

The Leadership Effectiveness of Recovering Alcoholics:  
A Study of the Alcoholics Anonymous Program of Recovery as a  
Contributor to Enhanced Emotional Intelligence

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William Martin Landherr

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We certify that we have read this dissertation and approved it as adequate in scope and quality. We have found that it is complete and satisfactory in all respects, and that any and all revisions required by the final examining committee have been made:

Dissertation Committee

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John P. Conbere, EdD, Committee Chair

---

Sue Hoisington, PsyD, Committee Member

---

Jane Nakken, EdD, Committee Member

---

Date

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The cornerstone of this study are the four recovering alcoholic leaders who allowed me, a virtual stranger, access to some of the most intimate aspects of their lives. In chronicling their stories I experienced a profound personal awakening. As an academician and a human being I have been forever changed as a result of meeting each of them.

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## DEDICATION

This dissertation is dedicated to my wife Pat, daughter Anna Marie, and parents Gerald, Marie, and Rita.

My life journey would not have been as rich, fulfilling, and memorable without Pat and Anna Marie as traveling companions. Their continued love and support, particularly when I was not easy to love and support, is appreciated more than I can express. Quoting the Nicolas Cage character in the movie *Family Man*, I say to each of them “You see, you're a better person than I am. And it made me a better person to be around you.”

The fate of parents, and mine are no different, is such that they are never fully appreciated until their children become parents themselves. It is only since becoming a parent that I have come to truly understand and comprehend all that my parents provided me as well as the hardships they endured, not the least of which being my own struggles with alcoholism and drug addiction.

I am sincerely grateful to all of you.

## ABSTRACT

A 2003 survey conducted on behalf of the Hazelden Foundation reported that 26% of the respondents, human resource professionals from 200 companies, revealed that their companies are less likely to hire a candidate for an executive position if they are aware that the candidate is in drug or alcohol addiction recovery (*Workplace addiction*, 2003). In a similar survey commissioned by the Hazelden Foundation in 2006, 43% of the senior human resource professionals interviewed indicated “that their company would be less likely to hire a recovering addict” (*National survey*, 2007, p. 2). Ironically, 92% of the 2006 survey respondents “agree[d] that an effective treatment program increases employee productivity” (*National survey*, 2007, p. 1). It is this very perception of treatment program efficacy, and the ensuing practice of the Alcoholics Anonymous program of recovery, that the researcher proposes may be the essential element of the single company (i.e., .5% of 200 companies) who responded in the 2003 survey that they would be more likely to hire the executive who is recovering from alcoholism and/or drug addiction (*Workplace addiction*, 2003). The researcher theorizes that this lone organization recognizes that rather than a workplace liability, perhaps the recovering alcoholic leader is an under recognized organization asset by virtue of possessing a more highly developed level of emotional intelligence, the characteristic that research has shown distinguishes average leaders from highly effective leaders, and is a more effective leader as a result of the personality transformation that is reported to result, and which the researcher has observed, from practicing the Alcoholics Anonymous program of recovery.

Through inclusion of four recovering alcoholics currently in leadership positions, the study utilizes a multiple-case study approach to investigate the extent the Alcoholics Anonymous program of recovery contributes to a recovering alcoholic's leadership effectiveness as measured by emotional intelligence capacity.



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## CHAPTER I

### INTRODUCTION

Alcoholism and alcohol use in the United States exacts a societal toll that was estimated to be \$148 billion in 1992 (Harwood, Fountain, & Livermore, 1998, p. 1-1), \$166.5 billion in 1995 (Harwood, et al., p. 1-9), and \$184.6 billion in 1998 (Harwood, 2000). Alarming by virtue of sheer magnitude, these figures are comprehensive in their composition and include, but are not limited to, such varied factors as healthcare expenditures, motor vehicle accidents, premature death, and crime (Harwood, et al.). The specific economic cost to American businesses is by all accounts not an inconsequential amount when one considers that of the over 74 million individuals reported as being employed full-time or part-time in the 1994-1996 National Household Survey on Drug Abuse, nearly 32% had engaged in either binge drinking (i.e., consumed five or more drinks on the same occasion on at least one day but not more than four days in the past month) or heavy drinking (i.e., consumed five or more drinks on five or more days in the past month) (Townsend, Lane, Dewa, Brittingham, & Pergamit, 1999).

#### Research Problem

In light of these staggering numbers it is not surprising that the stigma associated with employment-related alcoholism is as widespread and entrenched as ever. Evidence to this is found in a 2003 survey conducted on behalf of the Hazelden Foundation which reported that 26% of the respondents, human resource professionals from 200 companies, revealed that their companies are less likely to hire a candidate for an executive position if they are aware that the candidate is in drug or alcohol addiction recovery (*Workplace addiction*, 2003). In a similar survey commissioned by the Hazelden Foundation in 2006,

43% of the senior human resource professionals interviewed indicated “that their company would be less likely to hire a recovering addict” (*National survey*, 2007, p. 2).

### Research Purpose

Ironically, 92% of the 2006 survey respondents “agree[d] that an effective treatment program increases employee productivity” (*National survey*, 2007, p. 1). It is this very perception of treatment program efficacy, and the ensuing practice of the Alcoholics Anonymous program of recovery, that the researcher proposes may be the essential belief of the single company (i.e., .5% of 200 companies) who responded in the 2003 survey that they would be more likely to hire the executive who is recovering from alcoholism and/or drug addiction (*Workplace addiction*, 2003). The researcher proposes that this lone organization possesses keen insight into a phenomenon that warrants closer examination. Rather than a pariah to be shunned and ostracized from the workplace, perhaps, as the researcher theorizes, the recovering alcoholic leader presents an opportunity for organizations to hire an under recognized organization asset who possesses a more highly developed level of emotional intelligence (EI), which research has shown to be the characteristics that distinguish average leaders from highly effective leaders, and is a more effective leader as a result of the personality transformation that is reported to result, and which the researcher has observed, from practicing the Alcoholics Anonymous program of recovery.

### Research Question

Recovery from the costly and severely debilitating disease of alcoholism is quite literally a life changing and life saving transformation. As such, it stands on its own merit as a therapeutic regimen to be vigorously sought, encouraged, supported, and facilitated.

Yet, as the researcher suggests, alcoholism recovery may result in the ancillary benefit of developing uniquely gifted and talented leaders. This backdrop forms the foundation of the study's research question: To what extent does the Alcoholics Anonymous program of recovery contribute to a recovering alcoholic's leadership effectiveness as measured by emotional intelligence characteristics?

### Research Approach

The nature of the study's research question, "a contemporary phenomenon [i.e., alcoholism recovery] within its real-life context [i.e., organizations with leaders that are recovering alcoholics]" (Yin, 2003, p. 13) is such that the positivistic case study methodology was ideally suited for the research. Through inclusion of four recovering alcoholics currently in leadership positions as research participants, the study was specifically a multiple-case study design. Data collection was conducted by way of interviews with the participating leaders as well as through use of 360-degree and self-assessment emotional intelligence measurement instruments. A more exhaustive description of the research approach and design is found in Chapter 3.

### Definitions of Key Terms

Due to heterogeneous interpretation and usage, three terms used in this study, alcoholism, leader, and emotional intelligence, require specific and overt definition.

In the context of this study, a leader is defined as anyone engaged in "the process (act) of influencing the activities of an organized group in its efforts toward goal setting and goal achievement" (Stogdill, 1950, p. 4).

Alcoholism, as defined by a joint committee composed of the National Council on Alcoholism and Drug Dependence and the American Society of Addiction Medicine, is a



a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic (Morse & Flavin, 1992, p. 1013).

The authors intended this to be a definition that would be “scientifically valid, ... clinically useful, and ... understandable by the general public” (Morse & Flavin, 1992, p. 1013). Notwithstanding the researcher’s opinion that the proposed definition meets the aforementioned criteria, the purpose of this study is not to debate the definition of the term alcoholism nor is it intended to be an alcoholism diagnostic tool. As such, the study required only that the research participants self-report as being alcoholic.

In its most fundamental and practical form, “emotional intelligence refers to a set of abilities that involve the way in which people perceive, express, understand, and manage their own emotions as well as the emotions of others” (Cherniss, 2004, p. 315). As discussed in the following chapter, the literature contains a number of well regarded definitions and models of emotional intelligence, yet

at the core of every definition are the abilities to perceive emotion clearly in oneself and in others, to use emotions to facilitate thought and action, to understand how emotions affect one’s own behavior and that of others, and to regulate one’s own emotional reactions (Cherniss, 2004, p. 315).

Clearly, nuances exist among the various models and definitions but there is growing consensus that there exists more similarity than the literature might initially lead one to

conclude. Consequently, emotional intelligence is defined for the purposes of this study to be “the ability to understand and manage how ... [one] impact[s] others emotionally ... [and] the capacity to effectively perceive, express, understand, and manage ... [one’s] emotions and the emotions of others in a positive and productive manner” (Fuimano, 2004, p. 10).

### Delimitations

The profile of the individuals selected as research participants identifies a key delimitation of the study. The pool of research participants is composed of recovering alcoholics from the Upper Midwest of the United States who are in leadership positions and who attribute their recovery from alcoholism to affiliation with Alcoholics Anonymous. Important to note is that historically, but mistakenly, there has been a tendency to consider the method of case selection in multiple-case design, that is, replication logic, to be analogous to the more commonly understood method of random sampling logic (Yin, 2003).

Additionally, the study is confined to examination of emotional intelligence characteristics. Other models of leadership effectiveness are not a component of this study.

### Limitations

Implied in the study’s title as well as the research question is the proposition that active alcoholics exhibit a diminished emotional intelligence capacity. Hence, a limitation of this study is the difficulty associated with objectively and accurately assessing the emotional intelligence capacity of the research participants prior to commencement of their alcoholism recovery. The researcher acknowledges that the technique used in this

study, a retrospective self-assessment by the participants of their EI capacity prior to recovery, is subject to self-serving bias. Exacerbating this phenomenon is the need for research participants to recall through the haze of memory their behavior and state of mind prior to recovery.

The research participants are individuals who attribute their recovery from alcoholism to affiliation with Alcoholics Anonymous. Consequently, the study does not examine or account for alcoholism recovery that is attributed to alternative recovery modalities. Additionally, the individual research participants were drawn from a large urban locale in the Upper Midwest of the United States which correspondingly identifies potential geographic, ethnic, and cultural limitations of the study. Lastly, organization size (i.e., number of employees, annual revenue, etc.), organization structure (i.e., private versus public, profit versus not-for-profit), and industry classification were not criteria for participation which in turns identifies additional limitations of the study.

As a result of selecting a case study design for this research, specifically a multiple-case study design that will utilize literal replication to identify specific cases where the research participants are in alcoholism recovery as well as in leadership positions, this study is “generalizable to theoretical propositions ... [but] not to populations or universes” (Yin, 2003, p. 10).

CHAPTER II  
LITERATURE REVIEW  
Emotional Intelligence

*The Modern Era and Competing Models*

It is widely acknowledged that introduction of emotional intelligence to the mainstream began in 1995 with publication of Daniel Goleman's first in a series of bestselling books (Goleman, 1995; Goleman, 1998b; Goleman, Boyatzis, & McKee, 2002) on the topic. A *Time* magazine (Gibbs, 1995) cover story featuring an analysis of Goleman's 1995 release undoubtedly served to broaden exposure beyond scholarly circles and to heighten interest in the subject, interest that remains to this day. However, it is important to note that other emotional intelligence models pre-date Goleman's initial publication by several years, a factor that found the rise in popularity of emotional intelligence to be accompanied by "an interesting mixture of confusion, controversy and opportunity regarding the best approach to defining and measuring ... [the emotional intelligence] construct" (Bar-On, 2006, p. 14)

Seeking to clarify the confusion surrounding the various emotional intelligence models, Cherniss (2004) posits that there are currently three prevailing emotional intelligence models: the Salovey and Mayer model, the Goleman model, and the Bar-On model. Cherniss readily admits that there are important differences in these models, but asserts "a careful comparison suggests that there is considerable overlap" (Cherniss, 2004, p. 317). Prima facie support of this claim is found by conducting a cursory evaluation comparing and contrasting each model's definition of emotional intelligence (see Table 1). Such an exercise reveals semantic consistency that is above average; the

words ‘feelings’ and ‘emotions’ figure prominently in each definition as do, to greater and lesser degrees, the ability to express and/or moderate feelings and emotions on an inter-personal and/or intra-personal basis.

Table 1  
*Definitions of Emotional Intelligence*

<b>Goleman<sup>1</sup></b>	<b>Bar-On<sup>2</sup></b>	<b>Salovey and Mayer<sup>3</sup></b>
<i>The capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships</i> [italics in original]	A cross-section of interrelated emotional and social competencies, skills and facilitators that determine how effectively we understand and express ourselves, understand others and relate with them, and cope with daily demands	The ability to perceive emotions so as to assist thought, to understand emotions and emotional meanings and to reflectively regulate emotions so as to promote both better emotion and thought

*Note.* From <sup>1</sup>*Working with emotional intelligence* (p. 317), by D. Goleman, 1998, New York: Bantam Books.

<sup>2</sup>“The Bar-On model of emotional-social intelligence (ESI),” by R. Bar-On, 2006, *Psicothema*, 18(suppl.), 2006, p. 14.

<sup>3</sup>“What is emotional intelligence?,” by J. D. Mayer, & P. Salovey, 1997, In P. Salovey & D. Sluyter (Eds.), *Emotional development and emotional intelligence: Implications for educators*, New York: Basic Books, p. 22.

A comparable effort comparing and contrasting the dimensions comprising each of the three emotional intelligence models (see Table 2) reveals that

Salovey and Mayer’s Perception of Emotion and Understanding Emotion dimensions seem to be similar to Goleman’s Self-Awareness and Social Awareness dimensions as well as to the emotional self-awareness and empathy subscales of Bar-On’s model. Similarly, Salovey and Mayer’s Emotional Facilitation of Thinking and Managing Emotions dimensions seem to be similar to Goleman’s Self-Management and Relationship Management dimensions as well as to the Interpersonal, Stress Management, and Adaptability dimensions of Bar-On’s model (Cherniss, 2004, p. 317).

Though by no means exhaustive, Cherniss establishes reasonable face validity regarding his claim that these three models are notably and substantially equivalent.

Table 2  
*Summary - Dimensions of Emotional Intelligence Models*

<b>Goleman<sup>1</sup></b>	<b>Bar-On<sup>2</sup></b>	<b>Salovey and Mayer<sup>3</sup></b>
Self-Awareness	Intrapersonal	Perceiving Emotions
Emotional self-awareness	Self-regard	The ability to perceive emotions in oneself and others as well as in objects, art, stories, music, and other stimuli.
Accurate self-assessment	Emotional self-awareness	
Self-confidence	Assertiveness	
	Independence	
Self-Management	Self-actualization	
Emotional self-control		
Transparency	Interpersonal	Facilitating Thought
Adaptability	Empathy	The ability to generate, use, and feel emotion as necessary to communicate feelings or employ them in other cognitive processes.
Achievement	Social responsibility	
Initiative	Interpersonal relationship	
Optimism		
	Stress Management	
Social Awareness	Stress tolerance	
Empathy	Impulse control	
Organizational awareness		Understanding Emotions
Service	Adaptability	The ability to understand emotional information, how emotions combine and progress through relationship transitions, and to appreciate such emotional meanings.
	Problems solving	
Relationship Management	Reality testing	
Inspirational leadership	Flexibility	
Influence		
Developing others	General Mood	
Change catalyst	Optimism	
Conflict management	Happiness	
Teamwork and collaboration		Managing Emotions
		The ability to be open to feelings, and to modulate them in oneself and others so as to promote personal understanding and growth.

Note. From <sup>1</sup>*Primal leadership: Realizing the power of emotional intelligence*, (pp. 254-256), by D. Goleman, R. Boyatzis, & A. McKee, 2002, Boston: Harvard Business School Press.

<sup>2</sup>“The Bar-On model of emotional-social intelligence (ESI),” by R. Bar-On, 2006, *Psicothema*, 18(suppl.), 2006, p. 15.

<sup>3</sup>“Mayer-Salovey-Caruso emotional intelligence test,” by J. Mayer, P. Salovey, and D. Caruso, 2002, Retrieved April 4, 2009, from <http://downloads.mhs.com/msceit/msceit-brochure.pdf>, p. 4. Copyright 1999, 2000, 2002 by Multi-Health Systems Inc. Reprinted with permission.

Interestingly, the most convincing support for the similarity of these models is provided by the individuals who are the identifying namesake for each of the three models. Bar-On (2006) offers implicit agreement with the claim of inter-model comparability as he cites the Cherniss reference in his own work and not only does he refrain from explicitly refuting it but he exhibits explicit agreement when offering a universal definition of emotional intelligence that bears striking resemblance to the earlier mentioned Cherniss definition. Another indication of Bar-On's agreement is found in *The Handbook of Emotional Intelligence*. As co-editors, Bar-On and Parker (2000) chose to include in the four chapter section on assessment methods the three emotional intelligence measurement instruments that are based on the aforementioned models and, not coincidentally, developed or co-developed by the individuals whose names are associated with each of the models (i.e., Goleman, Salovey and Mayer, and Bar-On). The initial chapter in this section is devoted to the Twenty-Item Toronto Alexithymia Scale (TAS-20) while the three remaining chapters focus on the assessment tools, namely the Mayer, Salovey, and Caruso Emotional Intelligence Test (MSCEIT), the Emotional Competence Inventory (ECI), and the Emotional Quotient Inventory (EQ-i), associated with and developed or co-developed by Salovey and Mayer, Goleman, and Bar-On respectively.

Though Mayer rejects the Cherniss claim of commonality when he argues that various emotional intelligence models “often have little or nothing to do with emotion or intelligence and, consequently, fail to map onto the term *emotional intelligence* [italics in original]” (Mayer, Salovey, & Caruso, 2004, p. 197), he unwittingly lends support to the suggestion of three prevailing emotional intelligence models by citing the Bar-On and

Goleman models exclusively when defending his argument (Mayer, Salovey, & Caruso, 2000; Mayer, 2001). However, it is Gowing (2001), writing in a publication edited by Goleman, who offers the most thorough evidence of the overlap that exists among the three models. Gowing's approach is similar to Cherniss, that is, she employs a cross-reference method to compare the various models but she conducts four distinct analyses comparing the dimensions of two models in each analysis and does so in a much more detailed and comprehensive fashion. Notable is the fact that Gowing selects only five models for her in-depth analysis. She first conducts a comparison of two Goleman models (an earlier version and a revised version), followed by a Goleman versus Salovey and Mayer model comparison, a Goleman versus Bar-On model comparison, and finally a Goleman versus Orioli model comparison. The data resulting from Gowing's effort is particularly compelling and provides substantive corroboration for a claim of three comparable and prevailing emotional intelligence models.

For a more detailed examination of the Goleman, Bar-On, and Salovey and Mayer emotional intelligence models, the interested reader is directed to Appendices A, B, and C respectively.

### *Historical Foundation*

Interest in emotional intelligence is in great part a response to the large percentage of performance outcomes left unexplained by traditional measures of cognitive ability (Mayer & Salovey, 1997). Despite conventional wisdom suggesting that mental ability is the primary determinant of an individual's capacity for achievement in life, the tools used to measure mental ability, intelligence quotient (IQ) tests, only account for approximately 10% to 20% of individual achievement outcomes (Gardner, 1995). It is the remaining and



unexplained 80% to 90% that has generated interest in emotional intelligence, interest that dates to the first part of the 20<sup>th</sup> century.

As early as 1920, Thorndike (1920) suggested that intelligence was not a singular construct but actually three constructs consisting of mechanical intelligence, abstract intelligence, and social intelligence. Not only did Thorndike seek to explain the 80% to 90% of unaccounted achievement with his multi-dimensional theory, his identification and definition of social intelligence, “the ability to understand and manage men and women, boys and girls – to act wisely in human relations” (Thorndike, 1920, p. 228), indicated an understanding of what is regarded today as a fundamental aspect of emotional intelligence.

In 1940, Weschler stated that “intelligent behavior must involve something more than sheer intellectual ability” (Wechsler, 1943, p. 444) and identified nonintellective factors of general intelligence as the elusive component. Defined as “all affective and conative abilities which in any way enter into global behavior” (Wechsler, 1940, p. 103), Weschler considered the nonintellective factors in general intelligence as insufficiently “recognized and, when recognized, ... considered as sources of error which had to be eliminated from test measures” (Wechsler, 1943, p. 444). Rather than sources of error requiring removal, Weschler advocated “devising of test situations in which the nonintellective factors can be identified, measured, and weighted” (Wechsler, 1943, p. 445).

Thorndike’s concept and identification of multiple intelligences, namely three, was extended in the 1980s by Gardner who identified six intelligences. Of interest to the field of emotional intelligence is Gardner’s description of what he labeled the personal

intelligences, a construct that is composed of an intra-personal component and an inter-personal component. With respect to the intra-personal component, Gardner considers

the core capacity at work ... [to be] access *to one's own feeling life* [italics in original] – ones' range of affects or emotions: the capacity instantly to effect discriminations among these feelings and, eventually, to label them, to enmesh them in symbolic codes, to draw upon them as a means of understanding and guiding one's behavior (Gardner, 1983, p. 239).

Conversely, Gardner defines the inter-personal component as “the ability to notice and make distinctions among other individuals and, in particular, their moods, temperaments, motivations, and intentions” (Gardner, 1983, p. 239). The relatively detailed descriptions by Gardner of the personal intelligences bear strong resemblance in meaning and word selection when compared to the definitions of emotional intelligence offered by Goleman, Salovey and Mayer, and Bar-On.

### *Alexithymia*

Inclusion by Bar-On and Parker (2000) in *The Handbook of Emotional Intelligence* of the frequently used Twenty-Item Toronto Alexithymia Scale (TAS-20) highlights a personality construct, alexithymia, that is similar to and overlaps with the construct of emotional intelligence (Bar-On & Parker, 2000; Parker, Graeme, & Bagby, 2001). The suggested overlap between emotional intelligence and alexithymia is intuitively apparent from a comparison of each term's definition (Parker, et al.). “Derived from the Greek a-lexis-thimia, meaning ‘absence of words to express emotions’” (Birț, Șandor, Vaida, & Birț, 2008, p. 217), alexithymia is the difficulty individuals experience “recognizing, processing and regulating their emotions” (Thorberg, Young, Sullivan, &

Lyvers, 2009, p. 237). Of particular interest to this study is the growing body of research related to the association of alexithymia, emotional intelligence, and alcohol use disorders.

In a review of 24 studies pertaining to alexithymia and alcohol use, 4 studies totaling 277 participants used the TAS-20 (in 2 of the studies the TAS-20 was used in combination with another alexithymia diagnostic measure) to establish “the prevalence rate of alexithymia in alcohol use disorders ... [at] between 45 and 67%” (Thorberg, et al., 2009, p. 237). These findings are corroborated by Birț, Șandor, Vaida, & Birț (2008, p. 217) who, also using the TAS-20, found “the prevalence of alexithymia in ... [their study of 23 male and 7 female alcoholic patients] at baseline was 63.33%.” In contrast, “the prevalence of alexithymia in the general population varies between 18.8% and 3.5%” (Birț, et al., p. 217). Additional support for the relationship between alexithymia and alcohol use disorders is found in a study of 2,297 Finnish men using a 26-item Finnish version of the Toronto Alexithymia Scale (Kauhanen, Julkunen, & Salonen, 1992). As well as identifying “a consistent association between alcohol consumption pattern and alexithymia [the study also determined] the relationship was similar across all variables: drinking habits tended to be heavier in high-grade alexithymia groups” (Kauhanen, et al., p. 124).

The literature contains equally relevant research on the relationship between emotional intelligence and alcoholism. Trinidad and Johnson, in a study of 205 adolescents from Southern California, found “that a significant negative association exists between EI ... and alcohol use” (2002, p. 101). This is consistent with a 141 participant study conducted in New South Wales, Australia that indicated “lower

emotional intelligence was significantly [( $r = -.34$ ,  $p < .05$ )] associated with ... more alcohol-related problems” (Riley & Schutte, 2003, p. 394).

Extending and complementing the identification in the aforementioned research of credible relationships between alexithymia and alcoholism as well as between emotional intelligence and alcoholism is a Canadian study of 744 adults that established “alexithymia and emotional intelligence ... [as] inverse but strongly overlapping constructs” (Parker, et al., 2001, p. 113). It is the findings in the Canadian study that provides the ability to reasonably infer from an aggregation of the data related to alexithymia, emotional intelligence, and alcohol use disorders that the hypothesis implicit in this study’s research question of diminished emotional intelligence capacity prior to alcoholism recovery and, conversely, enhanced emotional intelligence capacity during active alcoholism recovery, is an objectively informed and sound hypothesis. Table 3 provides a summary of the relationships proposed by this hypothesis.

Table 3  
*Relationship Between Alcoholism, EI, and Alexithymia*

<b>Alcoholism Status</b>	<b>EI Capacity</b>	<b>Presence of Alexithymia</b>
Pre-Recovery	Diminished	Higher
Post-Recovery	Enhanced	Lower

### *Leadership Effectiveness*

Evidence to support the positive relationship between emotional intelligence and leadership effectiveness is found in a leadership study conducted at Johnson & Johnson, where a 183-question assessment incorporating the Goleman-model of emotional intelligence was used to evaluate 358 randomly selected managers from North America, Europe, Asia, Africa-Middle East, and Latin America (Brienza & Cavallo, 2001). Once

selected, each participant was classified as either a higher performer or average performer based on “a combination of [their] achievement against business objectives, the ‘what’ of performance, as well as [their] behavior on the job, the ‘how’ as measured by the J&J Credo and the Standards of Leadership©” (Brienza & Cavallo, 2001, p. 2). Of the over 1,400 surveys that were completed, those participants identified as high performers earned higher, statistically significant (minimally  $p < .05$ ) ratings from their supervisors, peers, and subordinates in, respectively, 14, 9, and 17 of the 20 emotional intelligence competencies measured. Inter-rater agreement was strongest in the 6 emotional intelligence competencies of self-confidence, achievement orientation, initiative, leadership, influence, and change catalyst as all 3 groups of raters identified these as the characteristics differentiating high performers from average performers (Brienza & Cavallo, 2001).

Comparable findings to the Johnson & Johnson study were reported in research involving 41 Australian Public Service senior executives. Employing a method similar to that used in the Johnson & Johnson study, the Australian study identified leadership effectiveness using data from the organization’s “performance management system and [multi-rater] 360[-degree] measures of leadership behaviours espoused within the workplace” (Rosete & Ciarrochi, 2005, p. 391). The performance management system was considered to be a sound method in assessing “not only whether a person achieve[s] results (the ‘what’ of performance), but also whether in achieving results they build effective working relationships (the ‘how’ of performance)” (Rosete & Ciarrochi, 2005, p. 393). The multi-rater 360-degree assessment, dubbed the Perspectives on Executive Leadership Effectiveness (PELC), “comprises 40 behavioural statements that relate to the

Australian Public Service Commission (APSC) leadership capability framework” (Rosete & Ciarrochi, 2005, p. 393). The study participants as well as their direct manager and a minimum of 3 direct reports completed the PELC as a means for the researchers to gather additional, multi-perspective insight into the leadership effectiveness of the study participants. Emotional intelligence was assessed using the MSCEIT V2.0, an emotional intelligence instrument developed by Mayer and Salovey and based on their emotional intelligence model. The resulting “findings suggest that executives higher on EI are more likely to achieve business outcomes and be considered as effective leaders by their subordinates and direct manager” (Rosete & Ciarrochi, 2005, p. 396). More specifically, the EI dimension identified as the ability to perceive emotions was revealed by regression analysis to be a predictor of leadership effectiveness (Rosete & Ciarrochi, 2005). A study of 38 supervisors in a large manufacturing organization utilizing a similar process, that is, measuring emotional intelligence with the MSCEIT and defining leadership effectiveness by 1,258 employee responses to an attitude survey assessing the perceived effectiveness of their respective manager, yielded substantially equivalent results (Kerr, Garvin, Heaton, & Boyle, 2006). Specifically, “the total EI score displayed a strong positive correlation with supervisor ratings ( $r = 0.39$ ,  $p < 0.001$ ) [obtained from the employee survey]” (Kerr, et al., p. 272), results that indicate 15.2% of leadership effectiveness is explained by total emotional intelligence.

Additional corroboration of the Australian findings is contained in a study of 186 executives recruited from the Young President’s Organization (YPO) and the Innovator’s Alliance (IA). Membership in these organizations requires that “an individual must hold the title CEO, Owner, President, or Managing Director of his or her company, and that

organization must generate a minimum of \$2 million annually” (Stein, Papadogiannis, Yip, & Sitarenios, 2009, p. 90) Additionally, each organization is required to have a minimum number of 10 full-time employees though “many of those included in the sample had 50 employees or greater” (Stein, et al., p. 90). Leadership effectiveness was defined by the researchers in terms of financial performance, specifically an organization had to either show “an average pre-tax operating profit over the past three years that was greater than 10 percent or have gross revenues in excess of \$25 million” (Stein, et al., p. 92). A secondary category of qualifying criteria was added in recognition that “larger companies ... might have difficulty sustaining 10 percent profit over three years” (Stein, et al., p. 92). This second category included “either ... an average pre-tax operating profit of more than 20 percent over the past three years or a pre-tax profit that was at least 5 percent higher than their industry three-year average” (Stein, et al., p. 92). The aforementioned criteria were the basis by which all participating companies were identified as either a high profit or low profit company. Using the EQ-i, the Bar-On authored measure of emotional intelligence based on his model, the study found that not only did the sample of executives earn higher, statistically significant ( $p < 0.01$ ) emotional intelligence scores when compared to the general population but the study also found high profit companies were differentiated from low profit companies by executives possessing higher, statistically significant (minimally  $p < 0.05$ ) scores in the emotional intelligence abilities of empathy, self-regard, reality testing, and problem solving (Stein, et al.).

A 2005 study of 261 British naval officers provides commensurate findings regarding leadership effectiveness and emotional intelligence in its determination that

emotional intelligence, IQ, and managerial competencies (i.e., competencies related to managing resources, communication, empowering, developing, and achieving) were all statistically significant contributors to overall performance for senior and junior officers combined. However, emotional intelligence was identified as the largest proportional contributor of the three (Dulewicz, Young, & Dulewicz, 2005). The study also found that emotional intelligence was “highly significantly correlated with leadership [performance] but only for ... [senior officers, not junior officers]” (Dulewicz, et al., p. 79). The researchers surmise that for senior officers the statistically significant contribution made by emotional intelligence to leadership performance is due to the “wider range of leadership functions [required by senior officers] to carry out” (Dulewicz, et al., p. 83). This is consistent with Goleman’s research indicating the important role of emotional intelligence in identifying individuals suitably qualified to climb the leadership ranks and assume leadership positions of broader and increasing levels of responsibility. Research conducted by Goleman and his colleagues at Hay/McBer determined that in a comparison between individuals selected as company presidents to those that were passed over, specific EI competencies were a key differentiator (Goleman, 2000). They concluded that

those who make president display the competency of self-confidence twice as much as those who are passed over; they exhibit self-control seven times more; their achievement orientation is twice as strong; and their empathy and teamwork skills are three times more developed (Goleman, 2000, para. 4).

Markedly consistent with the Royal Navy study, Goleman’s research highlights two salient aspects of leadership effectiveness. First, leadership effectiveness is composed of two facets – baseline abilities and emotional intelligence. Sometimes



referred to as the price of admission, “‘threshold capabilities’; ... [or] entry-level requirements” (Goleman, 1998a, p. 94), baseline abilities are the technical skills and requisite cognitive ability necessary to competently accomplish the basic tasks of a particular profession. Second, of the factors considered when selecting individuals for promotion, whether that be to company president or senior British Naval officer, none is as significant as emotional intelligence; “in other words, what really distinguishes leaders is their emotional intelligence” (Goleman, 2000, para. 4).

### Alcoholics Anonymous

#### *History*

Identified by merely their first names, a longstanding Alcoholics Anonymous tradition intended to preserve a member’s anonymity, Bill W. and Dr. Bob S., a stockbroker and a surgeon, are credited with founding the Alcoholics Anonymous fellowship after meeting each other in Akron, OH during 1935 (*A.A. Fact File*, 1957). Together they “immediately set to work with alcoholics at Akron’s City Hospital, where one patient quickly achieved sobriety. Although the name Alcoholics Anonymous had not been coined, these three men actually formed the nucleus of the first A.A. group” (*A.A. Fact File*, 1957, p. 18). From this modest beginning “a second [AA] group of alcoholics slowly took shape in New York .... [in the fall of 1935 and] a third appeared at Cleveland in 1939” (*A.A. Fact File*, 1957, p. 18). The Alcoholics Anonymous fellowship has grown significantly in the intervening years to worldwide membership “estimated [at] two million or more, with nearly 100,800 groups meeting in approximately 150 countries” (*Alcoholics Anonymous*, 2001, p. xxiii).

#### *The Preamble*

“The preamble of *Alcoholics Anonymous* [italics in original], which frequently is read at the beginning of AA meetings, points out many important facts about how AA works” (Schultz, 2003, p. 941). First published in the June 1947 Grapevine, a monthly magazine produced in consort with the Alcoholics Anonymous fellowship but funded entirely by subscriptions, the preamble is attributed to one of the magazine’s first editors and is reported to be based on the Foreword to the first edition of the book *Alcoholics Anonymous* (*The A.A. Grapevine*, 2004):

*Alcoholics Anonymous* [italics in original] is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety (*The A.A. Grapevine*, 2004, p. 2).

### *Efficacy*

The success of the AA program of recovery was highlighted in 2004 when a random survey of “more than 7,500 A.A. members from the U.S. and Canada .... [reported the] average sobriety of members ... [to be] more than eight years” (*Alcoholics Anonymous*, 2005). Additionally, 14% of the survey participants reported their length of sobriety between one and five years with 50% reporting their length of sobriety as five years or more (*Alcoholics Anonymous*, 2005).

### *The Twelve Steps*

Seemingly ubiquitous as a result of being co-opted over the years by various recovery programs, the Twelve Steps of Alcoholics Anonymous (see Appendix D) “describe both the spiritual basis and the necessary actions, which form the backbone of recovery for members” (Schultz, 2003, p. 942). Of particular significance to this study are the characteristics of positive intrapersonal and interpersonal dynamics that the researcher observes as shared by three prevailing emotional intelligence models and the requirement of the Twelve Steps that an individual be willing “to look at oneself and change to become a ‘healthier’ human being who can live *harmoniously with others* [italics added]” (Schultz, 2003, p. 942).

### *Recommended Course of Action for Members*

Two key elements of the Alcoholics Anonymous program of recovery are regular attendance at AA meetings and engagement with an AA sponsor. AA meetings are one of two types, open meetings, which “anyone may attend ... [and] closed meetings [which] are restricted to alcoholics and anyone with a desire to stop drinking” (Schultz, 2003, p. 943). Meeting formats vary and most meetings “usually last an hour” (Schultz, 2003, p. 943). Within AA circles it is widely accepted “that attendance at meetings and other informal contacts with fellow A.A.s are important factors in the maintenance of ... sobriety” (*This is A.A.*, 1984, p. 14). As such, members of AA are encouraged to “keep coming regularly to meetings of the local A.A. group with which ... [they] have become affiliated” (*This is A.A.*, 1984, p. 14).

In addition to regular attendance at AA meetings, members are advised to find a sponsor. Quite simply, an AA sponsor is “an alcoholic who has made some progress in

the recovery program [and who] shares that experience on a continuous, individual basis with another alcoholic who is attempting to attain or maintain sobriety through A.A.” (*Questions and*, 1983, p. 7). It is generally recommended that a sponsor be “someone of the same sex who has been in AA for at least a year” (Schultz, 2003, p. 944). Members being sponsored “are asked to call their sponsors whenever they are thinking about drinking or are having problems” (Schultz, 2003, p. 944). Additionally, it “is common for a ... [member] to talk with his or her sponsor on the telephone between meetings and to meet with the sponsor regularly to discuss progress” (Schultz, 2003, p. 944).

The importance of sponsorship, both having as well as being a sponsor, and regular AA meeting attendance has a credible and persuasive empirical foundation. A 10 year follow-up study found that of those “respondents who remained sponsors during the follow-up period ..., 91% reported complete or stable remission of their alcoholism” (Cross, Morgan, Mooney III, Martin, & Rafter, 1990, p. 172). The same study also found “AA involvement to be a significant predictor of [sobriety longevity]” (Cross, et al., p. 172).

### *The ‘Promises’*

First published in 1939 (with subsequent editions published in 1955, 1976, and 2001) *Alcoholics Anonymous*, or the Big Book as it is commonly referenced, is considered, as stated on the dust jacket of the fourth edition, “the basic text for Alcoholics Anonymous” (*Alcoholics Anonymous*, 2001). Chapter six of the Big Book contains “an essential aspect of AA recovery [known as the] ‘Promises,’ which AA says will happen if a person works the AA program to the best of his or her ability” (Schultz, 2003, p. 945). The Promises (see Appendix E) “consist of ... cognitive, emotional and

behavioral changes which occur as the recovering alcoholic practices the principles of the AA recovery program” (Sandoz, 1996, p. 81).

*A Model for Organization Change and Learning*

The study of Alcoholics Anonymous beyond its therapeutic implications, particularly as a model for organization change and learning, is a small yet burgeoning field of study. Early thought leaders in this arena include Dr. Lee Robbins and Dr. Jane Nakken, both of whom conducted their respective doctoral research on interrelated topics. In his dissertation, Robbins (1987) explores the viability of implementing a 12-step approach (a generic reference to the course of action prescribed by Alcoholics Anonymous) to effect learning in organizations. Nakken (2000) complements and extends this concept in her dissertation by examining the utilization of a 12-step model to initiate organization change, an argument proposed and supported by Robbins (1992) as a method for correcting what he considers the dysfunctional nature of many organizations. Although the focus of both researchers is the application of a 12-step framework within a collective entity (i.e., an organization) as a means to initiate large scale learning or change, each broaches the topic of individual leaders or leadership styles; Robbins argues the efficacy of the leadership style found in Alcoholics Anonymous while Nakken addresses the impact a 12-step program has upon individual leaders. Robbins (R. & S., 1998), writing as Lee R., suggests that organizations would be better served by abandoning traditional control-oriented leadership styles and adopting the participative-collaborative leadership style that is a hallmark of Alcoholics Anonymous. Nakken (2000, p. 80) notes that the leaders in her study reported “benefits to the [leaders’ respective] organizations ... through transformation of the leaders, and resulting changes

in the styles of leadership and management modeled by the leaders” all of which being attributable to participation in a 12-step program. The findings of Nakken and Robbins are consistent with a 2005 study that found “managers in recovery do apply principles they have derived from their experiences in AA to their roles in their employment organizations .... [and in doing so they] enhanced their effectiveness in their managerial roles” (Clarke, 2005, p. vi).

Similar to Robbins (1992), Barnes (1991, p. 1) advocates the incorporation of “findings and applications from the fields of alcoholism/dependency recovery and family systems ... into the fields of organizational behavior and organization development” as a means to analyze and correct organizational dysfunction. Barnes proffers that just as individual recovery from alcoholism through participation in Alcoholics Anonymous “features recovery relationships and reconnecting to other people” (1991, p. 47), successful change in dysfunctional organizations “must also incorporate and feature relationships” (1991, p. 47). When describing that “every recovery addict and alcoholic faces the task of rebuilding the self and learning to have successful, authentic and relationships in social, familial and workplace settings” (1991, p. 47), Barnes employs language and concepts analogous to emotional intelligence, similarity that is echoed when she posits that “underneath the problems and crises besetting troubled organizations, there is one ubiquitous organizational dysfunction: the failure in relationships” (Barnes, 1991, p. 47). Similar to Goleman’s assertion that emotional intelligence capacity rather than ‘threshold capabilities’; ... [or] entry-level requirements” (1998a, p. 94) determine leadership effectiveness, Barnes offers a comparable argument when suggesting that

the collective intelligence in an organization as measured by IQ, college degrees, experience on the job, or any test of competence will not predict performance for the organization as reliably as will the aggregate relational skill level.

Organizations of lower intelligence and higher relational skills aggregates will outperform others with higher intelligence but lower relational aggregates. The ability to get along with people over a long period of time is a more valuable organizational skill than any specialized technical knowledge (Barnes, 1991, p. 48).

Irrespective of the term, emotional intelligence or relational skill level, it is evident that Goleman, Salovey and Mayer, Bar-On and Barnes are collectively describing the ability to establish and maintain effective interpersonal relationships.

Similarities with emotional intelligence are also found in the leadership and management style changes identified by Nakken, specifically the areas of “self-management; ethics and policies; relationships with customers and clients; relationships with employees; effect on their organization’s culture; and issues of power and control” (Nakken, 2000, p. 81). In all three prevailing models of emotional intelligence discussed earlier, self-management and interpersonal relationships are explicitly cited as fundamental dimensions.

Perhaps the most comprehensive exploration to date on the topic of “extending the Twelve Steps ... to business organizations” (Mitroff, 2001, p. vii) is a compilation by Nakken and several colleagues. Appropriately titled *Twelve Step Wisdom at Work*, it contains a persuasive description of the relationship between emotional intelligence, the 12 Steps, organization development, and global competitiveness.

The field of 'emotional intelligence' is producing stunning data on effective business development and employee performance and retention. Like the Twelve Steps, it honors the health of the whole person and the personal and corporate good sense of nurturing ongoing growth. Similarly, relationships are at the essence of Twelve Step recovery – a searchingly honest relationship with all of the aspects of one's own life, including how that life interacts with others.

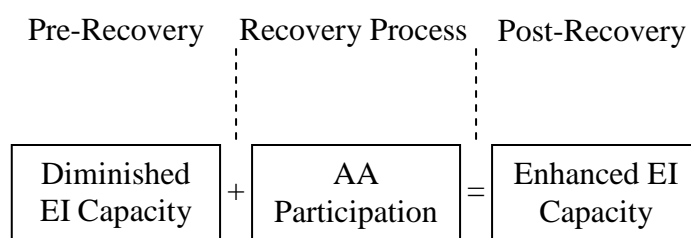
Personal relationships are also at the core of global business, representing the only bond powerful enough to bridge vast expanses of distance, differences and time. The Twelve Steps bring such practical truths, and many more, into realistic, sustainable, and creative energy (Tippett, 2001, p. 300).



## CHAPTER III

### METHODOLOGY

Formed by the researcher's personal experiences as a leader, the opportunity afforded the researcher to observe a variety of leaders during his career, and the researcher's own recovery from alcoholism and drug addiction, this study is predicated on the theory that the recovering alcoholic leader possesses a more highly developed level of emotional intelligence, which research has shown to be the characteristics that distinguish average leaders from highly effective leaders, and is a more effective leader as a result of the personality transformation that is reported to result, and which the researcher has observed, from practicing the Alcoholics Anonymous program of recovery. Not only is the theory of personal interest to the researcher but "theory development prior to collection of any case study data" (Yin, 2003, p. 29) is a requirement of positivistic case study methodology as well as a characteristic that differentiates the positivistic case study from other related research methodologies (Yin, 2003). Figure 1 provides an illustration of the proposed theory.



*Figure 1. Proposed Theory*

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#### Research Design

Yin's framework for case study design includes: "1. a study's questions; 2. its propositions, if any; 3. its unit(s) of analysis; 4. the logic linking the data to the

proposition; and 5. the criteria for interpreting the findings” (Yin, 2003, p. 21). The first three components assist the researcher in identifying the data to be collected while the last two components describe what is to be done with data after it has been collected (Yin, 2003).

This study’s question, that is, the research question, was articulated in Chapter 1: To what extent does the Alcoholics Anonymous program of recovery contribute to a recovering alcoholic’s leadership effectiveness as measured by emotional intelligence characteristics?

Also found in Chapter 1, in the discussion of the Research Purpose, is this study’s proposition: The recovering alcoholic leader possesses a more highly developed level of emotional intelligence, which research has shown to be the characteristics that distinguish average leaders from highly effective leaders, and is a more effective leader as a result of the personality transformation that is reported to result, and which the researcher has observed, from practicing the Alcoholics Anonymous program of recovery.

The units of analysis for this study, the Alcoholics Anonymous program of recovery and the EI capacity of the research participants’ before and after commencing recovery, are identified in Table 4. Important to note is that in addition to identifying the units of analysis for this study, Table 4 also serves to identify a chain of evidence for the study, a procedure that “increase[s] the *reliability* [italics in original] of the information in a case study .... [by] allow[ing] an external observer ... to follow the derivation of any evidence” (Yin, 2003, p. 105).

Table 4  
*Chain of Evidence*

<b>Unit of Analysis</b>	<b>Empirical Indicator(s)</b>	<b>Source of Data</b>	<b>Data</b>
Pre-sobriety EI	Self-assessment Peer assessment	EI assessment tool	EI score
Recovery	Leader testimony	Interview	Description of AA affiliation
Post-sobriety EI	Self-assessment Peer assessment	EI assessment tool EI assessment tool	EI score EI score

In part, the logic linking the data to the proposition is found in the declaration that the Promises “are being fulfilled among us [and] .... will always materialize if we work for them” (*Alcoholics Anonymous*, 2001, p. 84). It can be reasonably inferred that the act of fulfillment implies a preexisting state of non-fulfillment which, in the context of the Promises, indicates the existence of a deficit cognitive, emotional, and behavioral state prior to alcoholism recovery. This deficit state, the assurance that adherence to the 12 Steps contributes to the fulfillment of the Promises (Sandoz, 1996), and the interpersonal and intrapersonal emotional traits found in the Promises and the three prevailing emotional intelligence models corroborates the researcher’s proposition that the AA program of recovery, embodied in the course of action prescribed by the 12 Steps and manifested in the Promises, is a contributor to enhanced leadership effectiveness as measured by emotional intelligence characteristics.

The final element in Yin’s framework for case study design is the criterion for interpreting the findings. Heeding Yin’s recommendation that it is “one of the most desirable techniques” (2003, p. 116) for case study analysis, the researcher has selected pattern-matching logic as the approach to explicate the findings. Three data points

comprise the pattern that was examined. First, the scores obtained in the retrospective pre-recovery EI assessment were evaluated in relation to the computed quartiles of the instrument's sample population. The second data point was the level of affiliation with Alcoholics Anonymous reported by the participants. Particular attention was paid to data collected on attendance at Alcoholics Anonymous meetings and sponsorship. The final data point was an assessment of the participants' post-recovery norm converted EI scores in relation to the computed quartiles of the instrument's normative database.

One of the seminal thinkers in the field of theory development is Robert Dubin whose eight step model of theory development and theory verification (Dubin, 1978) is succinctly rendered by Lynham (2002). Strikingly similar and complementary in concept and terminology to Yin's framework for case study design, Table 5 contains an analysis of Dubin's model as implemented in this study.

Table 5  
*Analysis of Dubin's Eight Step Approach to Theory Development and Theory Verification as Implemented in this Study*

<b>Step</b>	<b>Definition</b>	<b>Application in this Study</b>
1. Identify the units of the theory	Those things about which the researcher is trying to make sense and are informed by literature and experience	The Alcoholics Anonymous program of recovery and the EI capacity of the research participants before and after commencing recovery
2. Establish the laws of interaction that govern the theory	The relationship between units and how the units of the theory are linked to each other	The effect on an individual's EI capacity that results from practicing an Alcoholics Anonymous program of recovery

Table 5  
*Analysis of Dubin's Eight Step Approach to Theory Development and Theory Verification as Implemented in this Study*

Step <sup>1</sup>	Definition <sup>1</sup>	Application in this Study
3. Determine the boundaries of the theory	The real-world limits of the theory that distinguish the theoretical domain of the theory from those aspects of the real world not explained by the theory	Organizations that employ leaders that are recovering alcoholics and who attribute their sobriety to practicing an Alcoholics Anonymous program of recovery. Conversely, non-alcoholic leaders, leaders who are practicing/active alcoholics, or leaders in alcoholism recovery who attribute their sobriety to an alternative recovery approach would extend beyond the boundaries of the theory.
4. Specify the system states of the theory	The condition (s) under which the theory is operative	Organizations whose leaders: <ul style="list-style-type: none"> <li>• are recovering alcoholics</li> <li>• attribute their sobriety to practicing an Alcoholics Anonymous program of recovery</li> </ul>

Table 5  
*Analysis of Dubin's Eight Step Approach to Theory Development and Theory Verification as Implemented in this Study*

<b>Step<sup>1</sup></b>	<b>Definition<sup>1</sup></b>	<b>Application in this Study</b>
5. Specify the propositions of the theory	A logical consequence or outcome of a model when the model is fully specified in its units, laws of interaction, boundary, and system states	The recovering alcoholic leader possesses a more highly developed level of emotional intelligence, which research has shown to be the characteristics that distinguish average leaders from highly effective leaders, and is a more effective leader as a result of the personality transformation that is reported to result, and which the researcher has observed, from practicing the Alcoholics Anonymous program of recovery.
6. Identify empirical indicators of the theory	An operation employed to secure measurements of values of a unit	<ul style="list-style-type: none"> <li>• Assessment by leaders and colleagues/co-workers of the leaders' EI capacity prior to recovery</li> <li>• Testimony from leaders regarding the recovery process</li> <li>• Assessment by leaders and colleagues/co-workers of the leaders' EI capacity in recovery</li> </ul>
7. Construct the hypothesis to test the theory	The establishment of a linkage between the theoretical framework and the real world that results from translating some of the propositions of the theory to testable hypotheses	Not applicable in this study. Instead, testing of the proposition will be conducted.

Table 5  
*Analysis of Dubin's Eight Step Approach to Theory Development and Theory Verification as Implemented in this Study*

<b>Step<sup>1</sup></b>	<b>Definition<sup>1</sup></b>	<b>Application in this Study</b>
8. Test the theory through a developed plan of research	Dependent on the researcher's research stance (i.e., theory refinement versus theory verification).	Pattern matching has been selected to verify the proposition.

*Note.* From <sup>1</sup>“Quantitative research and theory building: Dubin's method,” by S.A. Lynham, August 2002, *Advances in Developing Human Resources*, 4(3), pp. 247-269.

<sup>1</sup>*Theory building* (Revised ed.), by R. Dubin, 1978, New York: The Free Press.

### Participant Selection

Research participants were selected by way of snowball or chain sampling. This technique facilitates indentifying “cases of interest from people who know people who know people who know what cases are information-rich, that is, good examples for study, good interview subjects” (Patton, 1990, p. 182). To initiate the selection process, the researcher contacted senior-level leaders with whom he had become acquainted during his professional employment, organizations affiliated with alcoholism recovery, and personal acquaintances that the researcher believed may be aware of appropriate research participants and/or know of individuals that may be able to assist in identifying, introducing, and/or contacting potential research participants. By way of such contact, the researcher located four individuals who met the criteria of being in a leadership position within their organization who self-report as recovering alcoholics and who attribute their recovery to practicing an Alcoholics Anonymous prescribed (i.e., 12-step) approach to sobriety. Additionally, access to peers, co-workers, colleagues, subordinates, etc. who work directly with the recovering alcoholic leader was necessary in order to administrate the Emotional Intelligence Appraisal Multi-Rater Edition instrument. Organization size

(i.e., number of employees, annual revenue, etc.) and type of organization (i.e., private versus public, profit versus not-for-profit) were not criteria for participation.

#### Data Collection

Data collection was accomplished in three parts. A retrospective pre-recovery EI score was collected by way of leader self-assessment, and a single peer assessment in the case of one research participant, using the Schutte Self-Report Emotional Intelligence Test (SSEIT). Measurement of post-recovery EI capacity was accomplished through completion of the Emotional Intelligence Appraisal Multi-Rater Edition by the recovering alcoholic leader and his/her peers, co-workers, colleagues, subordinates, etc. This generated a post-recovery norm converted score. The third method of data collection was an interview with the recovering alcoholic leaders.

#### *Pre-Recovery Emotional Intelligence Measurement*

Requiring research participants to recall through the haze of memory their behavior and state of mind prior to recovery is a previously documented limitation of this study. In an effort to mitigate this limitation, the researcher unsuccessfully sought approval from the authors of the Emotional Intelligence Appraisal Multi-Rater Edition to create a pre-recovery emotional intelligence assessment tool by recasting their instrument's questions in the past tense. Unable to secure this approval required that the researcher identify another instrument for this component of the study. The researcher was granted approval by the author of the Schutte Self-Report Emotional Intelligence Test (SSEIT), a frequently used emotional intelligence instrument based on the Salovey and Mayer emotional intelligence model, to recast the tool's 33 questions in the past tense. Additionally, the SSEIT is a reliable and valid instrument. Schutte, Malouff, and



Bhullar (in press) report a high degree of reliability as measured by a Cronbach alpha value of .90 in the development sample of 346 participants and a mean of .87 in diverse samples across 27 studies. During the development of the instrument, predictive validity was determined to be positive and statistically significant, “ $r(63) = 0.32, p < 0.01$ ” (Schutte, Malouff, Hall, Haggerty, Cooper, & Golden, et al., 1998, p. 174) with respect to grade point averages. On a broader and more extensive level, a meta-analysis by Van Rooy and Viswesvaran (as cited in Schutte, Malouff, & Bhullar, in press) that explored how outcomes in life realms one might expect to be related to emotional intelligence, such as mental health, employment, and academic pursuits, are associated with scores on the SSEIT found that the SSEIT “correlated at .23 with outcomes in various [life] realms” for 14 diverse samples of participants. Appendix F provides a detailed description of the adapted version of the Schutte Self-Report Emotional Intelligence Test used in this study including the 33 questions and Likert scale.

#### *Post-Recovery Emotional Intelligence Measurement*

Generation of a post-recovery norm converted emotional intelligence score was accomplished through completion of the Emotional Intelligence Appraisal Multi-Rater Edition by the recovering alcoholic leader and his/her peers, co-workers, colleagues, subordinates, etc. Developed and marketed by TalentSmart of San Diego, CA, this instrument is based on the Goleman-model of emotional intelligence. The highly interpersonal nature of emotional intelligence suggests that “the best measure of ... [one’s emotional intelligence] comes from those who see ... [him/her] in action on a regular basis. [His/her] colleagues are closely attuned to ... [his/her] current ... [emotional intelligence level] because it directly impacts them” (*Emotional intelligence,*

2008, p. 2). Consequently, the 360-degree format utilized in the instrument was a primary determinant in its selection.

Statistical analyses also indicated the Emotional Intelligence Appraisal Multi-Rater Edition instrument to be marked by high degrees of validity and reliability. From a validity perspective, when

studied in comparison to job performance in large-scale studies representing hundreds of thousands of individuals from a cross-section of industries .... the [Emotional Intelligence Appraisal] Multi-Rater Edition ... explains a highly significant amount of job performance (nearly 60%) for individuals in middle management through senior leadership positions” (Bradberry & Greaves, 2005, p. 8).

Additionally, “leaders who had high [EI] scores ... were 20% more productive than their low ... [EI] counterparts, accounting for \$250,000 more productivity per head than low ... [EI] colleagues in the same regions” (Bradberry & Greaves, 2005, p. 8).

From a reliability perspective, the data are equally compelling. As reported by the instrument’s authors, “Cronbach alpha values for the four scales of the Emotional Intelligence Appraisal MR [Multi-Rater] Edition range ... from .85-.91” (Bradberry & Greaves, 2005, p. 8). Results in this range are commonly considered to be very high and correspondingly indicate a very high degree of reliability or internal consistency.

The instrument is administered on-line, requires an average of seven minutes to complete (Bradberry & Greaves, 2005), and is composed of 28 “questions [that] measure the sufficient *behavioral outcome* [italics in original] needed to adequately assess” (Bradberry & Greaves, 2005, p. 6) an individual’s aptitude in each of the four EI skills, or

domains, described by Goleman. See Table 6 for a summary description of the instruments' components.

Table 6

*Emotional Intelligence Appraisal Multi-Rater Edition Questions Per EI Domain*

<b>Self-Awareness</b>	<b>Self-Management</b>	<b>Social Awareness</b>	<b>Relationship Management</b>
6	9	5	8

*Note.* From *Emotional Intelligence Appraisal - Technical Manual 2005 Edition* (p. 6), by T. Bradberry and J. Greaves, 2005, Retrieved October 22, 2007, from [https://www.talentsmart.com/media/uploads/pdfs/Technical\\_Manual\\_2005.pdf](https://www.talentsmart.com/media/uploads/pdfs/Technical_Manual_2005.pdf)

Recognizing that “the frequency with which an individual demonstrates behaviors related to a skill [EI domain] are the best measure of that skill [EI domain,] the questions are structured using a 6-point frequency scale” (Bradberry & Greaves, 2005, p. 7) (see Table 7). Two open-ended questions are provided for respondents to elaborate on their answers but responses were not included in the data analysis.

Table 7

*Emotional Intelligence Appraisal Multi-Rater Edition Behavioral Outcome Frequency Scale*

<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Usually</b>	<b>Almost Always</b>	<b>Always</b>
1	2	3	4	5	6

*Note.* Adapted from *Emotional Intelligence Appraisal - Technical Manual 2005 Edition* (p. 7), by T. Bradberry and J. Greaves, 2005, Retrieved October 22, 2007, from [https://www.talentsmart.com/media/uploads/pdfs/Technical\\_Manual\\_2005.pdf](https://www.talentsmart.com/media/uploads/pdfs/Technical_Manual_2005.pdf)

The instrument was administered to the leaders' co-workers and colleagues as well as to the leaders themselves. Upon completion of the instrument, two sets of scores were calculated: the other-score, a compilation of the responses from the various co-workers and colleagues, and the self-score. Both sets of scores are composed of “an overall ... [EI] score, as well as a score in each of the four ... [EI domains]” (Bradberry

& Greaves, 2005, p. 5). Considered to be more intuitive, the scores “are norm converted on a 1 to 100 point scale, with a mean of 75 and standard deviation of 10” (Bradberry & Greaves, 2005, p. 13).

The instrument’s author would not grant permission to publish the individual survey questions.

### *Interview*

The interview was intended to gather basic demographic data (e.g., age, sex, education, etc.) as well as behavioral data related to the participants’ level of affiliation with Alcoholics Anonymous, the potential effect on their respective workplaces as a result of being in recovery, and elucidation of pre-recovery and post-recovery EI capacity. Additionally, the interview was a tool to aid in the discovery of relevant and salient data that had been potentially and unintentionally overlooked in the design of the study. The interview guide is found in Appendix H.

### Ethics & Protection of Research Participants

In no manner do the research findings disclose the actual names of the participating organizations, the specific leaders, their peers/subordinates/coworkers, etc. Anonymity was strictly preserved by such methods as describing organizations in general, non-attributable terms and, when referencing particular individuals, using a pseudonym in the format of first name and initial of last name. The research complied with all requirements prescribed by the Institutional Review Board of the University of St. Thomas including, but not limited to, the execution of a consent form by all research participants. The consent form included background information describing the study, explanation of the procedures in which the participants would engage, identification of, if

any, risks and benefits of being in the study, steps taken to ensure confidentiality, assurances as to the voluntary nature of the study, and contact information if there were any questions in the future.

Participants were asked for permission to audio record the interviews as a means to assist the researcher in precisely recalling and documenting particularly informative quotations. Consent to audio record the interviews was not a requirement for participation in the study.

Research participants were not remunerated for their involvement in the study. However, all research participants were provided access to the e-learning, multi-media EI skills development and goal tracking feature of the Emotional Intelligence Appraisal Multi-Rater Edition. Utilization of this feature by the participants was strictly voluntary and was not a component of this study.

#### Calculation of Percentiles & Percentile Rank

Using separate instruments to measure pre-recovery and post recovery EI capacity precluded a simple comparison of before-and-after EI scores. Such an evaluation would have been the statistical equivalent of comparing apples and oranges. To remedy this, percentiles and percentile rank were employed as a means to establish a comparable basis for analysis of what, in their original form, were incompatible scoring methods.

The SSEIT's author was unable to provide the researcher with supporting documentation, such as a histogram or kurtosis calculation, describing the data distribution of the SSEIT sample population. However, distributions of human subject measures in social science research conform to the normal curve with such regularity (Sprinthall, 2000) that the researcher deemed it reasonable to assume that the data

distribution of the SSEIT sample population is also approximately normal. A similar assumption was unnecessary with the Emotional Intelligence Appraisal Multi-Rater Edition as the authors were explicit in explaining that the instrument's raw scores "are norm converted on a 1 to 100 point scale ... [and] closely mirror the converted output, as the sample population is normally distributed with a negative skew" (Bradberry & Greaves, 2005, p. 13).

Probability theory posits that the normal distribution of a sample population is "characterised (or fully described) by two parameters - the mean,  $\mu$  [,  $M$ ], and the standard deviation,  $\sigma$  [,  $SD$ ]" (Gosling, 1995, p. 34). Tables 8 and 9 present, respectively, the mean ( $M$ ) and standard deviation ( $SD$ ) associated with the SSEIT and the Emotional Intelligence Appraisal Multi-Rater Edition.

A normal distribution, commonly referred to as a bell-shaped curve, provides the ability to mathematically determine the relation of a particular data point of interest to a percentage of scores in a given range or set of data. This is accomplished through use of the  $z$ -table and corresponding statistical theory and mechanics, a detailed description of which extends beyond the scope of this study but is well documented in virtually any college-level statistics textbook. With respect to this study, the researcher determined the relation of the specific scores obtained from the study's research participants to percentages of scores from the sample populations of the SSEIT and the Emotional Intelligence Appraisal Multi-Rater Edition. The researcher chose to present the data in quartiles, a commonly utilized method to portray and analyze individual data points in relation to a data distribution. By definition, the mean ( $M$ ) equates to the average score or

the 50<sup>th</sup> percentile. The 75<sup>th</sup> and 25<sup>th</sup> quartiles are not as readily apparent and required using the  $z$ -table.

To determine the 75<sup>th</sup> percentile, a scan of the  $z$ -table revealed that a  $z$ -value of .68 equates to 25.17% or .2517. Given that  $z$ -values express the normal probability in terms of “position ... and distance (in number of standard deviations) from the mean of the distribution” (Gosling, 1995, p. 39), it follows that the 75<sup>th</sup> percentile is located to the right of the mean ( $M$ ) on a bell-shaped curve and as a result is expressed as a function of a positive  $z$ -value. A more precise calculation of the 75<sup>th</sup> percentile, and correspondingly the 25<sup>th</sup> percentile, was deemed unnecessary by the researcher in light of the fact that the data used in the study are discrete rather than continuous.

A normal distribution is considered to be symmetrical, consequently the 25<sup>th</sup> percentile is located to the left of the mean ( $M$ ) on a bell-shaped curve and is expressed as a function of a negative  $z$ -value, that is, the symmetrical nature of the normal distribution results in  $z$ -values that “are equal in magnitude but opposite in sign” (Gosling, 1995, p. 42). Therefore, as presented in Tables 8 and 9, the 25<sup>th</sup> and 75<sup>th</sup> percentiles are equal to  $M \pm .68 \times SD$  and the 50<sup>th</sup> percentile is equal to  $M \pm 0.0 \times SD$ . Note that “it is customary when working with percentiles ... to round to the whole number” (Sprinthall, 2000, p. 69).

Table 8  
*Computed Percentiles for SSEIT*

<b>Mean (<math>M</math>)</b>	<b>Standard Deviation (<math>SD</math>)</b>	<b><math>M - .68 \times SD</math> 25<sup>th</sup> Percentile</b>	<b><math>M \pm 0.0 \times SD</math> 50<sup>th</sup> Percentile</b>	<b><math>M + .68 \times SD</math> 75<sup>th</sup> Percentile</b>
128.86	15.57	118	129	139

Table 9  
*Computed Percentiles for Emotional Intelligence Appraisal Multi-Rater Edition*

<b>Mean (<i>M</i>)</b>	<b>Standard Deviation (<i>SD</i>)</b>	<b><i>M</i> - .68 x <i>SD</i> 25<sup>th</sup> Percentile</b>	<b><i>M</i> ± 0.0 x <i>SD</i> 50<sup>th</sup> Percentile</b>	<b><i>M</i> + .68 x <i>SD</i> 75<sup>th</sup> Percentile</b>
75	10	68	75	82



## CHAPTER IV

## FINDINGS

## Participants

Four recovering alcoholic leaders who attribute their recovery to involvement with Alcoholics Anonymous agreed to participate in the study. The demographics of the participants are found in Table 10.

Table 10  
*Participant Demographics*

<b>Pseudonym</b>	<b>Age</b>	<b>Sex</b>	<b>Highest Education</b>	<b>Profession</b>	<b>Employer</b>	<b>Years of Sobriety</b>
Jonah W.	53	M	4-year college degree	Business owner	Packaging products, supplies, and equipment company	27
Joseph L.	54	M	Masters degree	Professor & seminary administrator	Graduate school and seminary	13
Alicia A.	42	F	4-year college degree	RN – site supervisor for large specialty clinic	Large healthcare provider	26
Elizabeth B.	54	F	Masters degree (doctoral degree in-progress)	Healthcare administrator	Mid-size healthcare system	28

To further mitigate the limitation associated with a retrospective, pre-recovery emotional intelligence self-assessment, the researcher inquired of each participant as to the possibility of the researcher gaining access to individuals who were associated with the research participant prior to recovery. Though all research participants expressed a

willingness to comply, a number of factors precluded the ability to identify and/or locate such individuals. This was due to such interrelated factors as the extended length of sobriety of the research participants and the naturally expected events (e.g., death, geographic changes, job changes, declining health of individuals who were associated with the research participant prior to recovery, etc.) that have occurred during the intervening years. As a result, the spouse of Joseph L. was the only individual who was able to be included in this aspect of the study. Joseph L.'s spouse completed a version of the adapted Schutte Self-Report Emotional Intelligence Test that was further modified from the first-person voice to the third-person voice (see Appendix G). This yielded a pre-recovery EI score that was used in the data analysis.

Additionally, access to peers, co-workers, colleagues, subordinates, etc. who work directly with the recovering alcoholic leader were necessary in order to collect post-recovery emotional intelligence other-ratings via the Emotional Intelligence Appraisal Multi-Rater Edition instrument. Table 11 provides a summary of peer involvement in the study.

Table 11  
*Peer Participation*

<b>Pseudonym</b>	<b>Pre-Recovery EI Respondents</b>	<b>Post-Recovery EI Respondents</b>
Jonah W.	0	6
Joseph L.	1	3
Alicia A.	0	3
Elizabeth B.	0	3

### Jonah W.

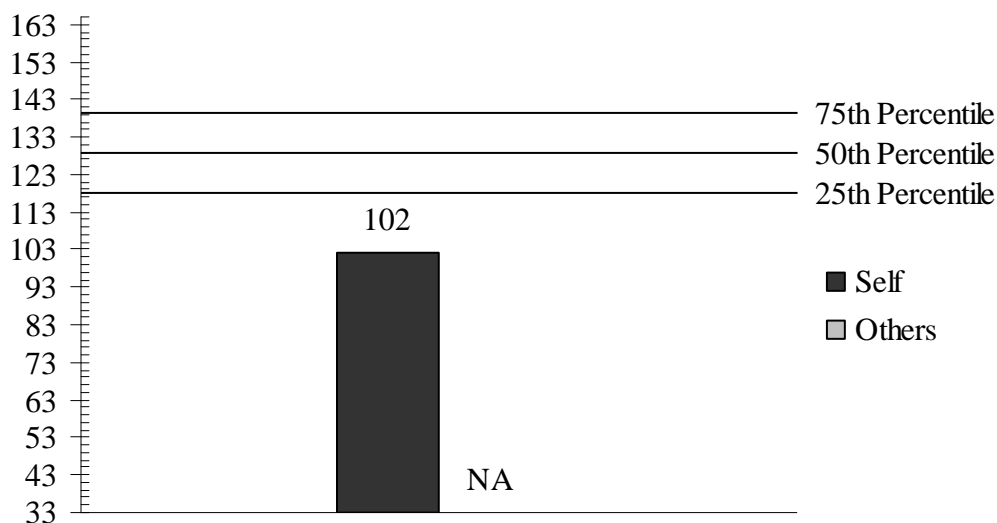
Asked to describe his earliest recollection of alcohol use, Jonah W. recounted a boating excursion with his father at age 15 or 16. His father, with whom Jonah W. has had a poor relationship, furnished Jonah W. with beer in hopes that an inebriated Jonah W. would open up to him. The attempt to repair their relationship failed yet the goal of inebriation was a success as Jonah W. recalls that he liked the feeling produced by the beer. Episodic, excessive, and progressive alcohol use would continue for Jonah W. throughout high school, college, and in to the early part of his professional career.

Jonah W.'s description of his drinking behavior reveals an insidious relationship with alcohol. Relating the experience of having his wisdom teeth extracted, Jonah recalls being prescribed painkillers and advised not to mix them with alcohol. Ignoring this caution, Jonah proceeded to ingest one of the painkillers with straight Southern Comfort. Not a seasoned drug user, the resulting pleasant euphoria was tempered by Jonah W.'s fear that something could go awry. He recalls thinking

1 pain killer, little Southern Comfort, let's just stop right there, this is pretty good, I think I'm there. That was the only time when I can remember getting to a point and saying 'Alright let's stop', it was always 'there's got to be something better' and then it would turn on you (Jonah W., personal communication, February 26, 2009).

The ability to moderate his drinking was the all too rare exception rather than the rule for Jonah. "Drinking was one of those things I was always looking to just have it be better, and then it'd turn on you, you're doing good, and then it turns on you" (Jonah W., personal communication, February 26, 2009).

“For a good time just add alcohol” (Jonah W., personal communication, February 26, 2009) is Jonah W.’s portrayal of how he was perceived by others prior to recovery. Although he may well have been the proverbial life of the party, Jonah W.’s self-assessment of his pre-recovery emotional intelligence capacity (see Figure 2) is revealed to be substantially below average (self-assessment percentile rank=4).



*Figure 2. Pre-Recovery EI Score – Jonah W.*  
Depicts raw score on a scale ranging from 33 to 165.

Enrollment in a 5 week outpatient treatment program marked the beginning of Jonah W.’s sobriety and, with the requirement that he attend an AA meeting during the intervening weekends, his involvement with AA. Jonah W., along with a couple of other alcoholics, started an AA meeting on Saturday mornings that over the years would grow to a roster of 50 or 60 people. A rare occasion if he missed, Jonah W. regularly attended this meeting for well over 12 years. After his divorce, and principally for the fellowship, he would occasionally attend other AA meetings as well. He would eventually remarry, start raising a family, and move to a new home, all of which he considers as factors in

discontinuing attendance at his regular AA meeting. Absent AA involvement for approximately 10 years, Jonah W. cites his recent service on the board of an alcoholism and chemical-dependency awareness and education organization as renewing his interest in attending AA meetings more regularly.

When you're around the program and you're around program people you realize with all the dysfunction all of us have, this group's working on it. These guys, again we aren't excusing our behavior. And we all have bad behavior, but we're really recusing it and doing something about it. And while we all do stupid stuff, I see that whole AA group saying I need to take responsibility for it for my sobriety (Jonah W., personal communication, February 26, 2009).

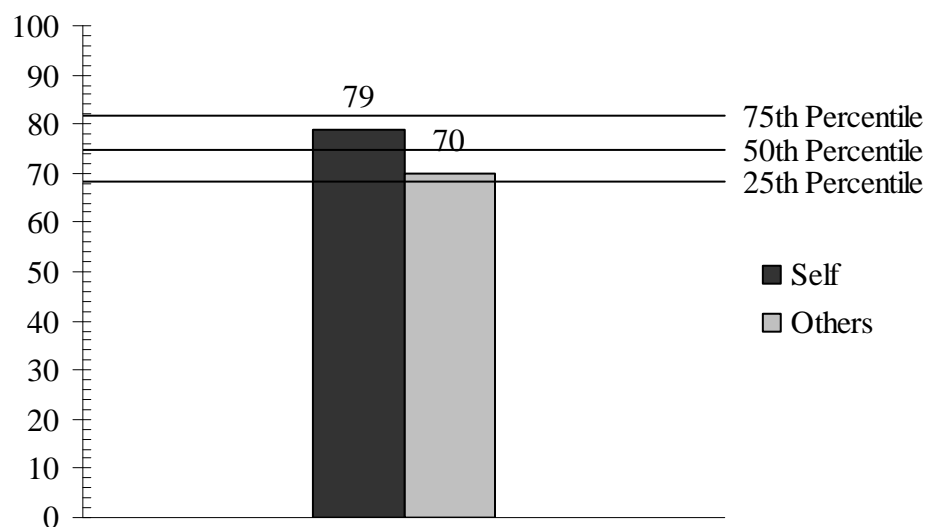
His son's recovery from alcoholism and AA participation in the last year has also provided Jonah W. additional motivation to increase the frequency of his attendance at AA meetings.

Soon after he began attending AA meetings, Jonah W. met a fellow AA member who became his AA sponsor. Ending only as a result of the sponsor's death, theirs was a 20 year relationship that Jonah W. considers a significant aspect of his sobriety. They would connect weekly at their Saturday morning AA meeting, golf together on Sundays, and at least once, sometimes more, talk with each other during the week. Though he has had other sponsors, he considers this particular relationship to be of an especially profound and influential nature. In terms of being a sponsor, Jonah W. indicates that this has been a part of his AA experience where he has been less rigorous. Despite setting expectations with those that he has sponsored to call him, he admits that "when they

don't I'm not holding them accountable and following through" (Jonah W., personal communication, February 26, 2009).

Jonah W. is mindful and purposeful regarding the 12<sup>th</sup> Step's call to "practice these principles in all our affairs" and he specifically underscores the need for honesty in all aspects of his life. This is demonstrated in the story Jonah W. told of a recent discussion at work where it was proposed that a sales commission could be withheld by circumventing the purchasing system, an action that Jonah W. quickly dismissed as dishonest and a practice he would not condone as acceptable in the organization's culture. Jonah's unwavering commitment to honesty is exemplified in his statement that it would be hypocritical to "tell your kids to be honest and then you cheat on your taxes" (Jonah W., personal communication, February 26, 2009) or to emphasize with your children the importance of honesty but, for example, encourage them to lie about their age at a swim meet in order to gain an advantage.

The significance with which he views relationships in his sobriety is powerfully expressed when Jonah W. states "If you ask 'What's God's gifting?' or 'What's my highest most useful purpose?', it's connecting with people, it's building relationship" (Jonah W., personal communication, February 26, 2009). Confirmation of this is found in the change from substantially below average to above average when comparing his self-assessed pre-recovery emotional intelligence capacity to his self-assessed post-recovery emotional intelligence capacity (see Figure 3). Mitigating the extent of Jonah W.'s perceived improvement in his emotional intelligence capacity is a below average post-recovery emotional intelligence assessment (see Figure 3) by his colleagues, peers, employees, etc.



*Figure 3. Post-Recovery EI Score – Jonah W.*

Raw scores are norm converted on a 1 to 100 point scale.

#### Joseph L.

Joseph L.'s memories of family alcohol use date to an early age and include his parents' divorce, an action initiated by his mother as a result of his father's drinking. Though both parents were drinkers, he considers his mother to have been a social drinker but his father an alcoholic. Childhood exposure to alcohol and alcohol consumption was relatively extensive as Joseph recalls that there was "always alcohol around the house, it was sort of the normative thing. It didn't matter where I was, whether it was at home with my mom or I'd go visit my Dad, alcohol was always around" (Joseph L., personal communication, November 18, 2008).

At approximately age 14, Joseph L. remembers that he and a couple of his friends orchestrated what were to be the first of many raids on the liquor cabinet belonging to the parents of one of his accomplices. His alcohol use progressed in the ensuing years and continued well into his 20s where he was drinking 5 days a week or more at levels

“usually ... past any kind of sobriety” (Joseph L., personal communication, November 18, 2008).

Married at age 26, his wife’s growing discontent with his drinking prompted Joseph L. to begin hiding booze and he was dishonest about how much and when he was drinking. Asked as to what he thought his wife specifically disliked, Joseph L. responded that

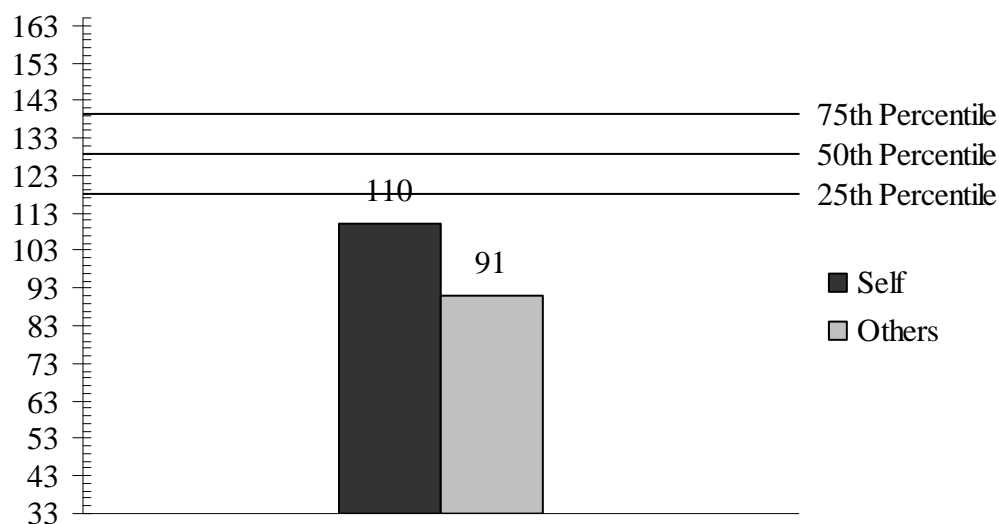
she was probably tired of personality change. I’d either get sloppy or I’d get a little, sometimes I’d get a little argumentative. But it was a different person. You know how that it is. And I think sometimes for me it was instant asshole, just add alcohol (Joseph L., personal communication, November 18, 2008).

Elaborating, Joseph L. indicated that the nature of his drinking-induced personality change was not of a physically abusive nature but more so of an emotional nature.

I wouldn’t consider her feelings. My alcoholism was pretty classic in being self centered and planning for my drinking and making sure that I got enough and got my share. It was maybe when I drank I probably said things that I wouldn’t, I know I said things I wouldn’t say normally (Joseph L., personal communication, November 18, 2008).

The manner in which Joseph L. describes his pre-recovery personality and behaviors is consistent with his and his wife’s assessment of his pre-recovery emotional intelligence capacity (self-assessment percentile rank=11, other-assessment percentile rank=1) being substantially below average (see Figure 4).





*Figure 4. Pre-Recovery EI Score – Joseph L.*

Depicts raw score on a scale ranging from 33 to 165.

In late may of 1995, Joseph L.’s wife phoned him at work and told him that he should not come home that evening unless he had made an appointment with a chemical dependency counselor for an evaluation. He made the appointment for the following week and, at the conclusion of that first appointment, was instructed to stop drinking, undergo a physical examination, and start attending meetings of AA. The requisite physical examination resulted in a clean bill of health and Joseph L. also attended his first AA meeting, a meeting that he would attend virtually every Tuesday evening for the next 8 or 9 years. His attendance at this meeting was eventually interrupted as a result of taking coursework at a local university that was only offered on Tuesday evenings. As a result, he was precluded from attending his regular AA meeting for approximately 3 months. Joseph L. searched for a new AA meeting to attend during this interruption and found a Wednesday meeting that met on the university campus. Joseph L. recounts in deliberate terms his motivation to locate a new meeting: “I was really intentional about

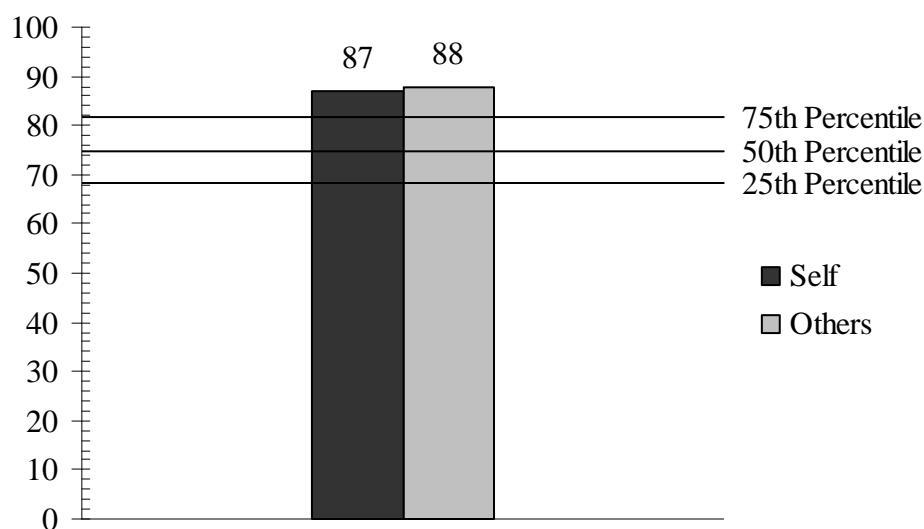
finding the AA group because I knew that this was one of the reasons I was sober and I was very grateful for that” (Joseph L., personal communication, November 18, 2008). After completing the course, Joseph L. returned to his Tuesday night AA group but also continued to attend the Wednesday meeting on campus until he completed his studies at the university. Joseph L. estimates that he currently attends his Tuesday meeting no less than 3 times a month.

Early in his attendance at the Tuesday AA meeting, Joseph L. was to meet an individual that would play a key role in his recovery. Despite never formally being asked by Joseph L., this individual was and continues to be Joseph L.’s de facto sponsor, a relationship that Joseph L. describes as having “been a very reliable, very consistent part of ...[his] sobriety” (Joseph L., personal communication, November 18, 2008) as well as a friendship. To this day, each of them continues to present the other with their respective sobriety anniversary medallions. Joseph L. has been approached by several individuals to be their sponsor, an invitation to which he responds affirmatively but with the condition that the requestor articulate in definitive terms what it is they expect from the sponsor relationship. Though two such requests are pending, to date Joseph L. does not consider himself to have ever been a sponsor.

Joseph L. acknowledges that developing interpersonal relationships was not a priority when he was drinking. “My life revolved around drinking then, and planning for it and all of that stuff, it didn’t revolve around relationships. Now my life revolves around relationships and building relationships” (Joseph L., personal communication, November 18, 2008). He explains that building relationships is “what I do for a living” (Joseph L., personal communication, November 18, 2008) as a graduate school professor and

seminary administrator, roles that he considers call him to “specialize in building relationships and teaching people how they can create and maintain and sustain relationships” (Joseph L., personal communication, November 18, 2008).

Joseph L.’s aptitude for and interest in relationship building is supported by the Clifton Strengths Finder 2.0 which indicates that one of Joseph L.’s strength’s is WOO or winning others over. Individuals with this characteristic are described as deriving satisfaction from making a connection, energized when meeting strangers, and possessing a desire to build rapport (Rath, 2007). This is consistent with substantially above average assessments of Joseph L.’s post-recovery emotional intelligence capacity (see Figure 5).



*Figure 5. Post-Recovery EI Score – Joseph L.*

Raw scores are norm converted on a 1 to 100 point scale.

Alicia A.

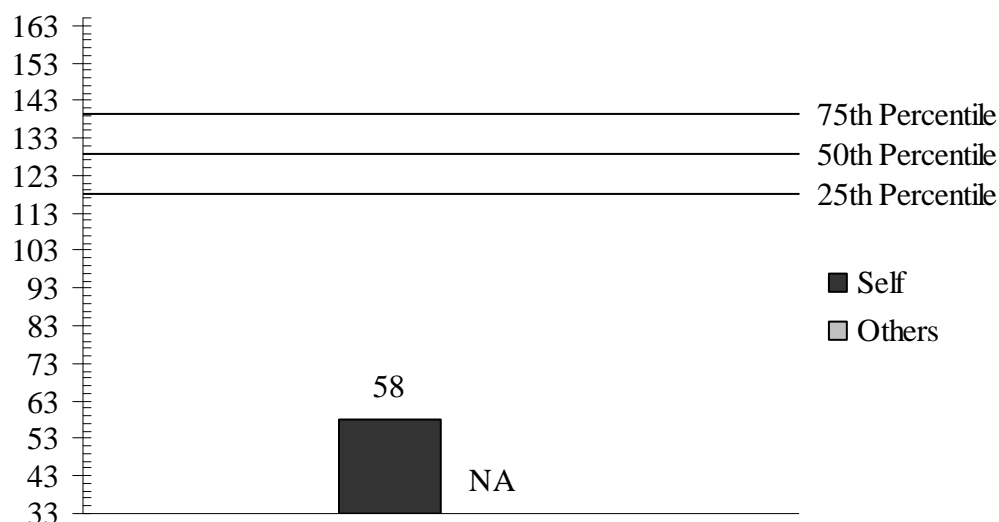
Though well over 30 years ago, Alicia A.’s earliest recollection of alcohol use is a vivid and clear memory. While attending a family Christmas gathering when she was approximately 8 or 10 years old Alicia was served a mint-flavored alcoholic ice cream

drink that she remembers producing a warm sensation she describes as a “kind of comfortable saturation that everything is just wonderful right now” (Alicia A., personal communication, November 20, 2008). When Alicia began drinking and using marijuana regularly at the age of 12, this fond memory of alcohol induced rapture was not to be the norm.

I don't remember ever being able to stop drinking once I started. The only time I'd stop drinking is if we ran out, I blacked out, or I passed out. I don't recall ever trying to stop drinking. If it [alcohol] was there, I just remember I had to finish drinking it (Alicia A., personal communication, November 20, 2008).

In late 1982 at age 16, Alicia A. attempted unsuccessfully to control her drinking. “I remember feeling so disappointed in myself when I would give in and do it, really desperate, really depressed. I was in so much pain” (Alicia A., personal communication, November 20, 2008). Sober for 26 years now, Alicia A. met a group of young people in recovery who aided her initial participation in AA and her soon to follow start of sobriety in January 1983.

Reflecting on her ability to form interpersonal relationships prior to recovery, Alicia confesses that she was demanding, self-centered, and formed relationships “based on what was it going to do for me” (Alicia A., personal communication, December 4, 2008). This observation is supported by Alicia A.'s substantially below average assessment of her pre-recovery emotional intelligence capacity (self-assessment percentile rank=0) as depicted in Figure 6.



*Figure 6. Pre-Recovery EI Score – Alicia A.*

Depicts raw score on a scale ranging from 33 to 165.

Alicia A.’s story of sobriety is a tale of 2 distinct sobrieties yet continuous sobriety. For the 9 years following her start in recovery, Alicia A.’s attendance at AA meetings dwindled from 2 to 3 meetings per week during the first 3 years to 1 to 2 meetings per week and then virtually stopping altogether about 1 year before hitting an emotional crisis point. Married in her early 20s and the mother of 2 children, Alicia A.’s relationship with her husband, who she later divorced, was one that she characterizes as violent and destructive. Her level of despair is succinctly and powerfully described when she states that her “soul felt rancid” (Alicia A., personal communication, November 20, 2008). She recounts in a moment of prayer exhorting “OK God, I’m going to drink, I’m going to kill myself or you’re going to show me something else” (Alicia A., personal communication, November 20, 2008).

The turning point for Alicia A., and the beginning of her second chapter of sobriety, was a return to AA, specifically an AA meeting with the moniker Outright

Mental Defectives, a phrase taken from the chapter in the Big Book titled “The Doctors Opinion.” It was participation in this meeting and the sponsorship of a woman Alicia A. met there that, in earnestness, Alicia A. reestablished her involvement with AA. Alicia A. currently attends a women-only AA meeting approximately once a week though there have been periods of time where she has not been attending AA meetings on a regular basis.

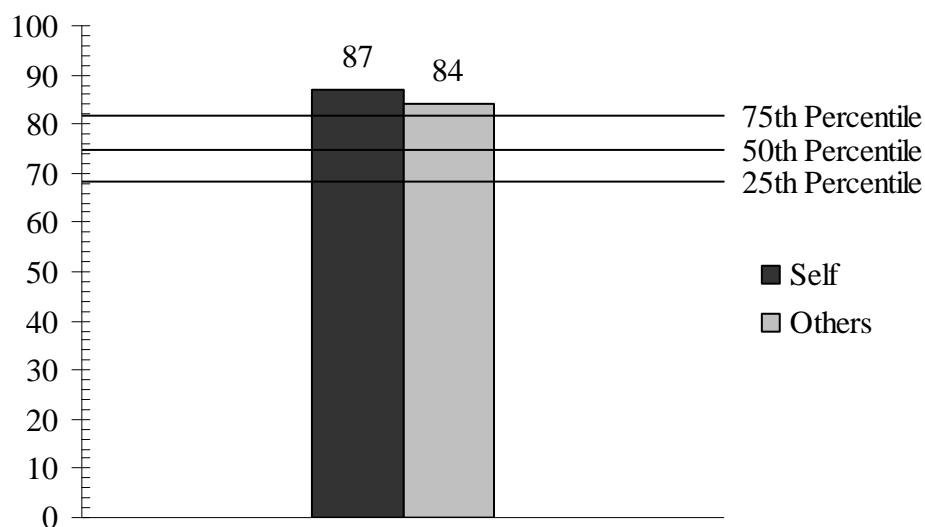
Prescribing a course of action that required Alicia A. to read the first 164 pages of the Big Book and to call her every day for 60 days, the sponsor Alicia A. met at the Outright Mental Defectives AA meeting was resolute and clear in her expectations of Alicia A. Only when these requirements were met did the sponsor then begin guiding Alicia A. in an exercise of understanding and working each of the 12 Steps. Alicia A. considers this relationship to be her first bona fide sponsorship experience and one which would influence how Alicia A. would later engage when sponsoring others, that is, Alicia A. establishes the same expectations for individuals she sponsors as Alicia A.’s sponsor had established with her. Alicia A. estimates that she has been an active and formal sponsor, meaning she is as rigorous and as involved as her own sponsor was, for about 4 or 5 women over the intervening years and has been a more casual sponsor for many others. When her sponsor moved away, Alicia A. initiated another sponsor relationship that has spanned the last 10 years. This second sponsor has been beneficial for Alicia A. despite the fact that they connect more sporadically, sometimes with gaps of weeks or months. Alicia A. supplements the relationship with her current sponsor by drawing on a strong network she has developed over the years of emotionally healthy individuals that hold her accountable.

The researcher observed that Alicia used phrases containing or related to the words service and servant several times during the interview when describing her sobriety. An example includes referencing the image of an inverted organization chart in the description of her role as a supervisor and expressly using the word servant to define her workplace responsibility as one where she is called to support the employees in her reporting line rather than the employees assuming a subjugated posture.

The frequency and context in which Alicia used the words service and servant prompted the researcher to inquire whether she may have unwittingly responded to the not yet asked question regarding her interpretation of the 12<sup>th</sup> Step's second part. She agreed and explained that

recovery is a constructive thread that helps me to be a better servant to the Creator, helps me as a mom, as a wife, as a friend, as a daughter. As a supervisor here I'm still a servant at serving my employees (Alicia A., personal communication, November 20, 2008).

Accordant with Alicia A.'s sentiments regarding the prominent role of service and selfless relationships in her recovery are substantially above average post-recovery emotional intelligence scores (see Figure 7).



*Figure 7. Post-Recovery EI Score – Alicia A.*

Raw scores are norm converted on a 1 to 100 point scale.

#### Elizabeth B.

Elizabeth B. attributes behavior learned in her family of origin as a significant contributing influence with respect to her own alcoholism. Early childhood memories include “making drinks at maybe 3 or 4 [years of age]” (Elizabeth B., personal communication, October 15, 2008) and she describes her now deceased father as an alcoholic. Observing at an early age that her family used alcohol to deal with problems or difficulties, Elizabeth came to internalize this attitude and to manifest it in her own alcohol abuse later in life.

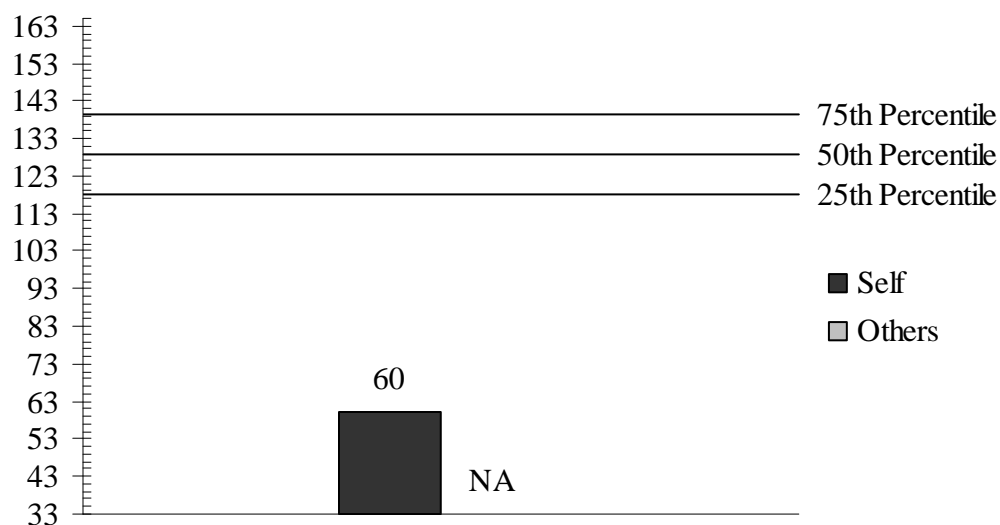
Enlistment in the U.S. Navy was the effective starting point for Elizabeth’s alcoholism. Her recollection is that she “pretty much just started drinking then and pretty much drank all the time” (Elizabeth B., personal communication, October 15, 2008). The NCO Club provided a ready source of inexpensive liquor, a factor that was exacerbated by a social network that was supportive of excessive and abusive drinking.



Choosing to attend college rather than reenlist in the Navy, Elizabeth B.'s drinking continued unabated. She recalls this period of her life in desolate terms.

I would just stop going [to college] and just stay home and drink and hang out and not do anything. A month or so later I'd go back. It was hard to finish anything. It got to be fairly apparent that this was not really a good thing. I didn't have any permanent relationships or long term relationships. My friends were all in bars. One day, you kind of think there must be more to life than dark smelly bars (Elizabeth B., personal communication, October 15, 2008).

Elizabeth B.'s substantially below average assessment (percentile rank=0) of her pre-recovery emotional intelligence capacity (see Figure 8) corroborates her observation that she "didn't really care" (Elizabeth B., personal communication, October 15, 2008) about forming meaningful relationships prior to recovery and would, at best, form self-serving relationships.



*Figure 8. Pre-Recovery EI Score – Elizabeth B.*

Depicts raw score on a scale ranging from 33 to 165.

During her first years of college, Elizabeth was plagued by nightmares related to her experiences as a Navy corpsman treating burn and other trauma victims. It was while seeking help for these nightmares that a therapist suggested to Elizabeth that she might have a drinking problem and recommended that Elizabeth attend meetings of Alcoholics Anonymous.

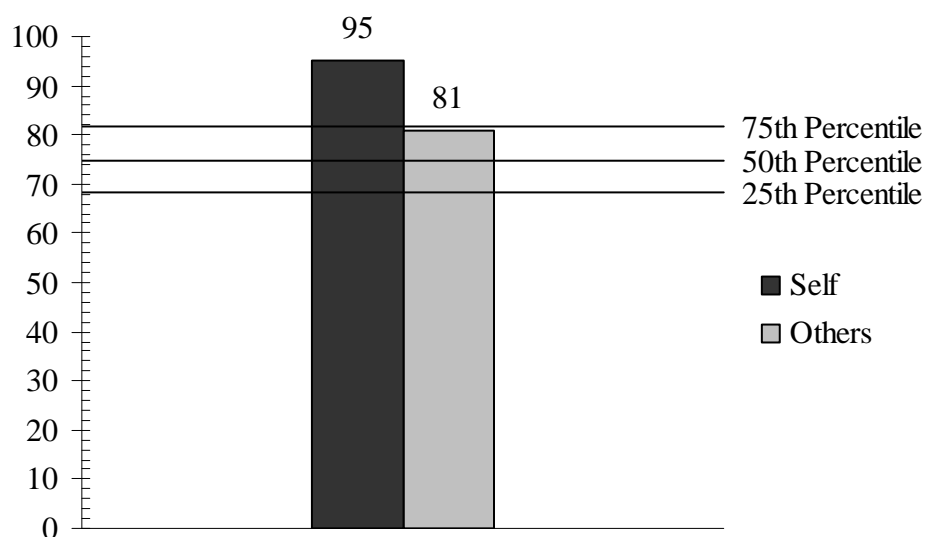
Heeding the therapist's advice, Elizabeth B. attended AA meetings everyday for nearly two years. Elizabeth B. did not have a formal AA sponsor though she did meet a number of individuals at meetings she was attending with whom she felt comfortable engaging in conversation. Conversely, Elizabeth B. has not been a sponsor for another AA member. Attendance at AA meetings is much less regular for Elizabeth B. now; she estimates that she attends a couple of meetings a year. She is inclined to attend an AA meeting when experiencing periods of stress or faced with difficulties in her personal life or at work as she finds an AA meeting at these times to be an opportunity to "touch base and get grounded again" (Elizabeth B., personal communication, October 15, 2008).

The impact sobriety has had on Elizabeth B.'s workplace performance is depicted in her response to the question of how she perceives others would describe her in sobriety.

That I am engaged, I'm very caring, I'm an advocate for our patients and our employees, I have insight into their feelings and how they're dealing with their work and how we can make that better, or decisions that we're about to make how it's going to impact either one of those groups. I think they would say that I am sensitive, kind, compassionate, passionate about our work and our mission. I volunteer in a lot of different organizations, I've been on the boards of several

organizations ... [I am] involved in community stuff which never happened before (Elizabeth B., personal communication, October 15, 2008).

This portrayal stands in stark contrast to the “aloof, self-centered, distracted, unfeeling, uncaring, not engaged, something’s wrong, there’s something missing” (Elizabeth B., personal communication, October 15, 2008) description that Elizabeth B. believes is how others would describe her prior to sobriety. Affirmation of this contrast is found in the above average to substantially above average emotional intelligence scores (see Figure 9) generated by Elizabeth B. and several of her peers, colleagues, employees, etc.



*Figure 9. Post-Recovery EI Score – Elizabeth B.*

Raw scores are norm converted on a 1 to 100 point scale.

## CHAPTER V

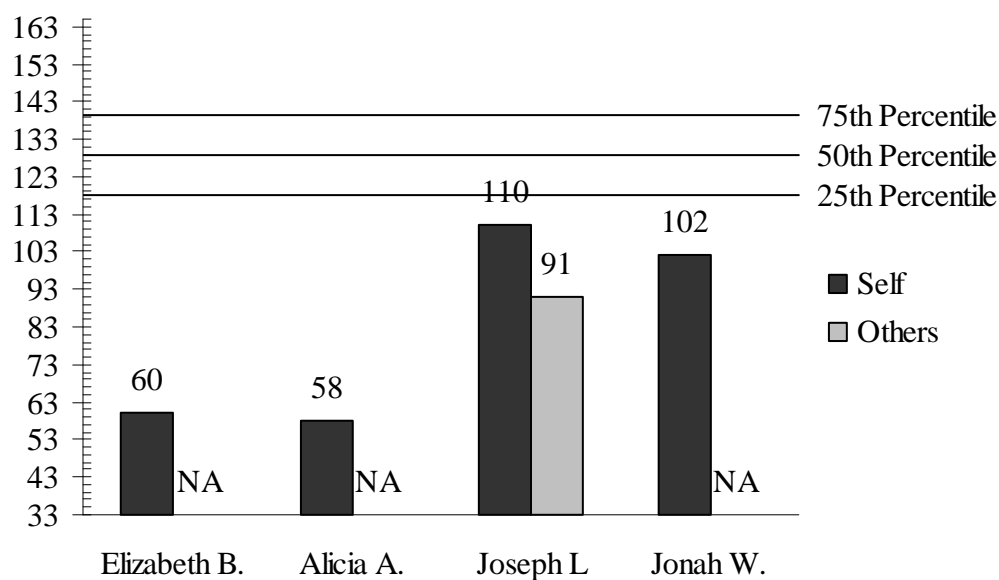
## DISCUSSION

The data provide varying degrees of support for the units of analysis defined in the study's methodology, namely, diminished pre-recovery emotional intelligence capacity, participation in Alcoholics Anonymous as a primary component of recovery, and enhanced post-recovery emotional intelligence capacity.

## Emotional Intelligence

*Pre-Recovery Emotional Intelligence*

Examination of the pre-recovery emotional intelligence scores (Figure 10) reveals a strong pattern of substantially below average pre-recovery emotional intelligence capacity. In the single case (i.e., Joseph L.) where an other-rating was able to be obtained, the data was consistent with the aforementioned observation.



*Figure 10. Pre-Recovery EI Scores - All*

Depicts raw scores on a scale ranging from 33 to 165.

Consistent with research indicating an association between diminished emotional intelligence capacity and alcohol use disorders (Trinidad & Johnson, 2002; Riley & Schutte, 2003), the data provide persuasive support for the theory's presumption of diminished emotional intelligence capacity prior to alcoholism recovery.

Notable is the fact that the female participants' pre-recovery emotional intelligence scores are much lower than the male participants' scores. In an effort to examine this disparity more closely, the percentile rank for each score was calculated (see Table 12). The resulting percentile rank of 0 for the female participants indicates that their scores are below 82 (i.e.,  $M - 3.0 \times SD$ ), the calculated minimum score of the sample population used in developing the SSEIT.

Table 12  
*Percentile Rank - Pre-Recovery EI Score*

	<b>Elizabeth B.</b>	<b>Alicia A.</b>	<b>Joseph L.</b>	<b>Jonah W.</b>
<b>Self</b>	0	0	11	4
<b>Others</b>	—	—	1	—

*Note:* Calculated with the NORMDIST function of Excel 2003 SP3 using  $M=128.86$ ,  $SD=15.57$ , Cumulative=TRUE.

The data highlight two phenomena. One, with a measurement survey that uses a 6-point frequency scale and has a total possible score of 165, the difference of no more than 8 points between the scores of same sex participants (i.e., 2 point difference between female participants, 8 point difference between male participants) suggests consistency with respect to gender-specific pre-recovery emotional intelligence scores. Second, when completing a self-assessment of pre-recovery behaviors and emotional state, the memory of recovering alcoholic females appears to be influenced by a much harsher, more severe

perspective than males. Intimation by the data of contradictory social standards for male alcoholics versus female alcoholics is readily acknowledged by Alcoholics Anonymous:

To many people ... [the word alcoholic] still suggests weakling or outcast.

Applied to women, this misconception remains particularly strong. Most of society tends to look with tolerance or even amusement on a male drunk, but to recoil in distaste from a woman who is in the same condition. Even more tragic is that a woman alcoholic herself often shares this bias. For her, the burden of guilt carried by every alcoholic drinker is doubled (*A.A. for the*, 1986, p. 7).

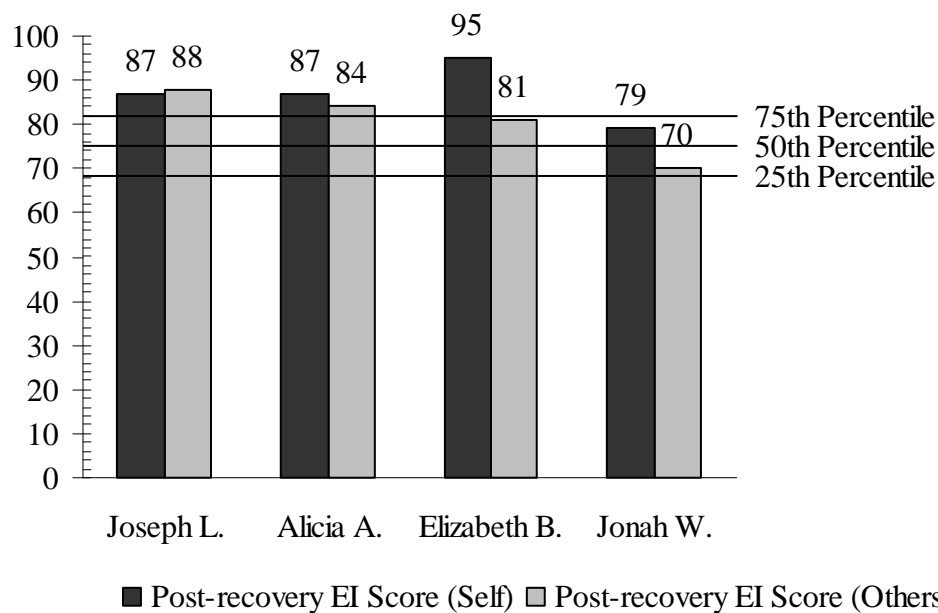
The gender-based double standard toward alcoholism, and the particularly acrimonious perspective of female alcoholism, is highlighted in a 1978 speech by the then British Secretary of State for Health and Social Security, David Ennals, who declared that “drunkenness amongst men is disgusting ... and amongst women it is absolutely sickening” (Otto, 1981, p. 155).

This stigma, multi-dimensional and longstanding, is well documented by Blume’s review of the literature. She highlights extensive “historical, anecdotal ... evidence [that the female alcoholic stereotype] .... differs from that of the alcoholic male in that it contains a culturally ingrained expectation of hypersexuality and sexual promiscuity” (Blume, 1991, para. 3). Notwithstanding efforts to educate the populace that alcoholism is not a moral failure but rather a gender-blind disease, the data in this study suggest that demonization of the female alcoholic continues.

#### *Post-Recovery Emotional Intelligence*

With the exception of one instance, examination of the post-recovery emotional intelligence scores (see Figure 11) reveals an equally strong and convincing pattern of

above average to substantially above average post-recovery emotional intelligence capacity.



*Figure 11. Post-Recovery EI Scores - All*

Raw scores are norm converted on a 1 to 100 point scale.

Summarized in Table 13, the inverse relationship between pre-recovery and post-recovery emotional capacity lends credence to the theory that the transformation resulting from alcoholism recovery contributes to an individual's increased emotional intelligence capacity. However, the contribution to the change in emotional intelligence capacity that is attributable to affiliation with Alcoholics Anonymous, specifically attendance at Alcoholics Anonymous meetings and sponsorship, is the theory's linchpin and invites closer scrutiny.

Table 13  
*Emotional Intelligence Scores by Quartile*

	Quartile	Pre-Recovery		Post-Recovery	
		Self	Other	Self	Other
<b>Substantially Above Average</b>	<b>4<sup>th</sup></b>			3	2
<b>Above Average</b>	<b>3<sup>rd</sup></b>			1	1
<b>Below Average</b>	<b>2<sup>nd</sup></b>				1
<b>Substantially Below Average</b>	<b>1<sup>st</sup></b>	4	1		

### Participation in Alcoholics Anonymous

#### *AA Meeting Attendance*

Unlike the emotional intelligence scores where clear, highly consistent patterns were readily discernible, the data pertaining to AA meeting attendance identify similar attributes at a summary level that, on an individual basis, manifested dissimilarly. In general, all the research participants identified AA meeting attendance as a fundamental component of the recovery process. However, frequency of meeting attendance and regularity of meeting attendance over time differed considerably among the research participants. Specifically, 3 modes of AA meeting attendance were identifiable:

1. Daily attendance for approximately 2 years followed by sporadic attendance in following years of sobriety (Elizabeth B.)
2. Consistent weekly attendance at one or more meetings throughout sobriety (Joseph L.)
3. Consistent weekly attendance at one or more meetings for extended periods of time intermixed with periods of nonattendance, less frequent or waning attendance (Jonah W. and Alicia A.)



Albeit relatively disparate, the 3 modes are observed by the researcher to be, minimally, more than casual, disinterested AA meeting attendance and potentially more accurately described as motivated, highly intentional AA meeting attendance. Of note is that in the 3 cases (i.e., Jonah W., Alicia A., and Elizabeth B.) where there have been periods of less frequent attendance or nonattendance altogether, each described experiences of returning to AA meetings as a means to cope with various stressors and challenges or to supplement their desire for continued self-development. The phenomenon of returning to AA meetings was observed by the researcher to be almost instinctual and in a fashion as being beckoned, returning to a safe haven, or reconnecting with a long lost and valued friend.

### *Sponsorship*

In terms of readily identifiable patterns, having a sponsor was more similar to the emotional intelligence scores than AA meeting attendance. Three of the participants (Jonah W., Alicia A., and Joseph L.) described longstanding relationships with AA sponsors that were noticeably more than simple acquaintanceships. In terms of the relationship's significance, the researcher observed the relationship to be portrayed as analogous to a confidant, Dutch uncle, or close friend. The fourth participant, Elizabeth B., indicated that she neither has or had a sponsor and correspondingly has not been a sponsor for an AA member. The latter, not being a sponsor, is generally consistent among the research participants with the exception of Alice A.

### Theory Validity

The data provide strong, unambiguous support for the theory's emotional intelligence components. Each of the participants exhibited substantially diminished,

below average pre-recovery emotional intelligence capacity versus substantially enhanced, above average post-recovery emotional intelligence capacity. With respect to the recovery process component of the theory, the data reveal that ancillary therapeutic modalities and assorted self-development practices were also likely contributors to the recovery process and the corresponding increase in emotional intelligence capacity.

#### *Psychotherapy and Other Self-Development Methods*

The self-help, business, and biography genres are where Jonah W. predominantly selects his leisure reading. His desire for practical knowledge that he can integrate into his life generally precludes reading novels. This theme of continuous self-improvement is consistent with his willingness over the years to seek psychotherapy services for his marriage as well as the troubled relationship he has had with his father. Alicia A. has also utilized psychotherapeutic interventions in her recovery including “couples counseling, individual therapy, [and] family therapy” (Alicia A., personal communication, March 24, 2009). Additionally, Alicia A. has used “holistic modalities such as healing touch, CranioSacral and SomatoEmotional release, acupuncture for stress as well as biofeedback” (Alicia A., personal communication, March 24, 2009).

Facilitating the development of Elizabeth B.’s ability to identify and express emotions was an additional therapeutic intervention initiated by Elizabeth B.’s therapist. In hindsight, Elizabeth B. readily admits the technique used by the therapist may appear unusual but nonetheless was quite effective.

I had trouble identifying emotions, how I felt, because that wasn’t part of my growing up. She had me get this children’s book that showed pictures of people, kids mostly, who were happy sad, angry, and their faces and it would have the

associated word. So then I would know that I had a feeling, but I wouldn't know what it was so I would have to get my book and I would look in there and I would look at the pictures [as a way to identify my feelings] (Elizabeth B., personal communication, October 15, 2008).

The inability to identify and express one's emotions is the trademark of alexithymia and, as described in Chapter II, is a common condition experienced by alcoholics. The emotion identification exercise is credited by Elizabeth B. with the fact that that "now emotion is a huge part of ... [her] daily life" (Elizabeth B., personal communication, October 15, 2008).

An additional pattern is the fact that Jonah W. was only the research participant where an alcoholism rehabilitation program was a component of the recovery process. Due perhaps to his personal experiences and those of many with whom he is acquainted in recovery, the researcher was somewhat surprised to see this pattern emerge.

### *Spirituality*

Heightened spiritual awareness and spiritual connectedness was a theme that accompanied several of the participants' recovery. Joseph L. enjoys attending Sunday morning worship services and involvement in church activities, both of which he regards as essential to his ongoing self-development. Additionally, he engages in devotional exercises that include the *Revised Common Lectionary* reading for the week and the daily passages from *Twenty-Four Hours a Day*.

Given what he had come to learn about Jonah W., the researcher was moderately surprised that Jonah W. did not mention his spiritual/religious leanings during the interview. In response to the researcher's inquiry, Jonah W. indicated that his spirituality

is second nature, much like the experience of buying a shirt and being asked what kind of shirt you would like to purchase.

You don't say I want the kind where the buttons line up with the button holes.

You say you want a blue shirt or a striped shirt or a button-down collar. If the buttons line up with the button holes is a given. And so to me spirituality and AA, it's like, the same, you don't drink and you're sober. It's kind of how would you do it any other way (Jonah W., personal communication, February 26, 2009).

Further discussion reveals that Jonah W. has attended Bible study for the past 11 years, prays daily and he explains that he "really need [s] to be in church. A lot of times that's where God speaks to me, in the church" (Jonah W., personal communication, February 26, 2009).

Alicia A. is of Native American descent and has been involved in the Native community since age 20. In addition to participating in sweat lodge and pipe ceremony, Alicia attends services at a Native American church that is affiliated with the local Roman Catholic Archdiocese and volunteers for many of the church sponsored functions.

#### *Other 12-Step Programs*

Two of the participants, Alicia A. and Elizabeth B., described involvement in 12-Step programs, namely Adult Children of Alcoholics (ACA) and Al-Anon. Particularly relevant to this study's theory that alcoholism recovery is a contributor to enhanced interpersonal and intrapersonal development is Elizabeth B.'s description of the circumstances leading to her involvement in ACA and the resulting enrichment of her interpersonal skills.

During her early years of sobriety Elizabeth B. was becoming increasingly concerned by what she considered to be maladaptive social skills and shared this concern with her therapist.

I'm not drinking but I still have a lot of behaviors that aren't quite socially acceptable that now I can see. But when you're drinking everyone acts that way so it doesn't matter. But as soon as you stop all those people leave because you're not participating anymore. And then you're left with this set of social skills that doesn't work anymore because regular folk who are sober don't really tolerate that now" (Elizabeth B., personal communication, October 15, 2008).

In response, her therapist recommended that Elizabeth B. attend ACA, a self described "Twelve Step, Twelve Tradition program of women and men who grew up in alcoholic or otherwise dysfunctional homes" (*Welcome!*, n.d., p. 1) that readily acknowledges it "is based on the success of Alcoholics Anonymous and employs its version of the Twelve Steps and Twelve Traditions" (*Frequently Asked*, n.d., p. 1). Participation in ACA resulted in a profound cognitive and emotional awakening for Elizabeth B.

They have this list of traits that they read, and it was everything I was doing. It was all the social stuff – all the, you don't trust anybody, you don't talk to people, you don't know how to fit in, you can't deal with this. It's like 13, 14 things. I'm like, 'How do they know me and they don't even know who I am.' It was absolutely stunning. That really helped me to figure out how, OK, this is how the rest of the world deals with things. They don't go and open a bottle or put stuff up their nose (Elizabeth B., personal communication, October 15, 2008).

Elizabeth B. credits ACA with helping her “get back in touch with a human side and a more socially acceptable side” (Elizabeth B., personal communication, October 15, 2008) yet she considers the sobriety she achieved through AA a prerequisite in her ability to reap the benefit of ACA participation.

### *Conclusion*

Anchored by participation in Alcoholics Anonymous, the data indicate the participants’ sustained recovery from alcoholism is the primary catalyst for enhancement of their respective emotional intelligence capacity. Additionally, the data further suggests that recovery, and the corresponding increase in emotional intelligence, is not solely attributable to participation in Alcoholics Anonymous. The data highlight several supplementary and complementary self-development techniques and practices that appear to augment the enhancement of the research participants’ interpersonal and intrapersonal skills. However, in no way does this diminish the critical role of participation in Alcoholics Anonymous in the recovery process. Rather, the data identify participation in Alcoholics Anonymous as a fundamental precursor in an individual’s ability to avail themselves of other self-development interventions.

When Jonah W. was asked what was more important to his sobriety, AA or treatment, Jonah W. responded that he would attribute almost 100% of his sobriety to AA but added that the question was akin to asking which wing of an airplane was more important. He considers treatment as the means by which he acquired the tools and framework required for sobriety and AA as “the fuel that kept it going” (Jonah W., personal communication, February 26, 2009). More specifically, Jonah W. views the accountability he was held to by the AA group, program, and his sponsor as the

foundation upon which everything else was built. Elizabeth B. expressed a similar sentiment when discussing the important contribution made by education in the development of her leadership skills yet, much like needing to first be sober in order to benefit from ACA, she attributes sobriety with providing her the self-confidence necessary to pursue her education.

I wouldn't have had the self-confidence without sorting out all this other relationship kind of stuff and how to be around people. Because you can't do that, you can't finish school, you can't get the resources to help you, you don't know how to do the entrance interview, you don't know how to interact with your professor, you might not understand but you can't ask for help because you don't know how. So I think it was for me, get sober, get up to snuff on how things work socially, and how my family dysfunction was not the norm, because we always think it's the norm. ... But I don't think that I could have gotten my education without being sober first. I really do see it as a linear sort of growth (Elizabeth B., personal communication, October 15, 2008).

Alicia A. articulated a comparable experience as that described by Elizabeth B.

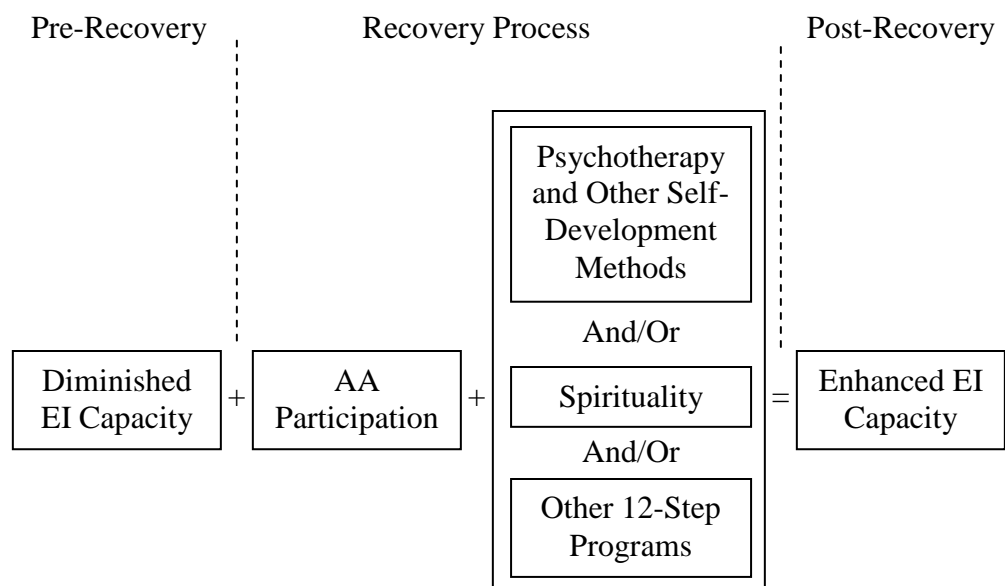
Cognizant that "AA had taught me how to be part of the solution" (Alicia A., personal communication, November 20, 2008), Alicia A. readily volunteered when the Headstart program her children were attending requested parents to participate on the advisory board. This seemingly simple yet generous act was the beginning of what was to become a series of roles, all of which being of ever increasing responsibility, that Alicia A. would assume within the Headstart program. The corresponding feeling of confidence resulting from her accomplishments further bolstered her self-worth and provided Alicia additional

incentive to pursue a longstanding desire to become a registered nurse. She was accepted to a well-regarded private college baccalaureate nursing program where Alicia experienced what she regards as another pivotal moment in her life, the feeling of being “in a place where I felt like I could raise my hand and be heard ...I felt like I mattered” (Alicia A., personal communication, December 4, 2008).

The researcher posits that the positive change in an individual’s life resulting from participation in Alcoholics Anonymous serves two purposes. One, it indicates that the recovering alcoholic has likely resolved the stigma that often deters the alcoholic from seeking help for their alcoholism. Consequently, stigma is no longer an obstacle with respect to additional therapeutic assistance. Two, having suffered, commonly for many years, the debilitating emotional and physical effects of alcoholism, the “new freedom and ... new happiness” (*Alcoholics Anonymous*, 2001, p. 83) experienced in recovery provides the recovering alcoholic motivation to engage in other self-development techniques and practices as a means to heighten or improve their emotional and/or physical wellbeing which in turn contributes to enhancement of their emotional intelligence capacity.

In light of the data, Figure 12 reflects revision of the theory to indicate participation in Alcoholics Anonymous as the keystone, but not the sole component, to the participants’ recovery from alcoholism and the resulting increase in emotional intelligence capacity.





*Figure 12. Amended Theory*

Correspondingly, the abundance of research regarding emotional intelligence as the factor that distinguishes average leaders from highly effective leaders provides compelling support for the theory's contention that recovering alcoholics, when compared to research findings, are more effective leaders as a result of the increased emotional intelligence capacity resulting from the process of alcoholism recovery.

#### Implications and Future Study

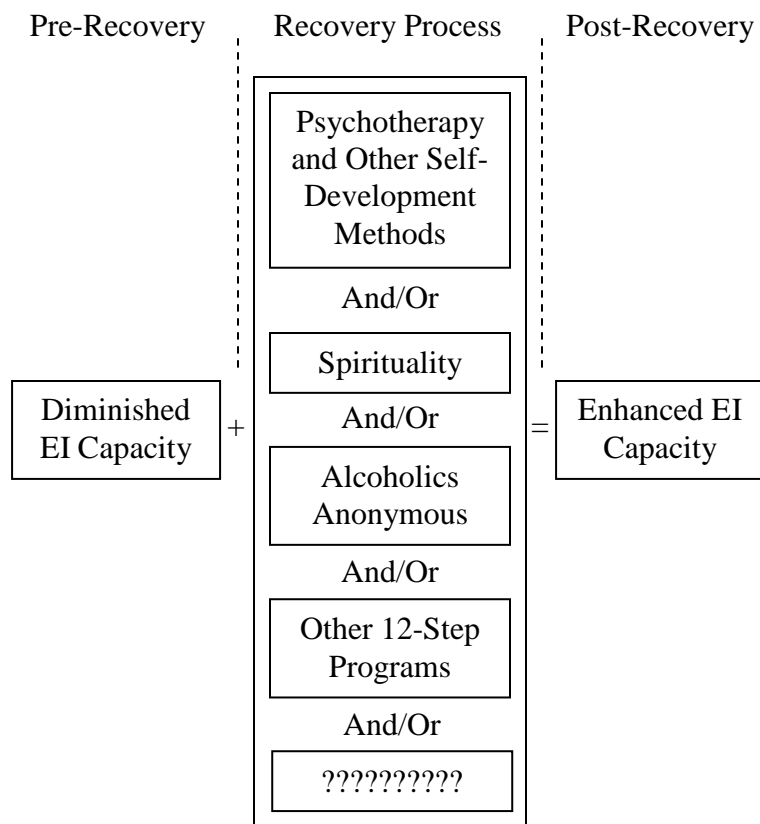
The study of Alcoholics Anonymous and the associated benefit to organizations is a relatively recent and largely unexplored field of research. As an emerging focus of empirical investigation, it is important that research continue in order to build a database of sufficiently varied cases. For example, the nature of snowball or chain sampling is such that it was merely coincidental the 4 research participants in this study had from 13 to 28 years of sobriety. Would different findings have resulted with a greater number of participants? Would similar conclusions have been reached with participants that had less

sobriety? These, and related questions, will only be answered by way of data collection on a larger scale.

With a plethora of existing research indicating the importance of emotional intelligence, the ‘what’ of leadership effectiveness is clearly identified; it is the ‘how’ one enhances their emotional intelligence that remains largely unanswered. Additionally, there is clearly no need for another emotional intelligence measurement tool as there are already several well regarded and empirically sound emotional intelligence assessment instruments, not the least of which being the Mayer, Salovey, and Caruso Emotional Intelligence Test (MSCEIT), the Emotional Competence Inventory (ECI), the Emotional Quotient Inventory (EQ-i), and the instruments used in this study, the Emotional Intelligence Appraisal Multi-Rater Edition and the Schutte Self-Report Emotional Intelligence Test (SSEIT). As such, perhaps the most significant implication of the study is the data contributed to the nature versus nurture debate that accompanies emotional intelligence. Each of the research participants demonstrated marked improvement in their emotional intelligence capacity, evidence that corroborates Goleman (1998a) claim that emotional intelligence is indeed capable of being learned. Despite identifying participation in Alcoholics Anonymous as a fundamental component of alcoholism recovery and the corresponding increase in one’s emotional intelligence, the study does not identify in sufficient detail how participation in Alcoholics Anonymous accomplished this result. Of greater need is turning research attention to understanding ‘how’ emotional intelligence is enhanced so as to provide practical insight when designing leadership development interventions. Research that would seek to uncover the specific attributes of alcoholism recovery that promote enhanced emotional intelligence, and the application of

those attributes in a field setting, would fill a void that currently exists in the field of organization development.

In light of the amended theory, academic objectivity demands the investigation of alcoholism recovery that excludes participation in Alcoholics Anonymous as well as recovery where participation in Alcoholics Anonymous is not a keystone component but an ancillary component on par with other recovery modalities. The original theory paid particular attention to AA meeting attendance and sponsorship and did not foresee nor incorporate the various complementary self-development techniques that were uncovered during the course of the research. This leads to question whether alternative methods of alcoholism recovery that do not integrate Alcoholics Anonymous or where Alcoholics Anonymous plays a less dominant role would result in similar emotional intelligence outcomes (see Figure 13).



*Figure 13. Potential Theory for Future Research*

The researcher fears that research in this field may be hampered by an interesting conundrum. The 11<sup>th</sup> Tradition of Alcoholics Anonymous states that the organization's members should "always maintain personal anonymity at the level of press, radio and films" (*Alcoholics Anonymous*, 2001, p. 562). Conversely, rigorous academic research requires that the researcher be transparent regarding any potential biases he or she may harbor that could influence the objectivity of the research. Herein resides the conundrum. Study in this field may be particularly appealing to, and well suited for, those researchers who, like this study's author, are recovering alcoholics. However, revelation by a researcher of their recovery status in a published work, such as a dissertation or a journal article, could be interpreted as a breach of the 11<sup>th</sup> Tradition.

The decision to break one's anonymity generates a heated debate that is cogently argued by those on both sides of the issue. Lacking an incontrovertible resolution, and the improbability of finding one, requires each individual to make a decision that is most appropriate for their particular circumstances.

The researcher's decision to identify himself as a recovering alcoholic and drug addict was intended to increase the legitimacy of the study and its findings in academic circles as well as to offer a perspective for consideration by other researchers in recovery who may be struggling with the issue of anonymity as they contemplate undertaking similar research. Aimed at aiding in the effort to eliminate the stigma associated with alcoholism, the perspective offered for consideration is best described by William Cope Moyers, executive director of Hazelden's Center for Public Advocacy.

The stigma of addiction, in many ways similar to the stigma of mental illness, envelops all those who are suffering (including family members) in secrecy, silence, and shame. Shame fosters stigma and stigma promotes shame, and in the meantime the tradition of anonymity in Alcoholics Anonymous often prevents people from standing up and speaking out. Somehow it still remains against the rules of Twelve Step anonymity to be seen or hear standing up for a cause like recovery. We hide behind our recovery, but did we worry about going out in public and making fools of ourselves when we were drunk or stoned? That behavior was a symbol of everything that was wrong with us then – what is the symbol of what is right with us now? (Moyers & Ketcham, 2006, p. 344)

Exacerbating the missing “symbol of what is right with us now” (Moyers & Ketcham, 2006, p. 344) is, as Moyers (2006, p. 1) observes, that “most of what we see through the

media is stories of despair, hopelessness and death” and virtually no stories of the countless individuals who are free of the ravages of addiction and living lives of recovery. As a result, sadly, the stigma remains.

In an effort to create an atmosphere of hope and promise that is free of the longstanding stigma surrounding addiction, a growing number of recovering alcoholics and drug addicts are choosing to reveal their status as individuals in recovery. The tales of 23 celebrities in recovery are chronicled by Stromberg & Merrill (2007) and includes the stories of such well known public figures as Paul Williams (singer, songwriter), Gerry Cooney (boxer), Mariette Hartley (actor), Dick Beardsley (long distance runner), Alice Cooper (musician), Richard Lewis (comedian), and Jim Ramstad (U.S. Congressman from Minnesota). In the case of Jim Ramstad, it is the candor with which he and Congressman Patrick Kennedy (D-RI) publicly portrayed their recovery from addiction that lent credibility to their sponsorship, and ultimately passage into law, of the Paul Wellstone Mental Health and Addiction Equity Act, landmark legislation that amended “ERISA [Employee Retirement Income Security Act], the Public Health Services Act, and the Internal Revenue Code to eliminate discriminatory provisions that erect obstacles to accessing care for Americans with mental health and addiction disorders” (*Paul Wellstone*, n.d., para. 2).

By no means is the researcher advocating wholesale abandonment of anonymity for those in recovery considering research in the field. Nor is it an indictment of those who choose to maintain their anonymity. Anonymity is a highly personal matter that must be addressed on an individual basis. Rather, it is merely an invitation to consider the possibility that those in recovery possess a base of experience and knowledge that

uniquely positions them to advance a field of study, the application of AA principles beyond recovery from addiction, which is largely uncharted and beckons further exploration.

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## APPENDICES

## Appendix A

## Goleman Model - Emotional Intelligence Domains and Competencies

Domain	Competencies
Self-Awareness	<ul style="list-style-type: none"> <li>• <i>Emotional self-awareness</i>: Reading one's own emotions and recognizing their impact; using "gut sense" to guide decisions</li> <li>• <i>Accurate self-assessment</i>: Knowing one's strengths and limits</li> <li>• <i>Self-confidence</i>: A sound sense of ones' self-worth and capabilities</li> </ul>
Self-Management	<ul style="list-style-type: none"> <li>• <i>Emotional self-control</i>: Keeping disruptive emotions and impulses under control</li> <li>• <i>Transparency</i>: Displaying honesty and integrity; trustworthiness</li> <li>• <i>Adaptability</i>: Flexibility in adapting to changing situations or overcoming obstacles</li> <li>• <i>Achievement</i>: The drive to improve performance to meet inner standards of excellence</li> <li>• <i>Initiative</i>: Readiness to act and seize opportunities</li> <li>• <i>Optimism</i>: Seeing the upside in events</li> </ul>
Social Awareness	<ul style="list-style-type: none"> <li>• <i>Empathy</i>: Sensing others' emotions, understanding their perspective, and taking an active interest in their concerns.</li> <li>• <i>Organizational awareness</i>: Reading the currents, decision networks, and politics at the organization level</li> <li>• <i>Service</i>: Recognizing and meeting follower, client, or customer needs</li> </ul>
Relationship Management	<ul style="list-style-type: none"> <li>• <i>Inspirational leadership</i>: Guiding and motivating with a compelling vision</li> <li>• <i>Influence</i>: Wielding a range of tactics for persuasion</li> <li>• <i>Developing others</i>: Bolstering others' abilities through feedback and guidance</li> <li>• <i>Change catalyst</i>: Initiating, managing, and leading in a new direction</li> <li>• <i>Conflict management</i>: resolving disagreements</li> <li>• <i>Teamwork and collaboration</i>: cooperation and team building</li> </ul>

*Note.* From *Primal leadership: Realizing the power of emotional intelligence* (p. 39), by D. Goleman, R. Boyatzis, & A. McKee, 2002, Boston: Harvard Business School Press.

## Appendix B

## Bar-On Model - Emotional Intelligence Composite Scales and Subscales

<b>Composite Scale</b>	<b>Subscale</b>
Intrapersonal	<ul style="list-style-type: none"> <li>• <i>Self-regard</i>: the ability to be aware of, understand, accept, and respect oneself</li> <li>• <i>Emotional self-awareness</i>: the ability to recognize and understand one's emotions</li> <li>• <i>Assertiveness</i>: the ability to express feelings, beliefs, and thoughts, and to defend one's rights in a nondestructive manner</li> <li>• <i>Independence</i>: the ability to be self-directed and self-controlled in one's thinking and actions and to be free of emotional dependency</li> <li>• <i>Self-actualization</i>: the ability to realize one's potential and to do what one wants to do, enjoys doing, and can do</li> </ul>
Interpersonal	<ul style="list-style-type: none"> <li>• <i>Empathy</i>: the ability to be aware of, understand, and appreciate the feelings of others</li> <li>• <i>Social responsibility</i>: the ability to demonstrate oneself as a cooperative, contributing, and constructive member of one's social group</li> <li>• <i>Interpersonal relationship</i>: the ability to establish and maintain mutually satisfying relationships</li> </ul>
Stress Management	<ul style="list-style-type: none"> <li>• <i>Stress tolerance</i>: the ability to withstand adverse events, stressful situations, and strong emotions without "falling apart" by actively and positively coping with stress</li> <li>• <i>Impulse control</i>: the ability to resist or delay an impulse, drive, or temptation to act, and to control one's emotions</li> </ul>
Adaptability	<ul style="list-style-type: none"> <li>• <i>Problem solving</i>: the ability to identify and define personal and social problems as well as to generate and implement potentially effective solutions</li> <li>• <i>Reality testing</i>: the ability to assess the correspondence between what is internally and subjectively experienced and what externally and objectively exists</li> <li>• <i>Flexibility</i>: the ability to adjust one's feelings, thoughts, and behaviors to changing situations and conditions</li> </ul>
General Mood	<ul style="list-style-type: none"> <li>• <i>Optimism</i>: the ability to "look at the brighter side of life" and to maintain a positive attitude even in the face of adversity</li> <li>• <i>Happiness</i>: the ability to feel satisfied with one's life, to enjoy oneself and others, and to have fun and express positive emotions</li> </ul>

## Appendix B

## Bar-On Model - Emotional Intelligence Composite Scales and Subscales

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**Composite Scale      Subscale**

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*Note.* From “Emotional and social intelligence: Insights from the Emotional Quotient Inventory,” by R. Bar-On, 2000, In R. Bar-On & J. D. A. Parker (Eds.), *The handbook of emotional intelligence*, San Francisco: Jossey-Bass, pp. 365-366.

Appendix C  
Salovey and Mayer Model - Emotional Intelligence Branches and Skills

Branch	Skills
Perceiving Emotions	<ul style="list-style-type: none"> <li>• Ability to identify emotion in one's physical states, feelings, and thoughts</li> <li>• Ability to identify emotions in other people, designs, artwork, etc., through language, sound, appearance, and behavior</li> <li>• Ability to express emotions accurately, and to express needs related to those feelings</li> <li>• Ability to discriminate between accurate and inaccurate, or honest versus dishonest expressions of feeling</li> </ul>
Facilitating Thought	<ul style="list-style-type: none"> <li>• Emotions prioritize thinking by directing attention to important information</li> <li>• Emotions are sufficiently vivid and available that they can be generated as aids to judgment and memory concerning feelings</li> <li>• Emotional mood swings change the individual's perspective from optimistic to pessimistic, encouraging consideration of multiple views</li> <li>• Emotional states differentially encourage specific problem approaches such as when happiness facilitates inductive reasoning and creativity</li> </ul>
Understanding Emotions	<ul style="list-style-type: none"> <li>• Ability to label emotions and recognize relations among the words and the emotions themselves, such as the relation between liking and loving</li> <li>• Ability to interpret the meanings that emotions convey regarding relationships, such as that sadness often accompanies a loss</li> <li>• Ability to understand complex feelings: simultaneous feelings of love and hate, or blends such as awe as a combination of fear and surprise</li> <li>• Ability to recognize likely transitions among emotions, such as the transition from anger to satisfaction, or from anger to shame</li> </ul>

## Appendix C

## Salovey and Mayer Model - Emotional Intelligence Branches and Skills

Branch	Skills
Managing Emotions	<ul style="list-style-type: none"> <li>• Ability to stay open to feelings, both those that are pleasant and those that are unpleasant</li> <li>• Ability to reflectively engage or detach from an emotion depending upon its judged informativeness or utility</li> <li>• Ability to reflectively monitor emotions in relation to oneself and others, such as recognizing how clear, typical, influential, or reasonable they are</li> <li>• Ability to manage emotion in oneself and others by moderating negative emotions and enhancing pleasant ones, without repressing or exaggerating information they may convey</li> </ul>

*Note.* From “What is emotional intelligence?,” by J. D. Mayer, & P. Salovey, 1997, In P. Salovey & D. Sluyter (Eds.), *Emotional development and emotional intelligence: Implications for educators*, New York: Basic Books, p. 11. Copyright 1997 by J. D. Mayer. Adapted and reprinted with permission.

Appendix D  
The Twelve Steps of Alcoholics Anonymous

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1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him* [italics in original].
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him* [italics in original], praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

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*Note.* From *Alcoholics Anonymous* (pp. 59-60), 2001, (4th ed.), New York: Alcoholics Anonymous World Services.

Appendix E  
The Promises of Alcoholics Anonymous

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If we are painstaking about this phase of our development, we will be amazed before we are half way through.

We are going to know a new freedom and a new happiness.

We will not regret the past nor wish to shut the door on it.

We will comprehend the word serenity and we will know peace.

No matter how far down the scale we have gone, we will see how our experience can benefit others.

That feeling of uselessness and self-pity will disappear.

We will lose interest in selfish things and gain interest in our fellows.

Self seeking will slip away.

Our whole attitude and outlook upon life will change.

Fear of people and of economic insecurity will leave us.

We will intuitively know how to handle situations which used to baffle us.

We will suddenly realize that God is doing for us what we could not do for ourselves.

Are these extravagant promises? We think not.

They are being fulfilled among us - sometimes quickly, sometimes slowly.

They will always materialize if we work for them.

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*Note.* From *Alcoholics Anonymous* (pp. 83-84), 2001, (4th ed.), New York: Alcoholics Anonymous World Services.

Appendix F  
Adapted Schutte Self-Report Emotional Intelligence Test – Self Rating

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. I knew when to speak about my personal problems to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When I was faced with obstacles, I remembered times I faced similar obstacles and overcame them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I expected that I would do well on most things I tried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Other people found it easy to confide in me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I found it hard to understand the non-verbal messages of other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Some of the major events of my life had led me to re-evaluate what was important and not important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When my mood changed, I saw new possibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Emotions are one of the things that made my life worth living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was aware of my emotions as I experienced them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I expected good things to happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I liked to share my emotions with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When I experienced a positive emotion, I knew how to make it last	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I arranged events others enjoyed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I sought out activities that made me happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Appendix F  
Adapted Schutte Self-Report Emotional Intelligence Test – Self Rating

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
15. I was aware of the non-verbal messages I sent to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I presented myself in a way that made a good impression on others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. When I was in a positive mood, solving problems was easy for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. By looking at their facial expressions, I recognized the emotions people were experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I knew why my emotions changed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. When I was in a positive mood, I was able to come up with new ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I had control over my emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I easily recognized my emotions as I experienced them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I motivated myself by imagining a good outcome to tasks I took on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I complimented others when they had done something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I was aware of the non-verbal messages other people sent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. When another person told me about an important event in his or her life, I almost felt as though I had experienced this event myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix F  
Adapted Schutte Self-Report Emotional Intelligence Test – Self Rating

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
27. When I felt a change in emotions, I tended to come up with new ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. When I was faced with a challenge, I gave up because I believed I would fail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I knew what other people were feeling just by looking at them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I helped other people feel better when they were down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I used good moods to help myself keep trying in the face of obstacles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I could tell how people were feeling by listening to the tone of their voice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. It was difficult for me to understand why people felt the way they did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Note.* From “Development and validation of a measure of emotional intelligence,” by N. S. Schutte, J. M. Malouff, L. E. Hall, D. J. Haggerty, J. T. Cooper, C. J. Golden, L. Dornheim, 1998. *Personality and Individual Differences*, 25, p. 172. Copyright 1998 by N. S. Schutte. Adapted and reprinted with permission.

Appendix G  
Adapted Schutte Self-Report Emotional Intelligence Test – Other Rating

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. He/she knew when to speak about his/her personal problems to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When he/she was faced with obstacles, he/she remembered times he/she faced similar obstacles and overcame them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. He/she expected that he/she would do well on most things he/she tried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Other people found it easy to confide in him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. He/she found it hard to understand the non-verbal messages of other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Some of the major events of his/her life had led him/her to re-evaluate what was important and not important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When his/her mood changed, he/she saw new possibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Emotions are one of the things that made his/her life worth living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. He/she was aware of his/her emotions as he/she experienced them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. He/she expected good things to happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. He/she liked to share his/her emotions with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When he/she experienced a positive emotion, he/she knew how to make it last	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix G  
Adapted Schutte Self-Report Emotional Intelligence Test – Other Rating

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
13. He/she arranged events others enjoyed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. He/she sought out activities that made him/her happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. He/she was aware of the non-verbal messages he/she sent to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. He/she presented himself/herself in a way that made a good impression on others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. When he/she was in a positive mood, solving problems was easy for him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. By looking at their facial expressions, he/she recognized the emotions people were experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. He/she knew why his/her emotions changed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. When he/she was in a positive mood, he/she was able to come up with new ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. He/she had control over his/her emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. He/she easily recognized his/her emotions as he/she experienced them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. He/she motivated himself/herself by imagining a good outcome to tasks he/she took on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. He/she complimented others when they had done something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. He/she was aware of the non-verbal messages other people sent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix G  
Adapted Schutte Self-Report Emotional Intelligence Test – Other Rating

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
26. When another person told him/her about an important event in their life, he/she almost felt as though he/she had experienced this event myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. When he/she felt a change in emotions, he/she tended to come up with new ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. When he/she was faced with a challenge, he/she gave up because he/she believed he/she would fail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. He/she knew what other people were feeling just by looking at them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. He/she helped other people feel better when they were down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. He/she used good moods to help himself/herself keep trying in the face of obstacles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. He/she could tell how people were feeling by listening to the tone of their voice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. It was difficult for him/her to understand why people felt the way they did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Note.</i> From “Development and validation of a measure of emotional intelligence,” by N. S. Schutte, J. M. Malouff, L. E. Hall, D. J. Haggerty, J. T. Cooper, C. J. Golden, L. Dornheim, 1998. <i>Personality and Individual Differences</i> , 25, p. 172. Copyright 1998 by N. S. Schutte. Adapted and reprinted with permission.					

Appendix H  
Interview Guide

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1. Describe the events and circumstances that preceded and contributed to your recovery from alcoholism.
2. How long have you been sober?
3. Describe your involvement with Alcoholics Anonymous (AA)?
4. To what extent do you attribute AA in helping you achieve and maintain sobriety?
5. How often did/do you attend AA meetings?
6. Did/do you have an AA sponsor? If yes, describe the experience.

Follow-up questions:

How often did/do you meet or converse with your sponsor?

Describe the tenure of the relationship(s), that is, ongoing versus terminated.

If terminated, what was the length of the relationship?

7. Are/have you been an AA sponsor? If yes, describe the experience.

Follow-up questions:

How often did/do you meet or converse with those you sponsor/sponsored?

Describe the tenure of the relationship(s), that is, ongoing versus terminated.

If terminated, what was the length of the relationship?

8. The 12<sup>th</sup> step of Alcoholics Anonymous states “Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.” What does the phrase “practice these principles in all our affairs” mean to you?
9. How would family, friends, co-workers describe you when you were drinking? Probe: Please tell me more about how you believe people understood your ability to form interpersonal relationships.
10. How would family, friends, co-workers describe you now in your sobriety? Probe: Please tell me more about how you believe people understood your ability to form interpersonal relationships

11. Describe any professional or self-growth experiences (e.g., workshops, seminars,
-

Appendix H  
Interview Guide

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training, groups, etc.) that have been particularly helpful to you in your recovery.

12. Are there individuals from previous employers who would be available to assess your EI during your active alcoholism? (if yes) Would you give your permission for me to ask them to fill out an EI assessment of you during your pre-recovery?
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Appendix I  
Consent Form

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**CONSENT FORM**

**UNIVERSITY OF ST. THOMAS**

**The Leadership Effectiveness of Recovering Alcoholics: A Study of the Alcoholics Anonymous Program of Recovery as a Contributor to Enhanced Emotional Intelligence**

**B08-001-3**

My name is Bill Landherr and I am a doctoral candidate for a degree in Organization Development at the University of St. Thomas. I am conducting a study about the leadership effectiveness of recovering alcoholics. I invite you to participate in this research. You were selected as a possible participant because you are a recovering alcoholic in a leadership position who has been candid and forthright regarding your recovery status as well as have indicated that you attribute your recovery to participation in and/or affiliation with Alcoholics Anonymous. Please read this form and ask any questions you may have before agreeing to be in the study.

**Background Information:**

This study was prompted by the similarity I have observed between the "Promises" outlined in the Big Book of Alcoholics Anonymous and various Emotional Intelligence (EI) characteristics. Research by Daniel Goleman and others indicates that average leaders are differentiated from highly effective leaders not by mastery of the technical skills required of a particular profession but by higher degrees of the various Emotional Intelligence attributes. This research study is intended to determine to what extent the Alcoholics Anonymous prescribed model of alcoholism recovery contributes to leadership effectiveness as measured by Emotional Intelligence characteristics.

**Procedures:**

If you agree to be in this study, you will be asked to do the following:

1. Complete a 33 question, paper-based, retrospective/pre-recovery EI self assessment
2. Complete a 28 question, on-line, current/post-recovery EI self assessment
3. Provide access to and allow peers, colleagues, co-workers, etc., to complete a 28 question, on-line, 360-degree assessment of your post-recovery (i.e., current) EI capacity.
4. Participate in an interview

Each EI assessment (items 1 and 2 above) is estimated to take approximately 10 – 15 minutes. The interview is estimated to take 60 to 90 minutes. You will be asked for permission to audio tape record the interview to assist me to recall precisely particularly informative quotations. Consent to audio tape the interview is not a requirement for participation in the study. No transcription of the audio tapes will occur.

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## Appendix I Consent Form

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You will be asked to identify several peers, colleagues, co-workers, etc. who are either already aware of your recovery status or to whom you voluntarily choose to reveal said status. These individuals will be potential candidates for completion of a 28 question, on-line, 360-degree assessment of your post-recovery (i.e., current) EI capacity. To avoid any concerns of coercion, I will meet with these individuals to explain the general nature of the study, that is, the leadership effectiveness of recovering alcoholics, as well as the voluntary nature of the study. You will not be informed as to which of these individuals agreed or declined to participate.

I will provide you the list of interview questions prior to conducting the interview. As part of the interview I will inquire if you can identify peers, colleagues, co-workers, etc., from your current and/or previous employers that could be surveyed in an effort to assist in gaining a better understanding of your pre-recovery Emotional Intelligence capacity. Consenting to this request is not a requirement for participation in the study; it is entirely optional. If you agree to this request I will ask you to make the initial contact with these individuals, inform them of the nature of the study, and introduce me to them. This approach is intended to protect your anonymity and privacy by ensuring that if you so choose to participate in this aspect of the study that only individuals to whom your status as a recovering alcoholic is already known or to whom you voluntarily choose to reveal said status.

### **Risks and Benefits of Being in the Study:**

Two risks exist with respect to your participation in this research, the first being that your status as a recovering alcoholic becomes public. I will take every measure to insure that this information is not released by me or this study. In my published study findings and analysis I will describe your organization in general, non-attributable terms and, when referencing you as a research participant, doing so through the use of a pseudonym. The use of a pseudonym will assist you in maintaining complete control with respect to whom you choose to reveal your recovery status beyond the scope of the study.

Given the nature of the research, and though perceived to be minimal, the second risk is that discussion or reflection on pre-recovery behaviors might trigger a strong emotional response. In part this will be mitigated by providing you the interview questions in advance as well as providing you the option to decline answering any of the questions. However, in the unlikely event that a strong emotional response is triggered, I will ask if you would like to stop, be provided to time gain your composure, and/or whether you would like to return at a later date to complete the interview.

### **Compensation:**

No remuneration is provided for participation in the study.

### **Confidentiality:**

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## Appendix I Consent Form

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As mentioned in the Procedures section, there is an optional component of the study. By virtue of being optional, as well as requiring that you make the initial contact with those individuals who will participate in this component of the study, only those individuals to whom your status as a recovering alcoholic is already known or to whom you voluntarily chose to reveal said status will be included. This approach is also intended to protect your anonymity and privacy.

In any published report no information will be included that will make it possible to identify you in any way.

The research materials generated by this study include:

1. Handwritten interview notes
2. Paper-based survey responses
3. Audio tape recordings of the interviews (if consent to audio tape the interview is granted)
4. On-line, Web-based survey responses

Items 1 -3 will be in my control and custody – no one else will have access. Regarding item 4, the raw data is in the protected custody of the survey provider with password-protected access by me only to the aggregated scores.

American Psychological Association guidelines stipulate that raw data be stored for 5 years after the date of publication. To accommodate this requirement, I will house any and all paper documentation as well as audio tapes in a locked file cabinet to which I have the only key. Following publication of the dissertation and during the 5 years following, I will scan all paper documentation for electronic storage. At the time of scanning, and verification of scanning clarity, I will shred the paper documentation. Screen shots of the on-line, Web-based data will be obtained by me for electronic storage. All electronic storage of raw data will be encrypted using the Advanced Encryption Standard (AES) specifications with 256-bit keys. This encryption algorithm, after a review and analysis conducted in June 2003 by the US National Security Agency (NSA), was approved by the Committee on National Security Systems (CNSS) for all U.S. Government Departments or Agencies to protect classified information up to the Top Secret level.

Identification of the raw data associated with individual research participants, where applicable, will be accomplished by creating a cross-reference list of research participant name and a corresponding randomly generated 8 digit numeric identifier. The cross-reference list will be housed via the electronic storage method described in the previous paragraph.

Irrespective of the method of storage, all research material will be physically destroyed 5 years after publication of the dissertation.

### **Voluntary Nature of the Study:**

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Appendix I  
Consent Form

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Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas. If you decide to participate, you are free to withdraw at any time prior to the commencement of data analysis. It is estimated that data analysis will commence approximately 60 days from the time the interview is conducted and the surveys are administered. Once data analysis is underway, data pertaining to a specific participant can not be readily removed from the findings.

As mentioned earlier, you may refuse to answer any of the interview questions.

**Contacts and Questions**

If you have further questions, you may reach me by phone (612-377-9105) or e-mail (wmlandherr@stthomas.edu). If you have further concerns you may reach my advisor, Dr. John Conbere, by phone (651-962-4456) or e-mail (jpconbere@stthomas.edu). You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

**You will be given a copy of this form to keep for your records.**

**Statement of Consent:**

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study.

I  grant  withhold (please select one of the preceding) permission to audio tape the interview.

\_\_\_\_\_  
**Signature of Study Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Researcher**

\_\_\_\_\_  
**Date**

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Appendix J  
Participant Recruitment Script

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My name is Bill Landherr and I am a doctoral candidate for a degree in Organization Development at the University of St. Thomas. Over the last 25 years I have worked for various organizations in the Twin Cities area designing and leading the development and deployment of business information systems. For those interested in more detail concerning my professional background, you can access my résumé at <http://www.landmark-consulting.net/William M Landherr.pdf>. As of August 1, 2007 I left the corporate world to focus my efforts full-time on the completion of my doctoral dissertation.

My doctoral dissertation topic is the leadership effectiveness of recovering alcoholics. In short, I theorize that the recovering alcoholic leader is a highly effective and uniquely gifted leader as a result of the personal transformation resulting from alcoholism recovery. More specifically, my theory suggests that recovering alcoholic leaders who attribute their recovery to participation in and/or affiliation with Alcoholics Anonymous possess a higher Emotional Intelligence capacity; a factor that research suggests distinguishes average leaders from highly effective leaders.

My interest in this particular topic is due in no small part to my personal experiences as a leader, the opportunity to observe a variety of leaders during my career, and my own recovery from alcoholism and drug addiction.

In order to investigate and substantiate my theory I am in search of several recovering alcoholics who are in leadership positions that, as mentioned earlier, attribute their recovery to participation in and/or affiliation with Alcoholics Anonymous. Participants will be asked to complete 2 Emotional Intelligence surveys, one from a pre-recovery perspective and one from a present-day, or post-recovery, perspective. Each survey is expected to take approximately 10 – 15 minutes to complete. Participants will also be asked to participate in an interview that I estimate will take approximately 60 – 90 minutes. Lastly, I will need access to several current peers, colleagues, co-workers, etc. so that I can engage them in completing a survey related to the participants' present-day Emotional Intelligence capacity. This exercise uses the same questions contained in the Emotional Intelligence surveys that the recovering alcoholic leaders will take but is answered from the perspective of how these individuals perceive the recovering alcoholic leaders' personality traits and behaviors as a result of their regular interaction with them.

Anonymity may be a concern for you, a concern that I understand and appreciate. Given that the methodology employed in the study requires input from current peers, co-workers, colleagues, subordinates, etc., I am limiting research participation to those individuals who have been candid and forthright regarding their recovery and/or voluntarily choose to reveal their recovery status to these individuals.

If you are willing to participate, please contact me at your earliest convenience. If you know of someone who may qualify and be interested in participating, please contact me

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Appendix J  
Participant Recruitment Script

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or feel free to forward this invitation to them.

With gratitude,

Bill Landherr

[wmlandherr@stthomas.edu](mailto:wmlandherr@stthomas.edu)

cell: 612-816-3936

home: 612-377-9105

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