

# Relationship of Surrender and Narcissism to Involvement in Alcohol Recovery

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**ABSTRACT.** Subjects were participants in two self-help groups, Alcoholics Anonymous (AA;  $n = 45$ ) and Rational Recovery (RR;  $n = 10$ ). Two groups of AA participants were distinguished based on degree of AA involvement. RR participants constituted the third group. As predicted, the Surrender instrument was able to discriminate between the High AA, Low AA, and RR groups, with the High AA group scoring above the other groups on surrender. Results suggest there is more to the act of surrender than level of involvement, length of sobriety, or degree of dependence on alcohol. Some support is provided for AA's philosophy that surrendering to a Higher Power occurs during the course of alcohol recovery. Results suggested there is a negative correlation between pathological narcissism and surrender. Unfortunately, firm conclusions could not be drawn from this study regarding narcissism.

Alcoholics Anonymous (AA) has been influential in shaping the understanding of alcoholism and its treatment (Tournier, 1979). At least for

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some alcoholics, AA is an effective treatment modality and ongoing support for sobriety (Emrick, 1987, 1989; Ogborne, 1989). However, specific changes that take place over time among those who affiliate successfully remain largely unexplored.

AA groups are autonomous, guided by AA traditions (AA World Services, 1953). Members tend to strongly identify with each other and practice a common way of life in AA. Members themselves determine regular meetings, and groups are guided by group conscience.

Bill Wilson, co-founder of AA, stated sobriety meant the destruction of his self-centeredness. This stance is apodictically stated: "Selfishness-self-centeredness! That, we think is the root of our troubles . . . The alcoholic is an extreme example of self-will run riot" (AA World Services, 1976, p. 62).

*Alcoholics Anonymous* (AA World Services, 1976) further described alcoholism as an illness which only a spiritual experience will conquer. Harry M. Tiebout, psychiatrist and early student of AA (Kurtz, 1979), called the change fostered in AA "conversion."

Conversion occurs when alcoholics hit bottom, surrender, and have their ego reduced (Tiebout, 1961). After alcoholics "hit bottom," reaching a critical point or being in an intolerable situation (Greil & Rudy, 1983), they must surrender (Tiebout, 1944a, 1944b, 1949, 1953, 1954, 1958, 1961, 1963). Tiebout (1949) described the act of surrender as a moment when the unconscious forces of defiance and grandiosity actually cease to function effectively, and the individual begins to accept life.

The conversion continues with "ego reduction" (Tiebout, 1961). The infantile aspects of the Freudian ego must become more humble and mature, or else alcoholics might return to the notion that they can control their drinking. Humility is maintained by acknowledging a power greater than oneself and turning one's will and life over to the care of a Higher Power. Brown (1985) and Spahr (1987) concurred that developing a concept of a Higher Power sustains surrender.

Narcissistic tendencies have long been associated with alcoholics. Mack (1981) suggests that these tendencies may be a result of alcohol consumption over time and not necessarily a part of the etiology of alcoholism. AA's approach addresses this narcissistic element (McCrary & Irvine, 1989).

Rational Recovery (RR; Trimpey, 1990) is a program which differs from AA in fundamental philosophy. Its theoretical roots lie in Albert Ellis's rational-emotive therapy (Ellis, 1962). RR, like AA, expects abstinence from alcohol. It teaches people to change negative emotions and irrational thinking that perpetuate alcoholic behavior (Trimpey, 1990).

RR differs radically from AA on issues of control and need for a Higher Power. RR teaches it is irrational to accept that people cannot control what reaches their lips. RR posits that each person possesses all the power necessary to control alcoholic behavior.

This study first examines the relation between surrender and the type and extent of participation in self-help alcohol recovery. It also explores the impact of AA and RR participation over time on narcissism.

## METHOD

### *Subjects*

Subjects were 55 males, 45 of whom were AA members. Of the 10 subjects primarily involved in RR, four also attended AA. Subjects completed research questionnaires on two occasions, separated by three months.

The median age of participants was 42 (Mean = 41.9,  $SD = 13.1$ ). Mean age by study group was: High AA, 46.6 years ( $SD = 14.2$ ); Low AA, 36.7 ( $SD = 10.9$ ); and RR, 42.3 ( $SD = 11.9$ ). Mean length of sobriety was 50.8 months ( $SD = 58.6$ ), with the median being 27.7 months. Mean length of sobriety for study groups was 77.4 months ( $SD = 56.8$ ), 38.3 ( $SD = 60.9$ ), and 17.0 ( $SD = 24.5$ ), for the High AA, Low AA, and RR groups, respectively.

### *Instruments*

Four instruments were employed in this study. The Alcohol Dependence Scale (ADS; Skinner & Allen, 1982; Skinner & Horn, 1984) was used to verify that all subjects, when actively drinking, had alcohol dependence or abuse symptoms. The ADS is a 25-item assumed Likert scale, with higher scores indicating greater dependence. Coefficient alpha was .90.

A 21-item scale was used to estimate level of AA involvement (Reinert, 1992/1993). Using a median split, AA subjects were divided into two groups, a high and a low group. Coefficient alpha was .91.

This study included a 31-item Surrender scale (Reinert, 1992/1993). Higher scores on this instrument indicated a greater degree of surrender. Item-total correlations for seven items were unacceptably low and were dropped, yielding a 24-item version of the instrument. Coefficient alpha for the scale was .78.

The fourth instrument used was the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979). Each item on this 40-item forced-choice instrument consists of a pair of statements, one of which is scored in the narcissistic direction. Eight items were omitted from the scale due to negative or low item-total correlations. Coefficient alpha for the resulting 32-item scale was .81).

Raskin and Terry (1988) identified seven NPI subscales: Authority, Self-Sufficiency, Superiority, Exhibitionism, Exploitativeness, Vanity, and Entitlement. For this study, items from Entitlement, Exploitativeness, and Exhibitionism subscales, believed by Raskin and Novacek (1989) to reflect higher levels of maladjustment, were summed and treated as a pathological subscale; the remaining four subscales were summed and treated as a measure of more healthy dimensions of narcissism.

One of the 13 pathological subscale items was deleted due to an unacceptably low item-total correlation. Alpha for the 12-item scale was .71.

Items composing the subscale thought to measure the more healthy dimensions of narcissism produced item-total correlations in the acceptable range. This 19-item scale produced an alpha of .76.

### *Procedure*

Research materials were distributed at AA and RR meetings in two envelopes, one to be completed immediately, the other, three months later. Subjects returned the instruments by mail.

## *RESULTS*

A one-way analysis of variance (ANOVA) was performed to determine if the three study groups differed on length of continuous sobriety, number of meetings attended per month, or degree of alcohol dependence reported on the ADS. The High AA group was sober a mean of 77.4 months; Low AA, 38.3 months; and RR, 16.9 months. A significant difference was found between the groups,  $F(2, 52) = 5.27, p = .008$ . The mean number of meetings attended per month was: High AA, 15.4; Low AA, 12.9; and RR, 5.9. These also were significantly different,  $F(2, 52) = 4.77, p = .01$ . The ADS scores differed,  $F(2, 52) = 5.11, p = .01$ , with the High AA scoring a mean of 26.3; the Low AA, 22.0; and the RR group, 14.8.

As predicted, the High AA group scored higher on Surrender than did the other two groups (see Table 1). The first administration yielded means of 21.8, 17.6, and 14.3 for the High AA, Low AA, and RR groups,

TABLE 1. Mean Surrender Scores at Beginning and End of Study

	n	Time 1		Time 2	
		M	(SD)	M	(SD)
High AA	23	21.8	(1.7)	20.9	(2.2)
Low AA	22	17.6	(3.4)	18.1	(2.4)
RR	10	14.3	(3.3)	14.6	(3.0)

respectively. The assumption of homogeneity of variance was not met, so repeated *t*-tests were conducted with a Bonferroni correction. Between the High AA and RR groups, the separate variance estimate *t* value was  $(11.26) = 6.84, p < .001$ ; between the High AA and Low AA groups, the *t* value was  $(30.87) = -5.17, p < .001$ . The pooled variance estimate *t* value for the Low AA and RR group contrast was significant,  $(30) = 2.57, p = .048$ . The means therefore differed significantly between all three groups.

On the second administration of the Surrender instrument, assumptions of normality and homogeneity of variance were met, thus a one-way ANOVA procedure was employed. There was a significant difference between groups,  $F(2,52) = 23.91, p < .001$ . The Least Significant Difference test revealed each group differed from the other two, with means of 20.9, 18.1, and 14.6 for the High AA, Low AA, and RR groups, respectively.

An ANOVA was performed on the second set of Surrender scores, with length of sobriety, number of meetings, and ADS as covariates. The covariates were significant,  $F(3, 49) = 11.19, p < .001$ ; as were the main effects,  $F(2, 49) = 10.79, p < .001$ .

Repeated measures one-way ANOVA procedure tested whether pathological narcissism declined over the three month period (see Table 2). The research question was addressed by the interaction term, time by nature of involvement. Since the pathological NPI scale was positively skewed, a square root transformation was performed prior to the analysis. The ANOVA interaction term was not significant,  $F(2, 52) = .28, ns$ , showing that the effect of participation on pathological narcissism did not differ among the recovery groups.

The same ANOVA procedure was used to test the hypothesis that the nonpathological subscale would remain unchanged. As predicted, there was no change in these scales over time,  $F(2, 52) = .81, ns$ .

The ANOVA procedure was used to determine if NPI scores differed, with the length of time since last drink of alcohol as a covariate. No significant difference was found between the three groups,  $F(3, 51) =$

TABLE 2. Mean Narcissistic Personality Inventory (NPI) Scores

	n	Time 1		Time 2	
		M	(SD)	M	(SD)
NPI					
High AA	23	10.6	(6.0)	10.0	(5.5)
Low AA	22	10.6	(6.0)	10.1	(5.7)
RR	10	10.8	(4.5)	8.7	(4.3)
Pathological NPI Subscale					
High AA	23	2.6	(2.6)	2.2	(1.9)
Low AA	22	3.2	(2.6)	2.5	(2.2)
RR	10	3.3	(2.8)	2.1	(1.8)
Nonpathological NPI Subscale					
High AA	23	8.0	(3.8)	7.6	(4.1)
Low AA	22	7.0	(3.9)	7.2	(3.9)
RR	10	7.4	(3.3)	6.5	(3.0)

1.52, ns. Neither was the covariate significant. When the covariate was deleted from the ANOVA, there was still no main effect.

The ANOVA procedure was also performed on the NPI scores with the ADS scores as a covariate. No significant difference was found between the three groups,  $F(3, 51) = 1.24$ , ns. The covariate was not significant.

The Pearson Product Moment Correlation coefficient was calculated for total NPI and Surrender scores for AA participants ( $n = 45$ ). Correlation did not reach statistical significance for either occasion ( $r = -.15$ , ns, and  $r = -.003$ , ns, respectively). However, a highly significant correlation between pathological subscale of the NPI and Surrender scores was found on the first administration ( $r = -.42$ ,  $p = .002$ ). Spearman's rho rank order correlation coefficient was used since the pathological NPI scale failed to satisfy the assumption of normality. For the second administration, the Spearman's rho correlation was not significant ( $r = -.09$ , ns).

To test whether surrender affects a change on the NPI, a stepwise multiple regression was performed with the second NPI score as the dependent variable, the initial NPI score the covariate, and the Surrender score the independent variable. Surrender did not meet the criteria to enter the equation, indicating Surrender did not have a significant impact on the NPI.

## DISCUSSION

The results clearly showed that active involvement in AA and surrender are related, since those who participated to a higher degree in AA scored higher on the Surrender instrument. This finding is consistent with AA's position that one must not only accept one's alcohol problem, but must also surrender, or turn one's life over to a power greater than oneself.

RR offers a rival hypothesis. While AA affiliates may score higher on surrender because they have accepted the AA philosophy of recovery, it is possible that surrender is unrelated to coping with alcoholism. The present study did not address this issue. Further validity studies of the Surrender scale are needed to determine its usefulness as a predictive tool in treatment settings.

However, differences between study groups on surrender was examined, holding constant such variables as length of continuous sobriety, number of meetings attended per month, and degree of alcohol dependence. There was still a significant difference between groups on surrender, suggesting that there is more to surrender than just level of involvement, length of sobriety, or level of dependence on alcohol.

The exact meaning of the Surrender instrument results is not yet completely clear. However, results are compatible with the core philosophy of AA regarding a key role of surrender in recovery. While they must be viewed with caution, differences in scores on the Surrender instrument and its negative relationship with pathological narcissism suggest that AA may be correct in calling attention to self-centeredness and other narcissistic traits in the treatment process.

This study tested the hypothesis that pathological narcissism would show greater decline over time for more highly involved AA members. This hypothesis derived from the theoretical position that more intensely involved AA members would engage in activities incompatible with pathological narcissism. It was expected, for example, that highly involved members would have a spiritual program which stresses humility, reaching out to others, and a greater dependence on a Higher Power which might soothe "narcissistic injuries" the person suffered in life.

Over the three months of this study, mean scores on the pathological narcissism scale of the NPI declined only slightly within each group. The change was not statistically significant. The results tend to confirm that narcissism is a rather stable personality characteristic. Neither the pathological nor the more healthy dimensions of narcissism changed over the short period. A decline in narcissistic traits may take years to develop among recovering alcoholics.

The fact that all three groups scored similarly on the narcissism scale may be evidence that narcissism is acquired in alcoholics. At any rate, narcissism is likely the final common pathway for the personality changes in alcoholism.

A research hypothesis was explored which suggested that if one removed the effects of time since last drink, those who participated to a higher degree in AA would be less narcissistic than those in the other two groups. This suggested that reducing narcissism is not simply a function of time in sobriety but of “working” the AA program. However, the three groups had similar scores on the NPI and time since the last drink was not significant as a covariate.

A similar procedure was performed to examine the impact of prior level of alcohol dependence on the NPI scores. However, the ADS scores did not prove to be a significant covariate.

The study also hypothesized that AA participants who surrendered to their Higher Power would be less narcissistic than those who surrendered to a lesser degree. Surprisingly, results did not support this hypothesis. However, surrender correlated significantly in the negative direction with pathological narcissism on the first occasion, lending some support to the AA theory.

AA suggests that one must surrender in order to maintain sobriety and that the act of surrender helps to restrain self-centeredness by fostering humility, by recognizing that one is limited and cannot control life at will. If this is correct, it is possible that the majority of the study’s participants had surrendered to the degree needed to maintain sobriety. All but two AA participants were successful in not drinking for at least three months, with the mean length of sobriety being almost five years.

A major contribution of this study has been the development and use of a reliable instrument to measure surrender. No empirical study has yet been conducted to test the belief, widely held by AA and many AA-inspired treatment programs, that the act of surrender to a Higher Power is critical to maintaining sobriety. At the present time, the arguments on either side of the question are based solely on clinical observation. Empirical research is needed to help refine our understanding of the mechanisms of change in maintaining abstinence and what strategies work most effectively with various kinds of alcoholics. The availability of an instrument to measure the concept surrender may assist in understanding the process of change that occurs among successfully treated alcoholics.



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