during my analysis.

4.6.2 Data Coding

Once I familiarized myself with the data, I proceeded to data coding, where I read the data closely. I have learned and practiced thematic analysis in my previous class. Therefore, I am a little familiar with the process. The codes in this phase were broad and descriptive as I was attempting to discover the main aspects in the interview questions. I highlighted the sentences related to my topic and had different codes for each meaning, identifying my initial codes. After going through the 12 interviews, I formulated 216 codes, including short sentences and phrases related to my research topic. I created a chart to organize my initial codes and to be able to put together or expand some themes or deduct codes if needed. I will present some of the sample tables from the initial coding phase:

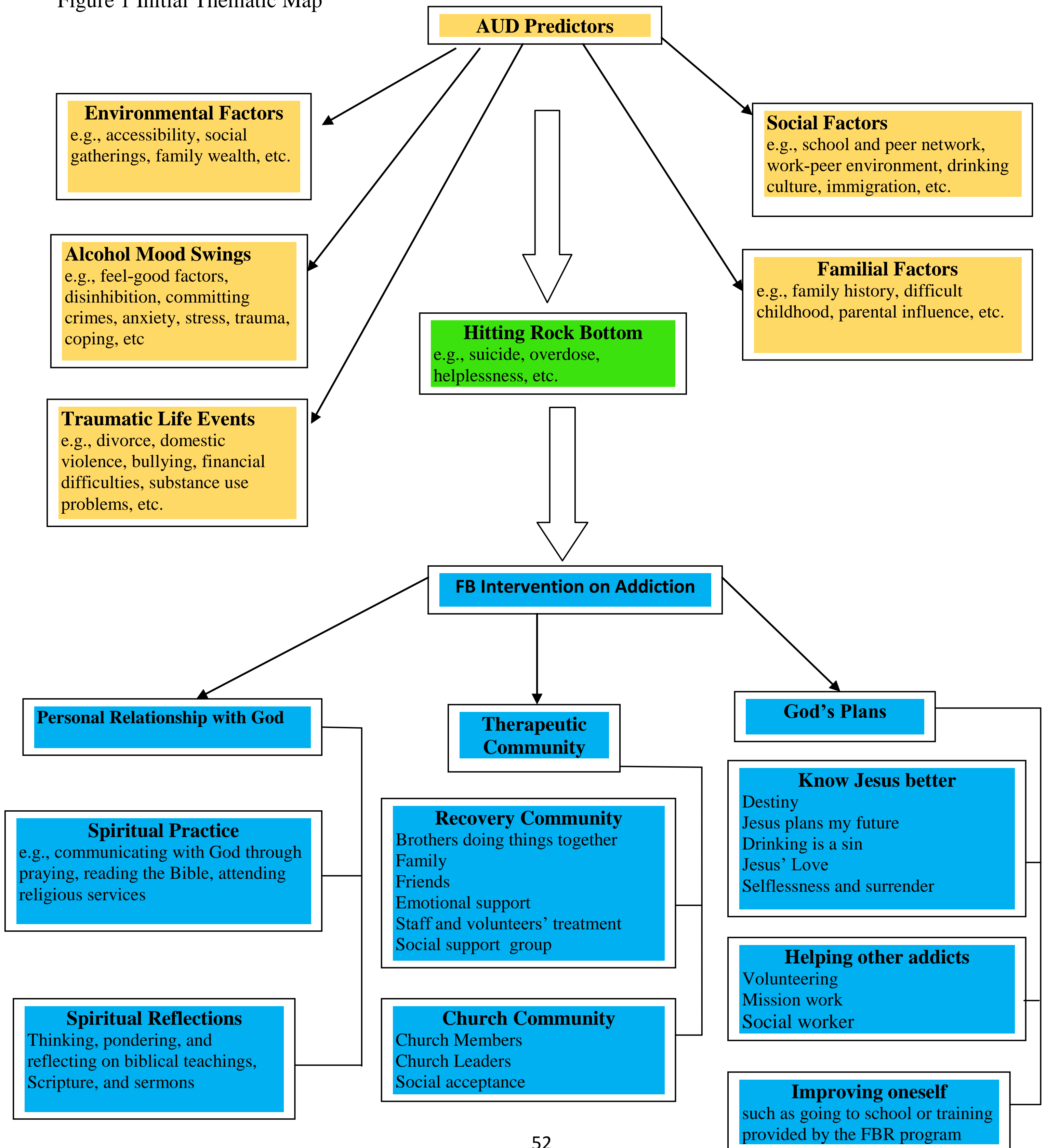
Table 2 Initial Coding Phase

Data (Statements taken from Interviews)	Code
Alcohol makes me feel confident that I can make people laugh, and it improves my concentration. I thought if I drank, I could be more of myself until it went out of control.	Positive effects of alcohol
I grew up in a broken family with an addicted mother; I grew up believing that it is all right as long as you do not commit crimes or hurt someone.	Substance abuser parent
I feel safe to be here; it is like Jesus wants me to be here because He knows what is best for me.	Safe environment, God's plan
This has been the longest time that I have been sober. It has been positive for me here that I realize I am no longer alone in this life and have my brothers, my church, and Jesus with me whenever I feel lost.	Companionship Social ties

4.6.3 Initial Theme Generation

From focusing on codes, I moved to the next phase, developing my themes. This is where I have spent most of my time, as everything is unfamiliar to me, on analyzing data in a master's degree form. I explore all the codes I gather and cluster the similar or related codes. "This is still early in the initial theme development process" (Braun & Clarke, 2022, p. 84), as the goal here is to create a story on what the data is telling and answer the research question. I used mind maps to visualize and organize my themes, and below is a sample of my mind map. I included only some of the codes as this is just a sample of my theme generation.

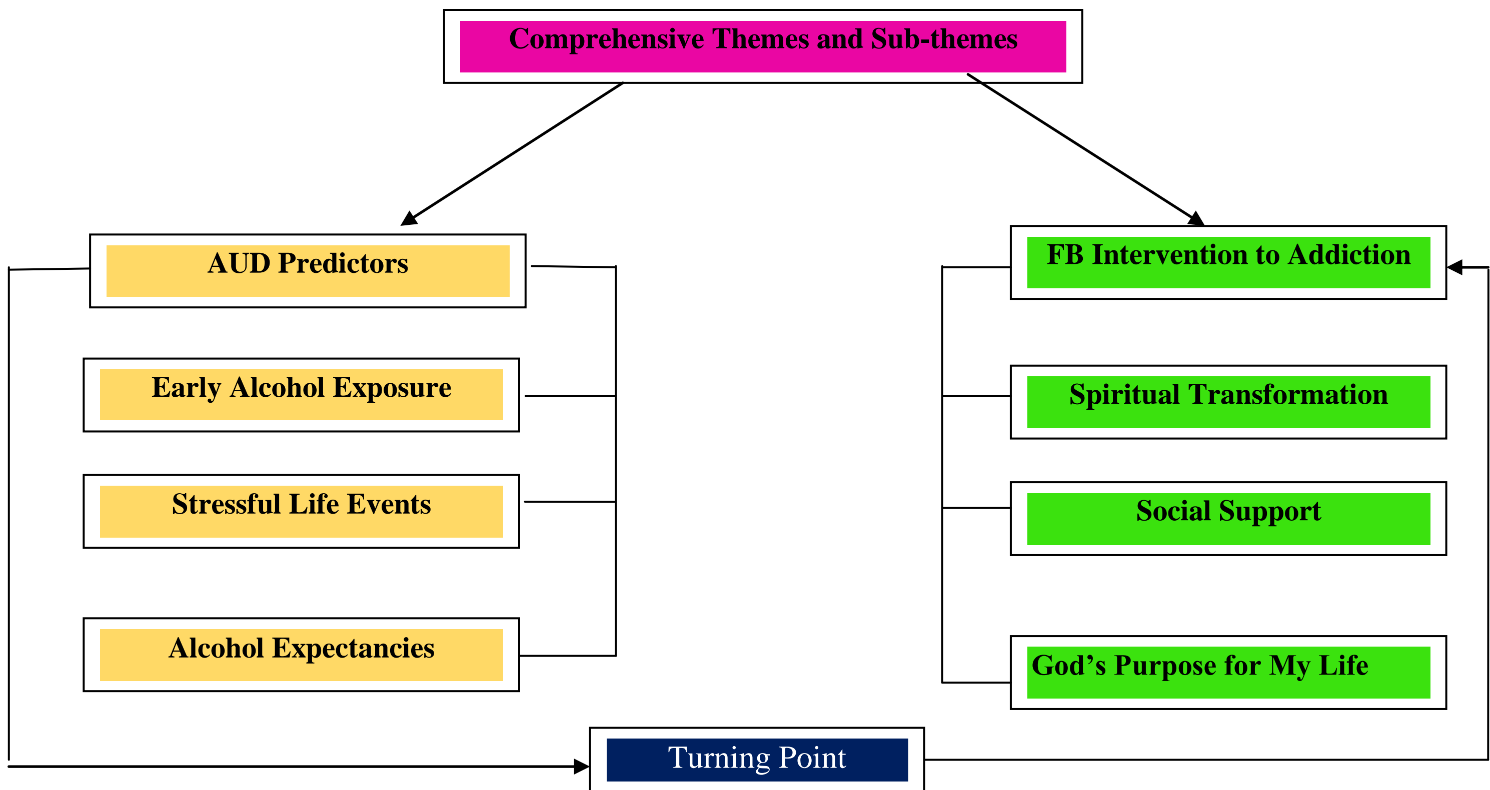
Figure 1 Initial Thematic Map



4.6.4 Developing and Naming Themes

In this phase, I refined and improved the themes from the previous section; they were more specific and conceptual. I assess the codes I created and investigate if the codes are usable or need development. I revised codes in this stage a few times to ensure that I had a viable theme; some were removed as they were irrelevant to my study, while other themes connected or had similar meanings. As I am in phase five, an essential aspect of this stage is where I name my themes, “a good theme name will be informative, concise, and catchy” (Braun & Clarke, 2022, p. 111). Some themes were excluded in this stage to narrow my data and to provide readers with the overall story of the study from the data collected. For instance, adolescents' alcohol exposure from parents, family members, peers, and accessibility were clustered into early alcohol exposure. Another example, for stressful life events, I included childhood trauma, migration, bullying, depression, stress, etc. Further, the support provided by the volunteers, workers, residents at the center, church, family, and friends was categorized as social support.

Figure 2: Final Thematic Map, Showing Overarching Themes and Sub-themes



4.6.5 Writing Up

The last step in thematic analysis is to write the answers to the research questions and analyze the data concerning the relevant literature discussed in chapter three. In addition, I will provide an overarching description, arguments, and analysis that will be presented in chapter five of this study.

4.7 Research Ethics

Ethical issues must be considered, specifically that the research will harm no one. Before contacting the study site and collecting data, I obtained approval from my institution and Sikt Data Protection Services. Once I was approved, I contacted the treatment facility manager and gave him my letter of information, consent form, and the semi-structured questions. Sikt advised me that when recruiting participants through a religious organization, the organization forwarded the project on the student's behalf. I followed the instructions and waited for the manager to call me to see if they would participate. In the letter, I presented my research study; participation is voluntary, and they can withdraw anytime. I also ensure they are well informed that the researcher and her professor will only access the data collected for the interviews. In addition, all recorded conversations and documents will be destroyed when the project is completed. I also made sure that in every interview, I introduced myself and the purpose of my study.

Drug addiction is a personal and sensitive topic; I ensure that all information provided is treated with confidentiality. In addition, I maintained my professionalism throughout the interview while sustaining a welcoming and friendly environment that was conducive to comfort and trust. This way, the participants will be comfortable and at ease when sharing their narrative stories and experiences. Data collected and analyzed were backed up on my personal laptop. I have a password on my laptop that only I can access, and the folder in which it was stored is also password-protected. Direct quotations I used in this paper do not have recognizable information, and I told the participant that names would not be mentioned in the paper and would be labeled to an identification name, P1-P12. However, all agreed that I could use their real names as they

had disclosed their names in interviews they had in Evangelisenteret's magazine, "Ennå er det Håp," together with their picture. In addition, they want to share their stories and journey in overcoming addiction. As some of my participants are still in rehabilitation, I opt to anonymize their names and use aliases as this might have a negative impact later on their lives. I had not had any contact with any of the participants before the interview was conducted to ensure their anonymity. Personal information or other aspects unrelated to the research questions were eliminated from the data set.

4.8 Research Validity and Reliability

To show the validity of the research, I will base my discussion on Lincoln and Guba's (1985) proposed criteria for evaluating a qualitative study: trustworthiness and authenticity. Trustworthiness has four points of reference: credibility, transferability, dependability, and confirmability. According to Bryman (2012), credibility is parallel to internal validity, a process where the researcher represents the finding according to the participant's perspective in the study; transferability is similar to external validity, where findings of the study can be hypothesized across social context; dependability refers to the reliability of the study where findings should be presented the well-documented that is rational and identifiable; and lastly, confirmability is related to objectivity is ensuring that conclusions were supported with thorough evidence. This fundamental principle guided me to produce a qualitative study that is trustworthy and authentic.

To establish the credibility of my study, I kept all the data collected, such as recordings and transcriptions, in a secure password-protected folder, and the reflective journal and other handwritten notes stored in a file cabinet that only had access. I formulated and presented the interview guide in this chapter and in the appendix to acquaint the readers with how I collected the data. I provided a detailed description of the thematic analysis above to make sure the transparency and detailed analysis of the raw data by providing the six steps recommended by Braun and Clarke (2022). In addition, I provided a detailed report on how I started, providing several samples from the initial coding until the final coding to ensure credibility in data collection. Thus, applying a standard method in detail in all stages of the research process ensures the validity and strengthens the study's dependability. I also used direct quotations to the

participant's response during the interview to provide a thick description and avoid personal bias in analyzing the data. Ensuring the study's objectivity, I checked and rechecked the data collected and checked my analysis to see if my findings were observable to others. In addition, I checked my reflective journal to help me recall how the participant expressed his point or any crucial gestures from the notes I took to provide a clue on how he answered the question. As I have been volunteering in my home country for FBR programs, I have a certain familiarity with alcoholics' struggles with addiction and their motivation in recovery. With this background, I may have some biases and assumptions during the study. However, to ensure that my study will not be subjective, I remain reflexive by placing particular importance on objectivity and being aware and mindful of my assumptions.

5 Findings and Analysis

5.1 Introduction

This chapter presents empirical findings from interviews with twelve participants and observations in the Evangelisenter in Fjordtun. Following the thematic analysis of the data, three central themes emerge responding to the research questions. The main research questions aim to examine the factors these adult men describe as influential in the onset of their alcohol consumption and their perception of how the faith-based rehabilitation program assists their recovery. The chapter is divided into two sub-chapters that focus on responses to the factors described as influential in the onset of their alcohol consumption. The second part gathers the answers about their perception of how the faith-based rehabilitation program assists their recovery.

In the thesis, I call drug addicts who receive support from the faith-based rehabilitation program as persons with alcohol addiction or substance use disorder and participants. Moreover, the Evangelisenter in Fjordtun is only for male addicts; therefore, the word "he" is used to describe the person with addiction. The first day of visiting the center was only meant for observation as I wanted to familiarize myself with how they operate and get to know more of the participants by conversing with them during their free time. Further, I joined them in their morning prayer and ate breakfast and lunch together. As the table was set for four people, I joined different groups during meal time to establish rapport with the participants. All participants are encouraged to join the worship service in the center. Some participants played the instruments, such as drums and guitar, during the service. They sang, prayed, read the Bible together, and sometimes heard testimonies from other participants and sermons from the workers at the center.

Interviews were conducted at a private office provided by the center, and the participants were given a schedule for when their interviews would be conducted. I was not informed who would be interviewed for the day; I only knew it when the participant shared it with me during breakfast, after the morning service, or during their scheduled interview. I had one or two interviews in a day. As I mentioned in the methodology chapter, only one interview was

conducted with participants who wanted to be kept from being recorded. When I had two interviews in a day, one was conducted after the morning service, the other after lunch, and when I finished helping in the kitchen. I do not have many interviews in a day because, after each interview, I write in my reflective journal. The remaining time gives me time to reflect on the conversation and begin with transcription when I still have enough time. This process will ensure that I avoid being biased in my analysis, as I will depend on my reflective journal and transcription during my analysis.

Table 3 Over-arching themes and Sub-themes emerging from the 12 interviews

Over-arching Themes	**Sub-Themes**
1. Predictors of Alcohol Use	1.1 Early Alcohol Exposure 1.2 Stressful Life Events 1.3 Alcohol Expectancies
2. Faith-based Intervention to Alcohol Use	2.1 Spiritual Transformation 2.2 Social Support 2.3 God's Purpose for My Life

5.2 What are the factors adult men describe as influential in the onset of their alcohol consumption?

In this section, I investigate the interviewees' responses regarding the influential factors in their alcohol consumption.

5.2.1 Early Alcohol Exposure

According to the participants, being exposed to alcohol at a young age is one factor that these men describe as influential in their alcohol consumption. All participants, without exceptions, had an early start in drinking, with an average of 13.5 years old. The earliest age when participants consumed alcohol was 11 years old, and the latest was 16 years old. However, the intensity of these exposures differed immensely from one individual to another. Generally, early alcohol exposure was mainly associated with family influence, which participants considered to be most influential in their onset of alcohol consumption. P1 started drinking at 16 years old and P6 at 11 years old with the influence of the father in the family, and they explained:

> I had an alcoholic father, and he said it was time for me to learn to drink since I was at the right age. He said that a man should drink. I just follow what he says, as he becomes violent when I go against his will. And as a father, he should teach me to drink rather than learn it from others. I thought, at that time, that boys should drink, and this is where it all started. (P1)

> In my tradition, as men, we are allowed to taste wine because we need to learn to drink it. We have family gatherings every weekend; wine is part of our tradition. After we had eaten, so much wine was left on the table, and I would usually steal leftover wine from the glass. My father caught me, but instead of reprimanding me, he laughed it out and gave me some more, as he did not want me stealing wine because stealing is wrong. I became drunk, and it felt good. I was told I was starting to be a real man, and this is where it all started. (P6)

In P4's case, his mother influenced him on his alcohol consumption, which he described as having low parental guidance, and drinking is perceived as an acceptable behavior that caused him to start drinking early.

> I grew up watching my mother binge on alcohol in the evening. I remember it started every weekend, but when my father left us, I watched her drink every night. The following day, she is fine, as if she had not drunk the night before. Therefore, I started drinking during the evening, too, as my mother would not notice it as she was soundly asleep in her room. When I see my mother drink, it seems to me that it is acceptable to drink. (P4)

Further, other participants pointed out the influence of other family members in their onset of alcohol consumption. Some of these experiences are described in the following examples:

> I come from a family with an addiction problem; therefore, becoming drunk and high is a typical day for us. The only thing we were advised is never to cause trouble when you are out and drinking hard. What I mean is that as long as you do not commit crimes while high or drunk, then that is all right. Therefore, as I aged, I thought that drinking was all right because I did not cause any trouble. (P9)

> I can say that well-off parents raised me because we could afford parties almost every weekend. We have alcohol, wine, and spirits in our bar in the house. I can get anything from there, and my parents will not even notice that something is missing; this is how much alcohol is available at home. During the weekends, while they are partying at home or elsewhere, I also drink by myself in my room, either alone or with other children who come over on the weekends. I started drinking beer and wine, and when this did not make me drunk, I turned to hard liquor, which started to be a severe problem. (P5)

From these descriptions, one can observe that alcohol consumption is not only influenced by alcoholic parents and family but also the availability of alcohol at home or gatherings such as parties where alcohol is everywhere. Let us cite an example, P4 and P5, where they started to drink as they saw it done by adults and saw no wrong about drinking. Furthermore, encouragement from family also influences them to drink more, stating that "becoming a man" is learning to drink, such as in cases of P1 and P2. As discussed in chapter three of this study, when parents have AUD, there will be low levels of parental support and an increase in the probability of finding alcoholic friends (McCutcheon et al., 2018).

In the same manner, few participants associated early alcohol consumption with peers, as having alcohol at the gathering makes the party more fun. In addition, in this study, not all participants have a family or parents to guide them. Instead, peers were there for them and looked up to them while growing up. The participants of the study describe the negative and positive influence of their peers in their onset of alcohol consumption. The following examples are chosen to support this idea:

> I remember it was in high school when I started drinking; it was the wildest time of my life, from drinking for fun to being addicted to it. I was surrounded by friends who drank so much, and so I drank as much as them, as it was more enjoyable when we were on the same level of drunkenness. We were not causing trouble, though; we just drank to enjoy ourselves and feel the comfort of each other. (P2)

> I had a difficult childhood because I did not have an adult to rely on.. My parents have their own addiction problems. My friends are all I have growing up. We learned from each other, such as drinking, stealing, alcohol, drugs, and many things that were bad habits for a child. Most of the kids in our neighborhood are doing it; my friends do it, so I just did it as everybody else did. It was part of growing up. (P7)

> My friends influenced me to drink as my parents were too busy earning money for us. I was bored at that time, and I was looking for some excitement. At first, I wanted to be with my friends during the weekends, and they drank on weekends, so I did it too and enjoyed it afterward; however, it evolved to drinking every day (P10).

These quotations show that peers are another factor in starting drinking early. In addition, their understanding that if everyone is doing it, then they might as well do it is closely linked to their perceived alcohol drinking. For the most part, the sense of belonging to a crowd was related to drinking and committing crimes, as P7 described.

5.2.2 Stressful Life Events

Another term that emerged was experiencing stressful life events at a young age, both physical and emotional. Physical abuse by their father and bullying at school is an illustration of stressful life events. Emotional abuse in this study is instilling a child to be perfect in the eyes of others, showing no flaws in their family.

> My parents were both alcoholics, but my father, when he was intoxicated, became violent, and I am afraid all my life because of this. I think this is the reason why I started drinking. When I drink and my father becomes violent, it does not hurt anymore. Moreover, sometimes, I do not remember what he did last night; I just felt back pains the day after. There were days when we did not have food to eat, but we had vodka at home, then I drank, and I slept... I did not have to pack lunch for school because both of them were still asleep when I left for school; maybe this was a reason why I was bullied because of this. We do not have so much, as my parents cannot hold a regular job. (P12)

> My father was a strict and law-bound person. He never talked; it was always physical if we did something wrong. Moreover, for him, we always needed to do something right… Growing up with so much pride in the family, we should always look perfect in other people's eyes. The façade must be glorious, and I must show how good we are as a family. It is damaging me inside, and it has become too much for me that I drink to keep me sane. (P3)

Another stressful life event is an unfamiliar environment that causes a child to feel unsafe. P11 experienced at his early adolescence stage feeling unsafe in an unfamiliar environment, parental separation, and migration.

> I started drinking when I was 14 because, at that time, I felt unsafe, and there was so much going on in the family. We needed to move to another country when my parents separated, and this made me feel unsafe. I have to learn a new language and a new school, and I need to make new friends. I was bullied at school as I was new. However, it all stopped when I met my new friends outside school. I am no longer lonely; we drink and take drugs everywhere we go. (P11)

These descriptions provide evidence that predictors of alcohol addiction are experiencing stressful conditions in life, especially in early adolescence, where young adults need their parents for support and guidance in this competitive world. Take P3 as an example; he was forced to show how perfect their family was, which hurt him inside. Indeed, such stressful life events are not unknown to other researchers. The SLE literature suggests that exposure and experience to such stressors may facilitate early insobriety (Schwandt et al., 2013; Enoch, 2010; Pilowsky et al., 2009). The information gathered in this study supports this notion.

Parental separation experienced by P11 is one stressor that facilitates an early insobriety. Another participant takes P4 as an example; when his parents separated, her mother drank more

than usual: "I grew up watching my mother binge on alcohol in the evening. I remember it started every weekend, but when my father left us, I watched her drink every night." According to him, he started drinking as her mother would not notice as she was asleep in the other room. This leads to thinking that P4 experiences low levels of parental support.

Finally, what is evident from these short representations is that few of the participants turn to alcohol when they feel unsafe or to overcome loneliness. As the quotation from P3 and P11, he turned to alcohol as he felt unsafe and to cope with loneliness and sanity. P4 started drinking when his parents separated, as his mother did not notice it. In addition, P12 started drinking to forget the maltreatment he experienced at home and school. Alcohol became their companion in his journey to adolescence. For the participants, alcohol was not only forgetting the adverse events in life but also enjoying life with alcohol and the feel-good factor of alcohol.

5.2.3 Alcohol Expectancies

In the context of alcohol expectancies, positive expectancies are somewhat connected to alcohol consumption. Participants who had positive outcomes in alcohol consumption were likely to consume higher levels of alcohol. This phase is where participants think drinking makes them feel good, relaxed, and different in a positive way.

> I have very low self-esteem because I am different from others. When I have alcohol in my system, I become confident, I feel normal, and I can easily talk to anyone without stuttering. This kind of feeling I get makes me want to drink more. (P4)

> I have had a concentration problem since I was a child. I needed to read an article multiple times to understand what I was reading. However, when I drink enough, I can understand everything in just a snap, and I do not have any problems with concentration. I forget my sickness, and I can even make people laugh when I talk. This

> never happened to me if I didn't drink. Therefore, I drink enough alcohol, but it increases every time, which starts my addiction. (P8)

Increasing sociability is another alcohol expectancy that is relevant to these participants. Let us take the following statements examples:

> I was part of a band in school, and before any performance, we drank as part of our routine as a group. We could perform better and cooler if we drank before going on the stage. When you are young, you believe in those things. Alcohol is also part of our tradition to become a man; drinking is just for fun in our time. I never thought you could become addicted to it. (P6)

> My friends are older than me; they already drink when I join them. I thought drinking was on the same level as them, which meant I belonged to the group. They did not influence me to drink, as want to feel that I was one of them. I drink more and more until when they call me their drinking buddy, which makes me happy. (P9)

The idea is that negative affect motivates an individual to drink, which involves improving the negative emotions someone feels. P3 and P11 commented on how they drink to improve the negative emotions they feel when they do not consume alcohol.

> When I drink, I feel whole again and feel like I am equal to my friends. I feel like my confidence is boosted. I felt normal if you say so. I am not the broken person I was when I didn't have alcohol. I forgot all the wounds in my heart once I binged on drinking. All the physical pain my father caused me and all the emotional pain of having a strict father have gone away. (P3)

> When I didn't drink for a day and went out, I felt like people around were looking at me, and they seemed to be talking about me and laughing at me. I felt so small and ashamed of myself that instead of buying food, I went right directly to buying alcohol and left. I do not want to meet people eye to eye. When I started drinking, all those emotions were gone, and I felt relaxed again. I think I got addicted to that feeling that I drank more and more until I feel that I no longer felt ashamed of myself. (P11)

Thus, one can see that negative emotions that are prevalent when the participants are sober encourage them to drink to improve their emotional state. They gradually drink more to shift from the adverse effects to the positive effects of alcohol. To reach a particular effect of alcohol, participants start from moderate drinking to binge drinking. Binge drinking can occur for several hours up to several days and sometimes even last for weeks. Heavy and regular binge drinking, which is apparent to the participants, developed an alcohol use disorder. Let us look at the statement of P12:

> I drank more and more to cope with my depression, but it became harder. Instead of feeling relief when drinking, I felt like I wanted to end my life. I did it once while intoxicated by crashing my car into a tree; luckily, I survived. This was when I realized that I wanted to get out of this life, as alcohol was not helping me anymore; it was destroying me inside. (P12)

P10 commented on binge drinking as this is the only thing he knows.

> I started my day with a shot of whiskey and could function. However, this did not last long; there were days that I called in sick and just drank the whole day. Ultimately, I lost my job, and life

> became so difficult. I continue to drink even if my life is difficult. For me, I cannot do anything but drink. It came to a point that I was tired of being intoxicated all the time; I prayed that my life would become more livable. (P10)

These descriptions provide evidence that there is a tight link between coping motives and binge drinking. Furthermore, binge drinking leads to alcohol disorder. Majority of the participants in this study expressed that they drank to improve their emotional state or wanted to forget some negative affectivity, which included depression, physical and emotional abuse from the past, stress, guilt, and shame. Interestingly, despite the entire binge drinking to cope with adverse effects, participants get exhausted from getting intoxicated and want to get over their addiction, and this is described as a turning point in the life of a person with addiction. P12 described his turning point as "crashing my car into a tree; luckily, I survived." He became tired of living as a person with addiction and wanted another path in life. Another participant's description of this turning point is the tragedy of losing peers:

> I was admitted here (Fjordtun Evangelisenter) in 2002, but I did not take it seriously. So, I was out and drinking again. However, I had a tragic experience, as my friends died because of intoxication and some overdose. I wanted a different path than they had, so I called the center if they could take me in. (P1)

The participants' context of a turning point is described as a loss of loved ones or near experiences near-death experiences such as an accident or self-inflicted harm and imprisonment or rehabilitation program, which is called ND treatment program discussed in Chapter 2, and exhaustion in living with AUD. This is associated with White, W. & Laudet's (2006) definition, which stated as an "experience that often occurs in the context of near-death experiences (from overdoses, suicide attempts, violent victimization), HIV/AIDS, addiction-related deaths of close friends and incarcerations" (p.4).

In summary, these findings provide evidence that there is a connection between alcohol expectancy and alcohol consumption. Participants who consume alcohol are either anticipating the favorable outcome or want to improve their negative affectivity when they are sober. These participants increased their alcohol consumption to reach the level where they felt good about themselves or forget all the negative moods they were feeling before they consume alcohol. However, the level of alcohol increases and can cost them their loved ones, their careers, and their freedom. Therefore, all participants reached a point where they asked for help. However, participants who asked for help after experiencing a turning point still experienced a relapse despite losing everything. Subsequently, they call for help to overcome addiction. Regardless of who knew about the program first, either the drug addicts themselves, a family member, or offered to them by the ND program, it took time for the addicts to ask for help. In the next section, I will discuss participants' perceptions of faith-based programs' assistance in their recovery.

5.3 What are their perceptions of how the faith-based rehabilitation program assists their recovery?

Without exceptions, all of the participants experienced a turning point that led them to seek help for their addiction. Some experienced the death of family members or peers, others lost their family and finances, and some were just tired of being alcohol dependent and suddenly wanted to change the course of their lives. Therefore, they seek help from faith-based rehabilitation programs to see if they fit their needs. Half of the participants interviewed were not religious but had a religious background growing up and did not practice religion when they became adults. In addition, a few participants did not believe in God, and only one participant was religious while having alcohol problems. As described by some participants, when they contacted the center, they were offered availability on the same day, or the center suggested they would be contacted the next day when the treatment center found any availability. Some needed urgent help, and faith-based programs responded to their petition instantly.

Therefore, one main reason they chose the center is its availability, as few participants needed urgent help or to avoid imprisonment. Further, few participants voluntarily contacted the center as they had already been treated at the center before, and they believed that they could overcome their addiction with the help of the center. The other participants chose the center as they have tried other treatments, such as a state rehabilitation program, and it did not work for them, and they wanted to try other ways to treat their addiction.

In this section, I examine the participants' responses regarding how faith-based programs assist their recovery.

5.3.1 Spiritual Transformation

As participants improved their relationship with God through constant communication in prayers, religious activities, and reading the Bible, they experienced spiritual transformation. All interviewed participants experienced spiritual transformation, and they pointed out that this is the most critical aspect of their recovery. Some of the participants described spiritual transformation as experiencing the love of God, even though they are sinners, by being on their side in overcoming their addiction. One participant described that spiritual transformation starts when you accept Jesus, and healing follows:

> I have been to other treatment programs; however, this is the first time I got to a faith-based treatment. Being here, I know Jesus better and accepted Him to be in my life. Now, I turn away from my sins, and everything that does not please God, and being alcoholic is one of the things that He wants me to avoid. (P8)

Additionally, spiritual transformation is realizing that there is a light at the end of the tunnel and Jesus is there to embrace him.

> Before I came here, I was alone and angry at the world, but now I know God, and all the hatred I felt is gone and has been replaced with love. This has been the longest time that I have been sober, and I do not need any alcohol or drugs anymore. I have Jesus to walk with me and can share my tough times. There is a great power up there that will help me overcome my addiction. I still have a long journey, but I can see the light at the end of the tunnel, and Jesus is there waiting to welcome me. (P7)

P9 shared that spiritual transformation is when God loves him despite being a sinner.

> Jesus has been with me since he saved me from multiple intoxications, but I always wake up with no deleterious effect on my body; this is a miracle. Jesus rescues me constantly because he wants to save my soul and recover. I know this because during our Bible sharing, I got closer to God, and I know he loves me even if I am a sinner, which is why he rescued me from death multiple times. I noticed that as I participated in religious activities, I realized how God loves me. (P9)

P3 talked about spiritual transformation as never alone in the journey of recovering from his addiction.

> We have a Bible reading here twice a day, which is very helpful in my recovery. Sharing Bible verses about Jesus and our experiences assures us that we are not alone here; we always have Jesus. I realize I do not have to achieve anything for others to appreciate or love me; I am already enough for Jesus. I may not be good enough for others, but I know Jesus loves me, and I am more than enough for him. (P3)

P4 talked about spiritual transformation as feeling something inside.

> I remember on my first day, I thought this was just the same as other treatments I was sent. However, as I gradually attended meetings, I started to feel something. I felt that my heart started to beat when we sang praise songs. My heart only beats when I start drinking, but now it beats for Jesus. Having this kind of change helped me live an alcohol-free life. I even hung out with them several times, and they still drank, but I was never tempted as my heart did not beat for alcohol anymore. (P4)

P5 expressed spiritual transformation as filling the emptiness.

> I drink because something is missing in my life that I need to fill or something is not right for me. I am still determining what it was; however, when I accepted Jesus again, my life's missing piece was found. I now feel at peace. I have someone helping me to be well and motivating me to be good and healthy. (P5)

Together, these results provide some valuable insights into the spiritual transformation reported by the participants. Most participants appreciate the Bible sharing as they shared their experience and knowing Jesus better, motivating spiritual growth through prayers and church activities, and knowing that they are not alone and Jesus is with them in their journey. It appears that spiritual transformation helps people with a substance use disorder want to live a better life and helps them avoid relapse.

5.3.2 Social Support

This study has two types of social support: recovery support, which is support from their family, peers, brothers in treatment, and workers in the facility. The other type of social support is the church community, like their pastors and other church members. The participants have religious activity on Sundays, which is outside the center, and this is where they meet other church members and other pastors. Majority of the participants brought up the importance of being

understood by the people who live within the center and the workers and volunteers they encounter while in the program. One participant explained how being able to comfortably “talk about anything” with the people in the center and understood him fully.

> I like being here as the place is nice, and the people working here make me feel at ease. They listen when we talk about anything, whether it is some comments, suggestions, or any concerns. I love talking, and they never stop me from talking or avoiding me when I want to speak to them. I am being heard here, and they understand that I love to talk, and they will initiate talking to me when they think I am not in a good mood. This makes my day brighter. (P8)

As in the example above, an empathetic worker or resident willing to meet participants at an emotional level was highly valued. Another participant shared how hearing about other employee's personal stories of their recovery gave a sense of hope for the participants in moving forward: "The one who works in the center has had experience or has been a patient here once in his life; he shared his experiences that give me a hope that I will be sober one day, too. (P5). In this context, the element of empathy offered by the employee is social support that motivates the participant's journey to sobriety by setting an example.

Furthermore, it was clear that offering empathy alone was not enough for many; most of the participants value trust, comfort, and freedom regarding of how the people around them treat them. Some examples include:

> The good thing about the center is that it gives you room to breathe and does not pester you with so many things. Additionally, they give me hope to be a better person and trust me to work for them. This is important for us who are recovering and to be valued even with our lapses. (P6)

> Being here is very comfortable; the moment I stepped in the door, I felt welcomed by the warmth of the people working here and my brothers. I never felt I was judged. I was treated like part of the family. They even comforted me whenever I had bad days, improving my day. Moreover, the view here is extraordinary, which helps your soul at peace. (P2)

> We have daily activities here, like going to the gym and grocery shopping, a trip to Sweden once a month, and if we want to do other activities such as fishing, all we need to do is ask, and they will arrange it for us. They give us freedom to be ourselves and let us decide what we plan for our future. This teaches us to be accountable for our lives. (P7)

Surrounding the participants with supportive and sober friends helped them have a positive outlook on life.

> I have found new sober friends, and it encourages me to be the same. Also, I found new brothers with Jesus, and now we have the same goal: to live a drug-free life. Having good people around me makes me feel that I have my own cheering squad that uplifts and supports my journey. (P1)

P9 expressed that leaving his old friends who have addiction helps him in his journey to recovery: "I left in my old neighbourhood because whenever I went back home, I hang out with the same people and started to drink again." However, P4 has a different view as he continues to hang out with his friends, and they drink and use drugs in front of him, and he is never once tempted to drink again. He sees this as an opportunity to help his friends overcome addiction. He said, "I hang out with my friends who are still drinking several times, and I never once tempted with alcohol; that is all over the place. My best friend is an addict, and I helped her become sober by introducing Jesus to her. I told her if she feels the urge to use again, she needs to contact me."

Some of the participants also expressed that support from the church community was another aspect that assisted them in their recovery. Participants attend Sunday services in different cities and meet other church members and pastors on Sundays. They expressed that the treatment they received from the church community makes them feel that they are part of the church rather than a patient from one of their rehabilitation program. One participant expressed: "my church family are God's angel that were sent to me to take me out in my dark and cold world. They pray for me to be better and they accept me without any judgment and treated me as one of them, and not as a recovering addict. Just like the story of the prodigal son, they accept me and celebrated with me." (P12)

Another participant explained that the church community comforted him in his recovery. He explained:

> On Sundays, we go to church, not just the same church every Sunday, and we get to see other brothers and sisters in the church. We get to talk about our struggles, and they listen to us attentively. They advise, console, and pray for me, and this gives me comfort as I have a church that does not see me as an addict but sees me as a brother who is in need. (P11)

The analysis of the interview data highlighted that being part of recovery and the church community was another factor essential to the participants' recovery. Receiving support from the treatment facility on their recovery enabled the participants to feel safe and at ease in their daily lives during the treatment. Furthermore, the trust they are given encourages participants to be more accountable in their daily lives. The church's role in supporting the participants by not treating them differently from other members is essential in supplementing the participant's journey to recovery.

5.3.3 God’s Purpose For My Life

As the participants experienced spiritual transformation, they asked themselves what was in store for them, and the center helped the residents by providing guidance. However, they let the

residents decide what they want after completing the treatment. One participant said: "I have a guidance meeting and we will discuss what is best for me. The first time I had my meeting, I don't see myself what I can become in the future. However, they give me suggestions and offer me to take any vocational course I am interested in. I pray to God what His plans for me." (P8)
As believed by all the participants, they wanted a better life by living in God's purpose. Additionally, some of the participants wanted to set an example to other addicts so that they could recover. Helping another person with addiction is considered the life mission of some participants and believing that this is what God wants him to be.

> I let God pattern my life after I accepted him because He knows the battles I fight. I am good at listening and talking to people, so I asked if I could volunteer here because I know this is what God plans for me to help others. I want others to experience what I had experienced when I accepted God in my life; my life's purpose is to inspire others. (P2)

> It is best for me to contribute to the center, help other people suffering from addiction, and simply be available for others. It motivates me to be better every day. When they saw my changes, I was offered a job to help others. I did not see this coming, but Jesus plans everything ahead. Moreover, I know this is what Jesus wants for me, my life's mission. (P5)

Furthermore, most of the participants discussed that self-development through learning new things, such as going back to school or gaining a new talent, is another way of living in God's purpose. As discussed in Chapter 2, participants are offered to return to school, Bible school, or vocational education as part of their treatment. The participants value this recommendation as they see it as God planning their future.

> I am leaving soon as I have completed the treatment already. I took a vocational course last year and found a job at another center. I

will start working in the kitchen. I am excited to start working and sharing my new skills. I am thrilled in this new chapter, as I can live what Jesus has planned for me. Jesus always has a plan for us, and we can read it in the Bible; it may not be what we want but what we need. (P6)

I enrolled in the Bible School in Varna to learn more about Jesus, understand my purpose in life, and apply what I will learn daily. After I finish my schooling, I plan to volunteer at the center. I am already preparing for my future, and this has never happened before. I am delighted for the future that God is preparing for me. (P9)

I learned to play guitar while I was here in the center. And now, I play guitar here during the morning gathering, which I love. This is a positive thing for me as I have something to offer to Jesus and my Christian brothers. My newfound talent is my way of offering back to Jesus and the people who help me become sober. (P1)

In addition, some participants believed that their lives had been planned, even their addiction, to help them realize what God had planned for them. They express that God let them experience the difficulties in life as He wants to lead them in the right direction as they hit rock bottom and realize they need change. Some participants described this experience as follows:

I believe God has a plan for me, and I realized this when I lost my home, my family, and everything. God chose me to be here because His plans will all start here. He knows if I am here, I will accept him again, and I will live according to his will, not mine, and that is the difference. My addiction leads me back to God. I can compare myself to a lost lamb who found his way back home with the lead of my master. (P8)

> One day, while I was intoxicated, I called my mother, and we talked about eternal life, heaven, and hell. A Christian family raised me, so we normally talked about such things, and my mother always prayed for me. After we talked, I thought my life was so difficult and that this was the hell I was experiencing. I wanted my life to be different, so I sought help at Evangelisenter. The center has shown me that life is full of surprises and that God is always with you, even if you sin. Good things come in the right place and at the right time. God has already planned my future, even if I do not see it with the center's help. (P10)

Some of the participants did not see addiction as a negative trait but rather as an experience or a way to be closer to God and make them realize that God has planned everything in their lives. They expressed that all plans come in God's time, not theirs. Additionally, they described God's plan for them to live a better life by avoiding alcohol and living according to his directions. P3 described his beliefs in the following:

> Instead of looking at myself, I always see what Jesus plans for me. Before, when I had a goal, I always went straight and achieved it; however, now I think and follow Jesus. When he says stop, I stop; if he says to turn to my left, I do it because I know He wants to show me something. And when you get people to understand that, everything will be much better if you listen to your heart and not your mind. You may not get the goal you wanted, but you will be directed to a much better if you wait. (P3)

In summary, the three sub-themes above underlined the faith-based program's perceived helpfulness in recovering from addiction. One of the most exciting findings in this study is the participants' views of how God plans their lives, even their addictions, and they believe that it leads them to be closer to God. Further, participants accept that God's plan will evolve at the

right time and know where God wants them to be. For instance, few participants expressed that addiction is an experience and painted it in a positive light. The reason, perhaps, for this is that addiction becomes a way for them to be closer to God. As such, people with addiction want to lead a better life by avoiding relapse and serving their life's purpose, such as helping others and sharing their newly acquired skills or learning.

Taken together, these results provide evidence that early exposure to alcohol and stressful life events play an essential role in developing addiction. In addition, alcohol expectancies such as positive expectancies lead someone to consume more alcohol while coping with negative affectivity motivates one to drink to improve one's emotional state. As participants became addicted to alcohol, this caused them to get tired of their lives and seek help, and they either chose the treatment themselves or recommended to them by a family, friend, or from the state.

All the participants in the study believed that being in a faith-based program helped them become closer to God through spiritual transformation. Firstly, the conversion they experience has a direct impact on encouraging them to avoid alcohol. Secondly, the support of the role of the community and the church is another factor in enhancing the participant's journey to recovery. Finally, more awareness of God's plan makes them realize that God wanted them to be sober and help others with their journey to sobriety.

6. Discussion

This study was undertaken with the intent of exploring two research questions concerning the early onset of alcohol consumption and their perception of faith-based treatment in assisting their recovery. The first objective of this study was to identify the factors adult men describe as influential in the onset of their alcohol consumption. The second objective was the perception of these adult men on how the faith-based rehabilitation program assists their recovery.

6.1 The influential factors in their substance abuse

6.1.1 Early Alcohol Consumption

Concerning the first question, the findings of this study suggest that the early onset of alcohol consumption was through early exposure. My findings in the study were that all participants interviewed perceived that early alcohol exposure led them to develop alcohol use disorder; however, early exposure varied from one participant to another. In this study, the recorded age at onset of alcohol exposure of the interviewed participants was 11 years old, and only 1 participant was exposed to alcohol at age 16, with an average of 13.5 years old. They all provided an idea of how they had been exposed in their adolescent years to alcohol use. Interviews with the participants about how they perceived the use of alcohol at an early age are through availability at home, social gatherings, family, friends, and cultural norms. Participants were all male in the project; therefore, a gender norm was another factor in their early exposure. As a cultural knowledge, it is accepted that men drink once in a while, and it starts from sip drinking to heavy consumption.

Reflecting on the theory chapter, alcoholic parents or one parent influenced their children to drink at an early age (McCutcheon, 2018), (Macleod et al., 2018), and (Englund et al., 2008). Few of the participants who started to drink in early adolescence have one parent or both parents who have alcohol dependence. According to the interviews conducted, alcoholic mothers perceived that it became acceptable to drink at a young age, which was discussed in the study of

Englund et al. (2018), in which maternal drinking gave an idea to a child that it is acceptable behavior. Additionally, having an alcoholic father did not decrease the risk of early alcohol exposure. These findings resembled the study of McCutcheon et al. (2018), which stated that when a child experienced a lack of parental support, it would lead them to acquire alcoholic friends. However, having an alcoholic father did not decrease the risk of early alcohol exposure, as discussed in the study of Macleod et al. (2018). The difference in this study was that most of the alcoholic fathers in the interview were abusive and belonged to low-income families, and most of them could not sustain a job. However, in the study of Macleod et al. (2018), the fathers belong to the manual occupational class, and their data did not include the father's attitude when intoxicated.

Another factor in this study that the participants expressed is that if both parents have alcohol dependence, they showed low levels of parental support and took support from their friends. Participants interviewed who have alcoholic parents showed a low level of support, and most of the participants relied on their friends' support, and most of their friends drank alcohol. These findings resembled the study of McCutcheon et al. (2018), which stated that when a child experienced a lack of parental support, it would lead them to acquire alcoholic friends.

As discussed by a few participants interviewed, peer influence was another factor in early alcohol consumption as they provided guidance, support, and pleasure. Few participants pointed out that they belong to a group if they do what others do. Further, the participants in the study had friends who drank alcohol, and to make social gatherings more fun, they would drink alcohol. The study participants expressed that they were not forced to drink; they wanted to belong to the group, which was why they also drank. Some of the participants in this study mentioned that they drank as much as their friends to make gatherings more fun, and they just followed what others were doing, which seems to indicate that they wanted to belong to a group. Morris et al. (2020) mentioned this kind of pressure as keeping up and considered it a drinking etiquette where everyone in the group drinks in the same quantity and velocity.

Ivaniushina and Titkova (2021) pointed out that peer influence was the cause for adolescents to consume alcohol. In their study, young adolescents chose their peers according to their drinking similarities and behavior, which was opposite to the findings in this study. Most participants whose peers impacted their drinking habits did not choose their peers; instead, they found their

peers in school, neighborhood, and family friends. Participants who had both or one parent had alcohol use disorder prioritized friends where they could seek comfort and understanding. Furthermore, participants who felt unsafe chose friends more potent than them, such as those older than them or friends they could rely on and trust.

Additionally, the fathers of some participants in the study believed that their children should learn to drink from them, as mentioned by P1 and P6. A few participants expressed that to be a man, one needs to learn to drink. Masculine identity played a vital role in the participants' early use of alcohol. The participants in the study were encouraged to learn how to drink beer at an early age, as it is a man's identity to drink and not get drunk, by their father or other male members of the family. Eventually, participants learned to like the taste of alcohol. The study of Willot and Lyons (2012) is similar to the findings in this study wherein learning and liking beer and not getting drunk for a more extended period was expected individual males must do to be credited as men.

The findings in the study suggested that there was a link between early alcohol consumption and alcohol use disorder, as the participants in the study expressed that these exposures had a significant effect on why they developed alcohol use disorder.

6.1.2 Childhood Adversity

Traumatic life events are another factor in the child's exposure to early alcohol consumption, and it was experienced by the majority of the participants interviewed in this study. According to Schwandt et al. (2013), there were five varieties of childhood trauma: emotional abuse, sexual abuse, physical abuse, emotional neglect, and physical neglect); when a young adolescent undergoes such trauma, it would lead to underage alcohol consumption and alcohol dependence. Their study stated that emotional abuse was the primary cause of early alcohol consumption. However, in this study, both physical and emotional abuse was equally experienced by the participants. Physical abuse came from an alcoholic, abusive father, strict parents who resorted to physical punishment to discipline, and relatives who physically abused them in their childhood. Emotional abuse and neglect were when they received low parental support from their parents due to their alcohol abuse or separation. There was no indication of which was most influential

by the kinds of abuse they experienced; instead, the higher the child stressors participants experienced, the more these participants would develop alcohol dependence.

Most of the participants experienced one or more stressors in their early childhood, and this led them to develop alcohol dependence. An example of this adversity was when a participant migrated to another country, which made him feel unsafe and had low parental support as his parents separated. In addition to all these stressors, he was bullied at school as he was new and did not know the language very well. Therefore, he started to drink in his early adolescence. Pilowsky et al. (2009) suggested that the higher SLE that happened in their childhood raises the possibility of being an alcoholic dependent in adulthood. The findings of Pilowsky et al. (2009) were similar to the findings in my study; as children experienced numerous difficulties in their early childhood, they were more likely to become alcohol-dependent later in life.

Some participants resided in a disadvantaged neighborhood and witnessed that most of their neighbors were already into alcohol, drugs, and unlawful activities. Therefore, they lack adult role models who could be good examples and who did not engage in substance abuse. One participant explained that, in terms of bad habits, "most of the kids in our neighborhood are doing it; my friends do it, so I just did it as everybody else did. It was part of growing up" (P7). Another participant mentioned that he was raised in a family that has an addiction problem. As a child with this background, he thought this was typical as no one would teach him this behavior was unacceptable. This finding was similar to the study by Boardman et al. (2011), where their study indicated that there was a connection between drug use and disadvantaged neighborhoods as it was tolerated and considered a norm. The study also pointed out that a community that suffered from poverty lacked education and treatment for residents on drug use and abuse.

Enduring stressful life events and the availability of alcohol increased the chance that the child would be exposed to early alcohol consumption. All of the participants in this study had easy access to alcohol either at home or outside their homes, and for that reason, it became easy for them to be exposed to alcohol. This finding was similar to what Enoch (2010) found in her study, wherein stress-exposed children and the availability of alcohol and drugs developed substance dependence. Take, for example, some of the participants who had an abusive alcoholic parent, and therefore, alcohol could be found anywhere in their residence. Experiencing child mistreatment at home and having access to alcohol made the participants want to drink to either

forget the pain they experienced or not feel at all. Therefore, Enoch (2010) suggested that developing a positive environment in the adolescence stage was essential for a child to prevent developing drinking habits that could lead to alcohol dependence later in life.

6.1.3 Alcohol Expectancies

The impression that one can improve one's negative emotions as one starts to drink, was the last factor in the study that influenced the participants to drink alcohol. The majority of the participants in the study drank to make them feel good and relaxed, improve their emotional state, or forget some negative affectivity. These findings were also expressed in Kobin's study (2013), in which "drinking occurs mostly in contexts of fun, relaxation and forgetting about worries and troubles" (p. 283). Therefore, the positive alcohol expectancy was one factor that these men drink. Positive alcohol expectancy is defined as a theory that alcohol will be a source of pleasure and improve negative emotions as one starts to drink. According to a few participants, alcohol increased their confidence; thus, they could talk to people with confidence, perform better, and easily make friends. In addition, as they drank, they evolved to be more sociable, and their insecurities or weaknesses disappeared as they felt the effects of alcohol on their body. One participant mentioned that he had a problem with concentration, and when he had alcohol, it suddenly disappeared, and he could understand everything. Because of this, he became confident when talking and making jokes. Therefore, the amount of alcohol consumed by the participants relied on the outcome they expected to achieve from drinking.

Reflecting on the theory chapter, a link between alcohol expectancy and alcohol consumption was evident; participants in the study by Jenkins et al. (2020) drank more alcohol when the expectation of drinking resulted in a desirable outcome. The findings in this study also revealed that positive outcomes in drinking were predictors of alcohol consumption among the men who participated in the study—specifically, participants who had low self-esteem and wanted to feel good or become more confident about themselves. Thus, positive effects or beneficial factors contribute to alcohol consumption.

Coping motives were another factor that influenced some of the study participants. Coping motives are described as drinking to avoid the negative moods they are experiencing. As

mentioned in the previous chapter, some of the participants in this study experienced adverse emotions when they were sober, and to forget such feelings, participants started to drink. Thus, it improved the emotional state of the participants interviewed. Examples of negative moods experienced by the participants in the study were forgetting childhood trauma, anxiety, and depression. This result was the same as the study of Stapinski et al. (2016), where participants drank to cope with diverse emotions, and alcohol helped them feel relaxed and cheer them up.

In addition, one participant cited that he was binge drinking to forget the emotional pain caused by his father when he was young, and another participant expressed that drinking made him cope with depression. Thus, the participants gradually drank more to improve their emotional state, from drinking moderately to binge drinking. The study of Schwandt et al. (2013) had the same result in the study as some of the participants who experienced childhood trauma drink to cope with adverse effects. Couture et al. (2020) expressed that participants in their study consumed alcohol, often to high levels, thinking that it will enhanced their mood.

The findings in the study confirm that there was a connection between coping motives and alcohol consumption that leads to binge drinking, which would lead to alcohol dependence. The majority of the participants drank to enhance their emotions or cope with their emotions, which began with moderate drinking and consuming more to reach their desired emotional state. However, as the participants in this study consumed more quantity of alcohol, they developed alcohol dependence. They gradually lost their freedom, happiness, and health, which had been discussed by Nelson (2004) as being an enslaved person to alcohol. Therefore, participants in this study got exhausted with the life of a person with addiction. The decision to quit alcohol addiction was preceded by critical life events, which were referred to as a turning point (White & Laudet, 2006) or hitting rock bottom (Nelson, 2004) and wanting to get over the addiction by going into a rehabilitation program. Critical life events such as loss of family, divorce, death of friends and relatives, sickness, and imprisonment forced our participants to question their existence and resort to seeking help to find answers to their situation. All participants interviewed experienced hitting rock bottom before seeking help for their addiction, which became their motive force to break out of the powers of alcohol addiction. These findings are where the second objective of this study was formulated.

6.2 The Outcome of Rehabilitation in a Christian Context

6.2.1 Spiritual Conversion

As participants of this study improved their relationship with God through religious activities and programs, they experienced spiritual transformation. The participants interviewed describe spiritual transformation as God as the healer of addiction. In addition, it was described as accepting Jesus through regular communication in prayers and other religious activities, and healing their addiction followed; the participants in the study felt that they were no longer alone in their journey as they had Jesus and the people that would help them recover, and this gave them hope that they would be able to finish the program. The findings align with the research of Timmons (2012), who described God as a partner to cure their addiction through constant communication with God and help from the people God sent to help in the recovery process. Further, both studies resulted and gave importance to spiritual growth through constant communication with God to continue with their healing process; which is also depicted in the study of McCoy et al. (2005), in which spiritual practice filled the emptiness they felt when they had an addiction.

In another research, Williamson & Hood (2013) reported that spiritual transformation is a continuous experience with the "five themes: (1) "Sick and Tired," (2) Unmerited Love, (3) "I am Changing," (4) Fast/Gradual, and (5) Destiny" (p. 889). These results were parallel to the findings of this study. All participants in their study experienced the first phase, feeling sick and tired with their existing life and wanting to make a change; this was described as the turning point for the participants in this study where they wanted to get over their addiction and find the courage to ask for help that led them to the center. When discussing what prompted them to ask for help, all participants revealed that they made all the efforts to overcome their addiction, but it is impossible to do it alone. Furthermore, some study participants discussed that a family member encouraged them to try a faith-based program, a few participants wanted a different recovery approach, and some just voluntarily chose the center for their journey.

As the participants in Williamson & Hood's (2013) study on treatment expressed that they experienced "unmerited love" of God and kindness from others, which led them to give back the love and kindness they received to others, which aligns with my findings. The people with an addiction in this study had experienced this theme. All participants interviewed valued the love and kindness they received and found themselves giving back the love they received; they were no longer just the receiver but also the giver. This led the participants of Williamson & Hood (2013) to the third theme, I am changing, and where participants interviewed in their study began to value their lives and restore their relationship with the people they hurt while they were dependent on alcohol, such as their family and friends, which is also experienced by the participants in my study. Some participants interviewed in this study started to reconcile with their families as soon as they experienced spiritual transformation by inviting them to their Sunday service or visiting their families on their vacation leave.

As addicts in Williamson & Hood's (2013) study experienced love and constantly grow spiritually, they encountered a gradual change, which was described in their study as having to feel a change inside, and this is what was described by participants in my study where the gradual transformation is feeling that something inside has changed (P4) and from full of hatred to being full of love (P7). In addition, participants interviewed in this study believed that they were no longer alone in the journey, and knowing God in the center made them feel that they were loved even though they were sinners. The theme of destiny is described as "a sense of knowing that God has a higher purpose and direction for their lives, which is in contrast to their own hopelessness and aimlessness prior to the LP" (Williamson & Hood, 2013, p. 901). I will elaborate more on this theme in the divine plan section of the paper.

Spiritual transformation is a long process that needs constant communication with God and living according to the Scripture. Here, we could see that all of the participants, without exception, believed that embracing Jesus would help them in their recovery, and also, their transformation became the bridge for them to communicate again with their families, which became an essential source of support in their journey. Participants in this study believed that spiritual transformation is essential for these participants to start their sobriety.

6.2.2 Receiving Social Assistance

Social support received by the participants was favorable when they were recovering. Social support provides assistance to help them achieve recovery from the individual's social network, such as family, friends, church members, support groups, caregivers, and the community. The continuous search of the participants in the study for the meaning in life and struggling with addiction became more manageable through the support and connection with social support. In addition, support may be in the form of practical support, empathy, and substantial support, which makes someone feel accepted, valued, and understood. The majority of the participants acknowledge the importance of not only being understood but also valuing trust, comfort, and freedom.

Reflecting on the theory chapter, Moos and Moos (2006) depicted that refraining from an alcohol and drug environment was an essential factor in recovery, and support groups provided a better outcome. In addition, according to their study, doing the opposite will result in relapse. Some of the participants interviewed believed that gaining sober friends and leaving their old life helped in their recovery. However, one participant disagreed with this disposition, as he believed that this was an opportunity for him to help others recover from their addiction, and it would not make him relapse even if he was surrounded by alcoholic friends, which contradicts the result of Moos and Moos (2006) study.

Participants in the study lived together in the facility and did things together, such as household chores, outdoor activities, and spiritual activities, which promoted peer support and a sense of belongingness. As described in Chapter 2, the participants maintained the cleanliness of the entire resident by being assigned to do household chores. They did things together, such as exercising and grocery shopping, which promotes social support and accountability. Most participants interviewed also mentioned that whenever they felt that they had a bad day or were thinking of drinking again, the support from their brothers in the center and the workers encouraged them, prayed with them, and being present improved their state of mind. Having access to a new supportive environment, the participants developed a new version of themselves as they have individuals they trust who have gone through the same adversity in life. The moral

support they received and not judging them for their lapses made them want to improve and be an excellent example to others. The findings align with Moos (2007), who stated that keeping peers present and emotionally supportive positively affects their recovery journey. Peers who would not judge but instead would encourage them whenever they were about to relapse was a good strategy for staying sober.

Similarly, family support was also essential in the journey to recovery, as evident in this study and the research of Moos (2007). Most participants in the study of Moos (2007) stayed in contact with their parents, siblings, wives, and children while in the center receiving treatment. As they were on their journey to sobriety, their families supported and helped them in their journey. Conversely, addicts in this study reconnect with their families, whom they became estranged due to their addiction. Some of the participants interviewed encouraged their families to attend their church service, as these participants valued the support they received from the church.

All the study participants saw the church's support as another factor that influenced them to be sober. For most participants, the church they were converted to serve as a source of new meaning in life as non-addict individuals. As the participants interviewed described, the church welcomed them and never judged them for being a person with addiction; they were treated as family and not as patients in a treatment program, which led them to feel love. One participant described it as replacing anger in his heart with love, which fills the emptiness in his heart (P7). The analysis in this study is similar to Lopez et al. (2018) research, where the church community promotes love, fellowship, and acceptance. Some members of the family of the patients in the Lopez et al. (2018) study were either members of the church, where they asked for help on behalf of their family members, or became members of the church to support their family members. In this way, their participants described that being a church member helped them reconnect with their family, which made them want to attend church even more.

Sanchez and Nappo's (2008) study revealed that recovering participants improved their self-esteem when they were welcomed and treated with respect and dignity by other church members. This result was experienced by the participants in the study, who found that during Sunday service in any church they attended, they were not treated differently from others; they were accepted as members of the family and welcomed with warmth and comfort. Through this experience, all participants embraced God and accepted him as their savior, and all this was a

divine plan to either know him or be closer to God again through the stories of God, prayers, and other spiritual activities. This analysis was in the same direction as the study of McCoy et al. (2005), who described continuous communication with God in prayers, participating in religious activities, and the help of other God-sent individuals to help maintain sobriety, as sobriety is a continuing process. In addition, participants in the study attended religious activities to connect with God constantly and to learn more about what future God had prepared for them.

Receiving social support was indeed vital in recovering people with an addiction. Families played a significant part in encouraging and motivating the participants to seek help. As some participants in the study hit rock bottom, their peers and family actively helped them to find ways to be rehabilitated. As mentioned, some participants wanted to try any method that could help them as they were tired of the life of an alcoholic, and a faith-based rehabilitation program was the quickest way to assist. Another critical factor that most participants interviewed as necessary was familiarity, or a facility that understood what they were going through, as some workers were able to relate with them as they were former addicts volunteering in the center, and sharing their stories made them realize that they were not the only ones who faced difficulties. Therefore, testimonies from former addicts and Bible sharing where they would learn more of others' struggle in recovering convinced the participants in this study that they could also recover and they could one day be the ones sharing their testimonies with others.

6.2.3 Divine plan

As mentioned in the previous chapter, some interviewees came from a family with a religious background; however, they did not declare their religion. Declaring their religion has no relevance to my study. Therefore, I did not ask them which congregation they belonged to. The interviewees responded that they wanted to try other treatments and chose the program; some also wanted to believe in God or wanted to be closer to God when they decided to seek help for their addiction. As participants got closer to God, they believed that avoiding addiction was their way of living according to the Scriptures and living according to God's divine plan. McCoy et al. (2005) suggested the same result in their study, stating that recovery is a long process. Therefore,

one should continuously communicate with God and participate in religious activities to sustain it.

All participants in the study wanted to avoid relapse, at all costs, to live according to God's plan. As mentioned by some interviewees, they had rehabilitation counseling where they were asked future plans, and often, they got suggestions for training programs, Bible schooling, or going back to school; however, participants were left to decide on this matter. Participants in this study believed that living on God's purpose is through self-development, which they could use in the future. Pursuing education and volunteering is their way of seeing God's plan for them. Most participants who had gone through self-development had planned their future to volunteer by sharing their newfound skills and learning in the treatment program. Therefore, some participants interviewed concluded that to sustain recovery, they wanted to volunteer at the center to give hope to other individuals who had the same experiences they had, and some wanted to pursue education and later wanted to work in the organization to give back what they had received from the center. The participants in this study expressed that they wanted to give back to the program as much as they received.

Sremac and Ganzevoort (2013) have parallel results on volunteering as providing hope to others who want to be sober. The study pointed out that, as participants encountered social rejection, they wanted to express that God made plans for them; they were lost but now have been found. Some of the participants in their study pursued a social service professional to get involved in formal peer support to help others in their journey to sobriety. Sremac and Ganzevoort's (2013) study showed that participants rebuild their lives by providing help to other addicts in their sobriety journey, which also helped them construct a new life without drugs. The findings in their research were also evident in this research, as most participants planned to volunteer at the center after they finished their treatment and made preparations for it, such as gaining new skills, learning more about the Bible, and going back to school.

Some of the participants in this study believed that God planned their lives, even the addiction, as God wanted them to lead in the right direction, or it was God's way of calling them again to be closer to Him. They believed everything happens in God's time, not their own. Some valuable insights from the work of Timmons (2012) where suggested that God was the one who controls their life; even their addiction was part of God's plan, as God already planned what was best for

them. This result has been discussed as destiny in the study of Williamson & Hood (2013), where they believed that God had been planning their future and that it would take place in God's perfect time. To live the future God has planned for them, they needed to experience spiritual transformation, and they became God's vessel in helping other individuals achieve sobriety. One participant in this study expressed that his life mission is to help and inspire others (P5), which led him to volunteer and later on was offered a job once he completed his treatment.

Recovery is a continuous process, and aftercare for the participants who have finished the treatment will be of good help. Most of the participants interviewed desired to serve God during and after completing treatment by volunteering in the organization to help others going through the same adversity in life. The addicts in this study expressed that this would help them lead a better life as they found a new meaning in their lives without alcohol. This also would serve as a motivation for other alcoholics who had hope of recovering and could achieve long-term sobriety.

From the participants' perspective in the study, there was an agreement that the faith-based program had been helpful in their recovery. In addition, helping them plan their future helped prevent relapse as they found new ways to live life without their addiction, as some of the participants expressed that they wanted to volunteer as a mentor for their fellow brothers. With this in mind, the participants interviewed in this project believed that they should live as exemplary to other recovering addicts by avoiding relapse and achieving complete abstinence from alcohol.

6.3 Limitations and Future Research Suggestions

Some limitations of this study should be discussed before presenting future research suggestions. The first limitation of our study is the small number of individuals and the focus only on adult male participants. The sample was restricted to treatment-seeking adult male alcoholics (n=12) who are participating in faith-based therapy. Although participants provided a valuable understanding of alcohol predictors and faith-based intervention in their recovery, generalization beyond this population is limited. Possibly interviewing a more significant number of alcoholics from different faith-based programs and more diverse in racial and cultural origins would have

been beneficial, as it would have confirmed the findings in this study. Further, a study that includes women and mothers will also be an interesting study.

The second limitation of this research is that the program's structures and philosophies were not focused on the study. The participants discussed their daily activities and shed light on some vital information, such as counseling services and guidance in academic or career goals; however, it was not broadened as it is not focused in my study. I suggest that future research include the program structure as causal to the recovery of the alcoholics as they may be an essential factor in their recovery journey.

The relationship between religion and recovery is an essential aspect of this study and is vital for researchers and practitioners; therefore, we should pay attention to how transformation helps recovering people with an addiction in their journey to sobriety. This is essential; as mentioned, most participants believed that spiritual transformation influenced their recovery during the treatment. However, as this study is cross-sectional, hence more longitudinal research is needed to understand how their transformation helps their alcohol abstinence.

Finally, a follow-up study is also beneficial to show how religiosity helped people with addiction live a life of sobriety. It will be valuable to study life after addiction and how spiritual transformation affects the personal transformation of the people who achieve recovery. A study that focuses on aftercare programs is also an interesting topic as this will be helpful both to the families and recovering people with a substance use disorder as they venture to a new phase in life when they finish the program.

7. Conclusion

This study aimed to explore the factors twelve adult men in Norway described as influential in the onset of their alcohol consumption and their perception of how a faith-based rehabilitation program assists their recovery. Despite the limitations mentioned in the previous chapter, my findings contribute to the literature in several ways. First, the analysis covers three significant factors that influence early alcohol consumption: early exposure to alcohol, stressful life events at a young age, and alcohol expectancy. Second, the vital components of a faith-based program's intervention in recovery are spiritual transformation, community support, and future goals.

The alcohol use of adults, especially their parents and other members of the family, and having peers who drink contribute to early exposure to alcohol when the participants in this study were in their adolescent period. Children exposed to alcoholic parents received low support and guidance from parents, which led them to seek support from other things such as alcohol or peers. In addition, experiencing adversity in life in their adolescence made them vulnerable to alcohol use. Parents' intervention in children's development will result in a positive outlook on life and less likelihood of participating in negative behaviors. As we heard from the participants in the study, experiencing difficulties within family and life made them rely on alcohol to forget negative emotions, for instance, physical and emotional abuse. The majority of the participants drank to improve their emotional state positively. However, to reach such a state, they tend to drink a higher quantity of alcohol, which turns to binge drinking.

Binge drinking at an early age leads the participants to addiction for many years, as they become addicted to alcohol, they lose their families, friends, and their freedom; participants get exhausted from getting intoxicated and want to get over their addiction by seeking help. Faith-based program availability is one of the reasons why the participants went to the program.

From the participants' standpoint, faith-based intervention in their recovery is beneficial. Experiencing spiritual transformation in the treatment helped them overcome their addiction; therefore, having a relationship with God would be their guide in their journey to sobriety. The participants defined spiritual transformation as accepting God as their companion in their journey to recovery. Consequently, the more the participants want a deeper connection with God, the stronger their will toward sobriety.

Additionally, the participants in this study give importance to the role of social service intervention coming from family, school, church, and community is essential in recovering people with an addiction. The support they receive from those around them in their recovery impacts them positively and pushes them to do better. The concept of giving back all the love and support is also evident in this study, where the participants want to live as a good example by leading a life without addiction and volunteering to the facility to give support, as the way they were supported, to other individuals seeking help.

The most important findings in the study were when participants interviewed wanted to improve their future by planning, such as going back to school to gain some skills they can use when they find work and thinking about how they can help give back to society. In addition, planning their future can increase the chance of long-term sobriety, as they are given a chance in life, which becomes their guide to a life without alcohol. The participants also believed that living a Christian life is one way to give back to society, which means staying sober, as God wants them to live as a good example to others.

In summary, the findings in the study suggest that prevention in alcohol exposure for young adolescents must be a consistent effort coming from family, school, church, and community; they need to reinforce each other to provide an excellent environment to the growing adolescents and guidance on how to face this fierce world, and through this effort, we may have fewer individuals that will fall to alcohol and other drugs addiction. Therefore, improving child-parent relationships, positive reinforcement, and guidance are necessary for prevention. I will end my thesis by quoting Disederuis Erasmus: "prevention is better than cure," as it is easier to stop addiction from happening than dealing with it after it happened.

Bibliography

Alcoholic Anonymous. (2001). *Alcoholics Anonymous*: *The Big Book* (4th ed.). New York: Ixea Press. Retrieved January 20, 2024, from The Big Book | Alcoholics Anonymous (aa.org)

Alcoholics Anoymous. (1981). Twelve steps and twelve traditions. *New York, NY: Alcoholics Anonymous World Services*. . Retrieved January 20, 2024, from https://www.aa.org/twelve-steps-twelve-traditions#purchase-options

Al-Omari, H., Hamed, R., & Tariah, H. A. (2015). The Role of Religion in the Recovery from Alcohol and Substance Abuse Among Jordanian Adults. *Journal of Religion and Health*, *54*(4), 1268–1277. https://doi.org/10.1007/s10943-014-9868-5

Babor, T., Casswell, S., Graham, K., Huckle, T., Livingston, M., Österberg, E., et al. (2023). *Alcohol: No ordinary commodity. Research and public policy* (3rd ed.). Oxford University Press.

Benda, B., & McCuen, R. H. (2006). Forgiveness in the Treatment of Persons with Alcohol Problems. *Spirituality and Religiousness and Alcohol/Other Drug Problems*. 125-146. ttps://doi.org/10.1300/J020v24n01_08

Boardman, J. D., Finch, B. K., Ellison, C. G., Williams, D. R., & Jackson, J. S. (2011). Neighborhood disadvantage, stress, and drug use among adults. Journal of Health and Social Behavior, 42(2), 151– 165.

Bradley, T. (2011). *Religion and gender in the developing world : faith-based organizations and feminism in India: Vol. v. 2*. I.B. Tauris ; Distributed in the United States and Canada exclusively by Palgrave Macmillan.

Braun, V., & Clarke, V. (2022). *Thematic analysis : a practical guide*. SAGE.

Brinkmann, S. (2013). *Qualitative interviewing* (1st ed.). Oxford University Press.

Bryman, A. (2012). *Social research methods* (4th ed., pp. xli, 766). Oxford University Press.

Buhagen, D. (2023, November). Et Sted med Ro og Trygghet. *Ennå er det Håp*, 22-23.

Bye, E. K., & Rossow, I. M. (2023, 12 22). *FHI.* Retrieved February 21, 2024, from www.fhi.no: https://www.fhi.no/le/alkohol/alkoholinorge/omsetning-og-bruk/alkoholbruk-i-den-voksne-befolkningen/?h=1&term=#forskjeller-i-alkoholbruk-i-ulike-befolkningsgrupper

Calhoun, M. D. (2015). *The recovery ministry of the Church: a comparison of two programs helping people deal with addictions to alcohol, drugs, and other self-destructive behaviors.* Edwin Mellen Press Ltd.

Couture, M., Pearson, R., Halloran, J., & Stewart, S. H. (2020). A qualitative study of the perceived effects of alcohol on depressive symptoms among undergraduates who drink to cope with depression. *Drug and Alcohol Review*, *39*(2), 180–188. https://doi.org/10.1111/dar.13003

Da Rocha, M. L. A., Lisboa Guimaraes, M. B., & da Cunha, M. B. (2012). The recovery process of drug misuse in the Pentecostal church Assembly of God. *Interface (Botucatu, Brazil)*, *16*(40), 177–190. https://doi.org/10.1590/S1414-32832012005000012

Dodson, K. D., Cabage, L. N., & Klenowski, P. M. (2011). An Evidence-Based Assessment of Faith-Based Programs: Do Faith-Based Programs "Work" to Reduce Recidivism? *Journal of Offender Rehabilitation*, *50*(6), 367–383. https://doi.org/10.1080/10509674.2011.582932

Duffy, P., & Baldwin, H. (2013). Recovery post-treatment: plans, barriers, and motivators. *Substance Abuse Treatment, Prevention and Policy*, *8*(1), 6–6. https://doi.org/10.1186/1747-597X-8-6

Edger, K. (2010). The Lived Experiences of Evangelical Christian Men Who Self-Identify as Sexual Addicts: An Existential-Phenomenological. *Sexual Addiction & Compulsivity, 16(4),* , 289-323.

Egan, R., Gross, J., Cameron, C., Hobbs, L., & Patterson, T. (2023). Spirituality: A Key Component of the Salvation Army's Bridge Programme Model of Treatment in Aotearoa, New Zealand. *Journal of Religion and Health*, *62*(4), 2563–2584. https://doi.org/10.1007/s10943-022-01674-7

Enoch, M.-A. (2011). The role of early life stress as a predictor for alcohol and drug dependence. *Psychopharmacology*, *214*(1), 17–31. https://doi.org/10.1007/s00213-010-1916-6

Englund, M. M., Egeland, B., Oliva, E. M., & Collins, W. A. (2008). Childhood and adolescent predictors of heavy drinking and alcohol use disorders in early adulthood: a longitudinal developmental analysis. *Addiction (Abingdon, England)*, *103*(s1), 23–35. https://doi.org/10.1111/j.1360-0443.2008.02174.x

Evangelisenteret. (n.d.). *Rehabilitation Fjordtun.* Retrieved February 22, 2024, from https://www.evangeliesenteret.no/tjenester/motivasjonssenter-for-menn

Forcehimes, A. A. (2004). De profundis: Spiritual transformations in Alcoholics Anonymous. *Journal of Clinical Psychology*, *60*(5), 503–517. https://doi.org/10.1002/jclp.20004

Geppert, C., Bogenschutz, M. P., & Miller, W. R. (2007). Development of a bibliography on religion, spirituality, and addictions. *Drug and Alcohol Review*, *26*(4), 389–395. https://doi.org/10.1080/09595230701373826

Gilson, K. M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive behaviors*, *64*, 101-106. https://doi.org/10.1016/j.addbeh.2016.08.032

Godwill, E. A. (2015). *Fundamentals of research methodology : A holistic guide for research completion, management, validation, and ethics*. Nova Publishers.

Grim, B. J., & Grim, M. E. (2019). Belief, Behavior, and Belonging: How Faith is Indispensable in Preventing and Recovering from Substance Abuse. *Journal of Religion and Health*, *58*(5), pp. 1713–1752. https://doi.org/10.1007/s10943-019-00876-w

Godwill, E. A. (2015). *Fundamentals of research methodology : a holistic guide for research completion, management, validation and ethics*. Nova Publishers.

Guo, L., Deng, J., He, Y., Deng, X., Huang, J., Huang, G., Gao, X., Zhang, W.-H., & Lu, C. (2016). Alcohol use and alcohol-related problems among adolescents in China: A large-scale cross-sectional study. *Medicine (Baltimore)*, *95*(38), e4533–e4533. https://doi.org/10.1097/MD.0000000000004533

Heslin, K. C., Singzon, T. K., Farmer, M., Dobalian, A., Tsao, J., & Hamilton, A. B. (2013). Therapy or threat? Inadvertent exposure to alcohol and illicit drug cues in the neighbourhoods of sober living homes. *Health & Social Care in the Community*, *21*(5), 500–508. https://doi.org/10.1111/hsc.12040

https://www.evangeliesenteret.no/tjenester. (n.d.).

Ivaniushina, V., & Titkova, V. (2021). Peer influence in adolescent drinking behavior: A meta-analysis of stochastic actor-based modeling studies. *PloS One*, *16*(4), e0250169–e0250169. https://doi.org/10.1371/journal.pone.0250169

James, W. (1985). *The varieties of religious experience* (pp. LI, 669). Harvard University Press.

Jenkins, P. R., Hernandez, P. M., & Harris, C. A. (2020). African American College Students' Drinking Behaviors and Their Relationship to Self-Efficacy and Positive or Negative Expectancies Regarding Alcohol Consumption. *Behavioral Sciences*, *10*(10), 153. https://doi.org/10.3390/bs10100153

Johnson, B. R., Tompkins, R. B., & Webb, D. (2002). Objective hope. *Philadelphia: Center for Research on Religion and Urban Civil Society*.

Karlsen, L., & Granly, J. (1986). *Ennå er det håp.* Oslo: Filadelfiaforlaget.

Keenan, K., Saburova, L., Bobrova, N., Elbourne, D., Ashwin, S., & Leon, D. A. (2015). Social Factors Influencing Russian Male Alcohol Use over the Life Course: A Qualitative Study Investigating Age Based Social Norms, Masculinity, and Workplace Context. *PloS One*, *10*(11), e0142993–e0142993. https://doi.org/10.1371/journal.pone.0142993

Kim, H. S., Sherman, D. K., & Taylor, S. E. (2008). Culture and Social Support. *American Psychologist*, *63*(6), 518–526.

Kobin, M. (2013). Gendered drinking: Meanings and norms among young Estonian adults. *Nordisk Alkohol- & Narkotikatidskrift : NAT*, *30*(4), 277–295. https://doi.org/10.2478/nsad-2013-0022

Koenig, H. G., VanderWeele, T. J., & Peteet, J. R. (2023). *Handbook of religion and health.* (Third edition.). Oxford University Press.

Koehrsen, J., & Heuser, A. (2020). *Faith-based organizations in development discourses and practice.* Abingdon, Oxon: Taylor & Francis.

Levola, J., Aalto, M., Holopainen, A., Cieza, A., & Pitkanen, T. (2014). Health-related quality of life in alcohol dependence: A systematic literature review with a specific focus on the role of depression and other psychopathology. Nordic Journal of Psychiatry, 68, 369–384.

Levola, J., Kaskela, T., Holopainen, A., Sabariego, C., Tourunen, J., Cieza, A., & Pitkanen, T. (2014). Psychosocial difficulties in alcohol dependence: A systematic review of activity limitations and participation restrictions. Disability and Rehabilitation, 36, 1227–1239.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Beverly Hills, California: Sage

Lopez, J. A., García, R. F., & Martí, T. S. (2018). Drugs and mental health problems among the Roma: protective factors promoted by the Iglesia Evangélica Filadelfia. *International Journal of Environmental Research and Public Health*, *15*(2), 335.

Macleod, J., Hickman, M., Bowen, E., Alati, R., Tilling, K., & Smith, G. D. (2008). Parental drug use, early adversities, later childhood problems and children's use of tobacco and alcohol at age 10: birth cohort study. *Addiction (Abingdon, England)*, *103*(10), 1731–1743. https://doi.org/10.1111/j.1360-0443.2008.02301.x

Magura, S. (2007). The relationship between substance user treatment and 12-step fellowships: Current knowledge and research questions. *Substance Use & Misuse*, *42*(2-3), 343-360.

McBride, N. M., Barrett, B., Moore, K. A., & Schonfeld, L. (2014). The role of positive alcohol expectancies in underage binge drinking among college students. *Journal of American College Health*, *62*(6), 370-379.

McCoy, L. K., Hermos, J. A., Bokhour, B. G., & Frayne, S. M. (2005). Conceptual bases of Christian, faith-based substance abuse rehabilitation programs: Qualitative analysis of staff interviews. *Substance Abuse, 25(3)*, 1-11.

McCutcheon, V. V., Agrawal, A., Kuo, S. I., Su, J., Dick, D. M., Meyers, J. L., Edenberg, H. J., Nurnberger, J. I., Kramer, J. R., Kuperman, S., Schuckit, M. A., Hesselbrock, V. M., Brooks, A., Porjesz, B., & Bucholz, K. K. (2018). Associations of parental alcohol use disorders and parental separation with offspring initiation of alcohol, cigarette and cannabis use and sexual debut in high-risk families. *Addiction (Abingdon, England)*, *113*(2), 336–345. https://doi.org/10.1111/add.14003

Ministry of Health and Care Services (2008, December). *Regjeringen.* Retrieved February 21, 2024, from https://www.regjeringen.no/en/dokumenter/norwegian-national-action-plan-on-alcoho/id549775/

Moos, R. H. (2007). Theory-based processes that promote the remission of substance use disorders. *Clinical psychology review*, *27*(5), 537-551.

Moos, R.H. & Moos, B.S. (2006). Treated and untreated individuals with alcohol use disorders: Rates and predictors of remission and relapse. *International Journal of Clinical and Health Psychology*, *6*(3), 513–526.

Morris, H., Larsen, J., Catterall, E., Moss, A. C., & Dombrowski, S. U. (2020). Peer pressure and alcohol consumption in adults living in the UK: a systematic qualitative review. *BMC Public Health*, *20*(1), 1–1014. https://doi.org/10.1186/s12889-020-09060-2

Movendi International. (2021). Philippines: New Survey Data Illustrate Alcohol Harm, But Alcohol Taxation Provides Solution - Movendi International Retrieved February 22, 2024. from: https://movendi.ngo/news/2021/08/26/philippines-new-survey-data-illustrate-alcohol-harm-but-alcohol-taxation-provides-solution/

Movendi International. (2022). *New Alcohol Strategy Aims to Reduce Alcohol Use in Norway.* New Alcohol Strategy Aims to Reduce Alcohol Use in Norway - Movendi International Retrieved February 22,2024 from https://movendi.ngo/news/2022/01/19/new-alcohol-strategy-aims-to-reduce-alcohol-use-in-norway/

Neff, J. A., Shorkey, C. T., & Windsor, L. C. (2006). Contrasting faith-based and traditional substance abuse treatment programs. *Journal of Substance Abuse Treatment*, *30*(1), 49-61.

Nehlin, C., & Öster, C. (2019). Measuring drinking motives in undergraduates: an exploration of the Drinking Motives Questionnaire-Revised in Swedish students. *Substance Abuse Treatment, Prevention and Policy*, *14*(1), 49–49. https://doi.org/10.1186/s13011-019-0239-9

Nelson, J. (2004). *Thirst : God and the alcoholic experience.* Louisville, Ky: Westminster John Knox Press.

New International Version. 2011. Biblegateway online. https://www.biblegateway.com/

Nguyen, A. W., Chatters, L. M., Taylor, R. J., & Mouzon, D. M. (2016). Social Support from Family and Friends and Subjective Well-Being of Older African Americans. *Journal of Happiness Studies*, *17*(3), 959–979. https://doi.org/10.1007/s10902-015-9626-8

NordAN. (2014). *Nordic Alcohol and Drug Policy Network* . Retrieved March 7, 2024, from www.nordan.org: https://www.nordicalcohol.org/about

Omamalin, J. S. (2022). “Tagay ta, Bai!”: The Social Dynamics of Filipino Social Drinking. *Philippine Social Science Journal*, *5*(3), 9-20. https://doi.org/10.52006/main.v5i3.494

Pagkatipunan, P. M. (2017). Accessibility and Consumption of Alcoholic Drinks in Metro Manila Colleges and Universities. *Acta Medica Philippina , 51* (2), pp. 116-120.

Paulus, D. J., Heggeness, L. F., Raines, A. M., & Zvolensky, M. J. (2021). Difficulties regulating positive and negative emotions in relation to coping motives for alcohol use and alcohol problems among hazardous drinkers. *Addictive behaviors*, *115*, 106781.

Pilowsky, D. J., Keyes, K. M., & Hasin, D. S. (2009). Adverse childhood events and lifetime alcohol dependence. *American Journal of Public Health*, *99*(2), 258-263.

Rehm, J. B., Borges, G. L., Graham, K., Irving, H., Kehoe, T., Parry, C. D., et al. (2010). The relation between different dimensions of alcohol consumption and burden of disease: an overview. *Addiction (Abingdon, England), 105(5)*, 817–843.

Rossow, I. M. (2022, December 23). *FHI.* Retrieved February 21, 2024, from https://www.fhi.no/le/alkohol/alkoholinorge/beskrivelse-av-rapporten/oversikt-over-alkohol-i-norge-et-folkehelseperspektiv-pa-alkohol/?term=

Rudolf H. Moos, & Bernice S. Moos. (2006). Treated and untreated individuals with alcohol use disorders: Rates and predictors of remission and relapse. *International Journal of Clinical and Health Psychology*, *6*(3), 513–526.

Sanchez, Z. V. D. M., & Nappo, S. A. (2008). Religious intervention and recovery from drug addiction. *Revista de saude publica*, *42*, 265-272.

Schwandt, M. L., Heilig, M., Hommer, D. W., George, D. T., & Ramchandani, V. A. (2013). Childhood Trauma Exposure and Alcohol Dependence Severity in Adulthood: Mediation by Emotional Abuse Severity and Neuroticism. *Alcoholism, Clinical and Experimental Research*, *37*(6), 984–992. https://doi.org/10.1111/acer.12053

Seim, I. (2018). The Norwegian drug court model - an alternative to incarceration for criminal drug addicts 31 (01). *Federal Sentencing Reporter*, 21-27.

Sjödin, L., Larm, P., Karlsson, P., Livingston, M., & Raninen, J. (2021). Drinking motives and their associations with alcohol use among adolescents in Sweden. *Nordisk Alkohol- & Narkotikatidskrift : NAT*, *38*(3), pp. 256–269. https://doi.org/10.1177/1455072520985974a

Skeie, J. I. (2022, 03). Fjordtun: Motivasjonsenteret for Menn. *Ennå er det Håp*, 28-29.

Sremac, S., & Ganzevoort, R. R. (2013). Addiction and Spiritual Transformation. An Empirical Study on Narratives of Recovering Addicts' Conversion Testimonies in Dutch and Serbian Contexts. *Archive for the Psychology of Religion*, *35*(3), 399–435. https://doi.org/10.1163/15736121-12341267

Stevens, E., Guerrero, M., Green, A., & Jason, L. A. (2018). Relationship of hope, sense of community, and quality of life. *Journal of Community Psychology*, *46*(5), 567–574. https://doi.org/10.1002/jcop.21959

Stokes, M., Schultz, P., & Alpaslan, A. (2018). Narrating the journey of sustained recovery from substance use disorder. *Substance Abuse Treatment, Prevention, and Policy*, *13*, 1-12.

Tavolacci, M. P., Ladner, J., Grigioni, S., Richard, L., Villet, H., & Dechelotte, P. (2013). Prevalence and association of perceived stress, substance use, and behavioral addictions: a cross-sectional study

tamong university students in France, 2009-2011. *BMC Public Health*, *13*(1), 724–724. https://doi.org/10.1186/1471-2458-13-724

The Norwegian Directorate of Health (2022). Substance abuse – Services are available to next of kin. [Internet]. Oslo: The Norwegian Directorate of Health. Retrieved February 22, 2024. from: https://www.helsenorge.no/en/parorende/substance-abuse-services-next-of-kin/

Thørrisen, M. M., Bonsaksen, T., Hashemi, N., Kjeken, I., van Mechelen, W., & Aas, R. W. (2019). Association between alcohol consumption and impaired work performance (presenteeism): a systematic review. *BMJ Open*, *9*(7), e029184–e029184. https://doi.org/10.1136/bmjopen-2019-029184

Timmons, S. M. (2012). A Christian Faith-Based Recovery Theory: Understanding God as Sponsor. *Journal of Religion and Health, 51(4),* 1152-1164.

Webb, J. R., Robinson, E. A. R., Brower, K. J., & Zucker, R. A. (2006). Forgiveness and alcohol problems among people entering substance abuse treatment. *Journal of Addictive Diseases,* 24(3), 55-67.

Williamson, W. P., & Hood, R. W. (2013). Spiritual Transformation: A Phenomenological Study Among Recovering Substance Abusers. *Pastoral Psychology*, *62*(6), 889–906. https://doi.org/10.1007/s11089-012-0502-8

White, W. & Laudet, A. (2006). Spirituality, science and addiction counseling. Counselor Magazine, 7(1), pp. 56-59

Willott, S., & Lyons, A. C. (2012). Consuming Male Identities: Masculinities, Gender Relations and Alcohol Consumption in Aotearoa New Zealand. *Journal of Community & Applied Social Psychology*, *22*(4), 330–345. https://doi.org/10.1002/casp.1115

Wilson, B. (1981). Twelve steps and twelve traditions. *New York, NY: Alcoholics Anonymous World Services*.

World Health Organization (WHO). (2018). *Global Status Report on Alcohol and Health 2018 (1st ed.).* Retrieved February 21, 2024, from https://www.who.int/publications/i/item/9789241565639

Yeung, J. W. (2022). Faith-based intervention, change of religiosity, and abstinence of substance addicts. *Brazilian Journal of Psychiatry*, *44*, 46-56.

Young, R. M., Connor, J. P., Ricciardelli, L. A., & Saunders, J. B. (2006). The role of alcohol expectancy and drinking refusal self-efficacy beliefs in university student drinking. *Alcohol and Alcoholism*, *41*(1), 70-75.

Øverby, A.-L. (1998). *Ludvig Karlsen: Tatergutten som fikk gull : Evangeliesenterets 15 første år.* Oslo: Evangeliesenteret

Letter of Information

Are you interested in taking part in the research project -

"Identifying the factors adult men describe as influential in the onset of their alcohol consumption and their perception of how the faith-based rehabilitation program assists their recovery"?

This is an inquiry about participation in a research project. The primary purpose is to know how adult men recover from substance abuse and understand their recovery from alcohol use disorder in a faith-based rehabilitation facility.

Purpose of the project

1. To explore the factors that adult men describe as influential in the onset of their alcohol consumption.
2. To enquire about their perception of how the faith-based rehabilitation program assists their recovery

Which institution is responsible for the research project?

MF Vitenskapelig Høyskole is responsible for the project (data controller).

Why are you being asked to participate?

I wish to conduct an interview together with you about how the faith-based rehabilitation program helps your recovery. The interview will last for about 45 minutes. The conversation will be recorded in an audio recorder, and I will do the transcription. These recordings will be deleted once the project is finished.

I contacted the center, and they agreed that I could interview participants who will voluntarily participate.

What does participation involve for you?

We will speak to each other for about an hour or less. The talk will take the form of an interview: I will ask you questions about the beginning of the consumption of alcohol and your recovery experience in a faith-based rehabilitation facility.

There are no right and wrong answers – I am only interested in your personal perception.

The interview will be recorded electronically. I will also take some paper notes when necessary. Later on, the recording will be transcribed, which means that I will write down what you said during our meeting while listening to the recording.

Participation is voluntary

Participation in the project is completely voluntary. If you choose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be deleted.

Your privacy – how we will store and use your data

We will only use your personal data and recorded responses for the purpose(s) specified in this information letter. We will process your data confidentially and follow data protection legislation (the General Data Protection Regulation and Personal Data Act).

- My thesis supervisor, Tatjana Schnell, and I will be responsible and the only ones with access to your personal data.
- All participants will be anonymous throughout the project, as I won't record any information that could identify you as a person. Therefore, I will ask you for a "nickname" at the beginning of the interview.
- After the fulfillment of this project, all recordings of this interview will be removed and erased.

What will happen to your personal data at the end of the research project?

The planned end date of the project is 30 June 2024. All recorded conversations will be erased and removed from the device. All information gathered in this project will be used solely for the Master's thesis.

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data be deleted

- request that incorrect personal data about you be corrected/rectified
- receive a copy of your personal data (data portability), and
- Send a complaint to the Norwegian Data Protection Authority regarding processing your personal data.

What gives us the right to process your personal data?

We will process your personal data based on your consent.

Based on an agreement with MF Vitenskapelig Høyskole, The Data Protection Services of Sikt – Norwegian Agency for Shared Services in Education and Research has assessed that the processing of personal data in this project meets requirements in data protection legislation.

Where can I find out more?

If you have questions about the project or want to exercise your rights, contact:

- MF Vitenskapelig Høyskole via Tatjana Schnell, Tatjana.Schnell@mf.no
- Our Data Protection Officer: Unn MålfridHøgseth Rolandsen, unn.m.h.rolandsen@mf.no

If you have questions about how data protection has been assessed in this project by Sikt, contact:

- Email :(personverntjenester@sikt.no) or by telephone: +47 73 98 40 40.

Yours sincerely,

Student

(Kathryn May Cosingan)

Consent Form

I have received and understood information about the research on the illustration of factors that adult men describe as influential in their alcohol consumption and their perception of how the faith-based rehabilitation program assists their recovery.
I give consent:

☐ Participate in an interview by answering the questions.

☐ To be recorded and for my anonymous data to be stored until the end of the project.

I consent for my personal data to be processed until the project's end date, approx. 30 June 2024.

(Signed by participant, date)

Interview Guide

Nickname

Age group

- ☐ 20-39
- ☐ 40-59
- ☐ 60 - above

When and why did you start drinking? Make a brief statement about it.
When did you realize that you needed help with your addiction?
Why did you choose the Evangelisenter?
Do you have any religious roots, or do you belong to any religious community?
How has it been for you living here?
What do you think has been positive with this therapy? Which of these offers is specially helpful for you?
Have you had any negative experiences with this therapy center? According to you, what should have been done differently?

What do you think about having religion and spirituality as part of the offer at this treatment center?
How is Evangelisenter helping you in your recovery?
Do you have any comments you would like to add after what we have talked about here?
What do you think of being interviewed like this?

NSD APPROVAL

Reference number	**Assessment type**	**Date**
187252	Standard	29.09.2023

Title
Identifying the factors adult men describe as influential in the onset of their alcohol consumption and their perception of how the faith-based rehabilitation program assists their recovery

Institution responsible for the project
MF vitenskapelig høyskole for teologi, religion og samfunn

Project leader
Tatjana Schnell

Student
Kathryn May C. Cosingan

Project period
01.10.2023 - 30.06.2024

Categories of personal data
General
Special

Legal basis
Consent (General Data Protection Regulation art. 6 nr. 1 a)