

# Southern Coast BEACON

## Spirituality in Addiction Treatment and Recovery *(A two-part series)*

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### Introduction

There is no doubt that spirituality has become an important topic in today's world. Among the general public a new sense of spiritual freedom, an openness to eastern religions, to new age approaches, to alternative therapies, and to Native American and other spiritualities has added great variety to the spiritual landscape of America (Doubleday, n.d.). Introspection, self-help movements, pursuit of the inner child, and various 12 Step approaches have also had a widespread impact. Surveys reported in the popular news media indicate that nearly 80% of Americans believe in the power of prayer to improve the course of illness (Wallis, 1996). Likewise, health care workers also strongly believe in the power of spirituality and/or religiosity to influence the course of medical and psychological interventions as well as the rate of recuperation from chronic illnesses (Feher & Maley, 1999; Kirkpatrick & McCullough, 1999; Rose, 1999 as cited in Piedmont, 2001).

For many of those who work in the addiction treatment field, the use of spiritual concepts in the treatment of alcohol and drug addiction is seen as the clearest demonstration of the value of spirituality and this construct is seen as the central curative factor in recovery (Borman & Dixon, 1998; Green, Fullilove, & Fullilove, 1998; Warfield & Goldstein, 1996, as cited in Piedmont, 2001). Other research has shown that increased spiritual practices have been associated with improved addiction treatment outcome (Carter, 1998), that spirituality has played a role in maintaining treatment gains (Koski-Jännes & Turner, 1999), and that recovering individuals apparently show more evidence of spirituality than those who relapse (Jarusiewicz, 2000). Although the word 'spirituality' has been used increasingly in the literature of the medical and social sciences, the variations in how this word is defined and measured are highly problematic in making sense of the results.

### Defining Spirituality

Human beings are a composite of essential parts—physical, emotional, social, and spiritual, working interchangeably to comprise balance and



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harmony in the whole person (Fiske, 2002). The term *spirituality* generally refers to the human longing for a sense of meaning and fulfillment through morally satisfying relationships between individuals, families, communities, cultures, and religions. Although often viewed in a religious context, spirituality is not necessarily about being religious. Spirituality is about responding to the deepest questions posed by an individual's existence with a whole heart. *Religion* refers to organized structures that center around particular beliefs, behaviors rituals, ceremonies, and traditions (Canda & Furman, 1999).

During the last five years, several expert committees from the addiction/health fields have grappled with a scientific conception of spirituality (Larson, Swyers, & McCullough, 1998; Miller & Thorensen, 2001; NIAAA, 1999 as cited in Miller, 2003a). Miller (2003a) summarized the findings of these committees into several working assumptions about spirituality:

1. Spirituality is not interchangeable with religion; it is one principle area of concern for religion, but religions also have other non-spiritual goals and purposes.
2. Spirituality is best understood as a characteristic of individuals. It includes the individual's "religion" or religiousness, but is not defined in relation to religion.
3. Spirituality is not a commodity that is present or absent, or one that is possessed in amount.
4. Spirituality is multidimensional and is best understood as comprised of multiple dimensions including: behavior and practices; beliefs; motivations and values; and, subjective experience.
5. Every person can be located somewhere within the multidimensional space of spirituality. The assessment of spirituality has to do with understanding the person's location along the multiple dimensions.

A recent review of the spirituality and substance abuse literature found a diversity of definitions and lack of clarity when referring to spiritual concepts (Cook, 2004). Cook's analysis identified thirteen conceptual components (multiple dimensions) of the definitions and descriptions of spirituality. These were concerned with:

- *Relatedness* - interpersonal relationships\*
- *Transcendence* - recognition of a transcendent dimension to life\*

- *Humanity* - the distinctiveness of humanity
- *Core/force/soul* - the inner 'core', 'force' or 'soul' of a person\*
- *Meaning/purpose* - meaning and purpose in life\*
- *Authenticity/truth* - authenticity and truth
- *Values* - values, importance and worth
- *Non-materiality* - opposition of the spiritual to the material
- *(Non) religiousness* - opposition of spirituality to, or identity with, religion
- *Wholeness* - holistic wellness, wholeness or health
- *Self-knowledge* - self-knowledge and self-actualization
- *Creativity* - creativity of the human agent
- *Consciousness* - consciousness and awareness

\* Most frequently identified conceptual components of definitions and descriptions of spirituality.

### **Research Regarding Spirituality and Religion in Addiction Treatment**

The intricate web of spirituality and its influence on the recovery of individuals impacted by addiction and related issues is a topic of revived interest to researchers and clinicians. Specifically, research is increasingly focused on how issues related to spirituality, religion, and faith are infused in the treatment of addictions and may influence clinical outcomes (Josephson & Wiesner, 2004). According to Dr. Harold Koenig, the co-director of the Center for Spirituality, Theology and Health, from 2000 to 2002 more than 1,000 scholarly articles on the relationship between religion and mental health were published in academic journals as opposed to just 100 from 1980-1982 (Paul, 2005). These studies report that religious people are less depressed, less anxious, and less suicidal than nonreligious people, and that they are better able to cope with traumatic events such as illness, divorce, and bereavement. The studies reveal that the more a believer incorporates religion into daily living - attending services, reading Scripture, praying - the more they report frequency of positive emotions and overall sense of satisfaction with life.

Research to date on addiction supports the notion that spirituality is an important topic to include in addiction treatment (Arnold, Avants, Margolin, & Marcotte, 2002). In a study of 237 recovering substance abusers Pardini and colleagues (2002)

found that higher levels of religious faith and spirituality predicted a more optimistic life orientation, greater perceived social support, higher resilience to stress, and lower levels of anxiety. Many large scale studies have focused on the use of spiritual principles in Alcoholics Anonymous (AA). For example, Miller (1998) found that substance abusers who practice the 12 Steps are more likely to remain abstinent than those treated with other types of non-spiritual therapy, and, in a large study funded by NIAAA (1999), the Fetzer Institute found strong support for the protective nature of spirituality and religion (110 studies); of AA involvement (51 studies); and of spiritual/religious interventions (26 studies). Additionally, Kaskutas, et. al., (2003) found that, although baseline religiosity failed to predict outcomes among treatment seekers, individuals who reported a spiritual awakening as a result of their AA involvement were nearly four times more likely to be abstinent three-years post-treatment than individuals who reported never having had a spiritual awakening.

*“I believe answers to these [existential] questions come from a number of basic assumptions we all carry around with us. Assumptions we may not even be able to verbalize. The first assumption has to do with your image of God: language and belief about this will in large part determine your idea of what it means to be spiritual. A second major assumption has to do with what your image of being human is all about. Usually this comes from your idea about God. Thirdly, ideas about recovery and healing also are dependent on what we believe is the nature of human existence. Most people do not even think about these kinds of questions very often, yet they carry around ideas about these realities and act on them all the time. Fundamentally, ideas about recovery, spirituality, and self-esteem come from your philosophy of life. We all have one even if we haven’t thought it out completely or put it into an elegant philosophical statement. Our behavior speaks loudest about our philosophy of life.”*

— Piedmont, R. L. (2001)

Spirituality has also been cited as an influence on recovery itself. The sense of meaning and purpose in life is often at a low ebb during addiction treatment, but tends to increase during recovery (Tonigan, Miller & Connors, 2001). In its large-scale clinical trial, Project MATCH found that higher baseline scores on the Religious Background and Behavior Scale predicted better drinking outcomes at the one-year follow-up (Connors et al., 2001 as cited in Zemore & Kaskutas, 2004). In another study, Connors et al. (2003) found that higher scores on several measures of spirituality predicted higher rates of abstinence at the six-month

follow-up. Avants, Marcotte, Arnold, Margolin (2003) found that perceived support and comfort from spiritual or religious beliefs positively influence recovery from addiction.

### **Spirituality, Religion and Culture**

Not only do religious traditions and values constitute an integral part of culture, but spiritual experiences and practices have an important place in the psychological reality of many people. (Shulte, Skinner & Claiborn, 2002). Religion and spirituality in many cultural groups are deemed important for the provision of comfort, joy, pleasure, and meaning to life as well as be means to deal with death, suffering, pain, injustice, tragedy, and stressful experiences in the life of an individual or family (Pargament, 1997). For example, in the family/community-centered perception of mental health held by Asians and Hispanics, religious organizations are viewed as an enhancement or substitute when the family is unable to cope or assist with the problem (Comas-Diaz, 1989; Meadows, 1997). For African Americans, prayer has been cited as a primary coping skill used to deal with personal problems, and research suggests that religiosity and spirituality are integral to African American culture, identity, and coping (Constantine, Lewis, Conner, &

Sanchez, 2000). Lastly, Native Americans have long combined spirituality, herbalism, and magic in treating a wide range of physical and emotional ailments--from the common cold to depression.

Increased understanding of the interplay between culture, religion, spirituality and healing practices have emerged in many health care arenas. The American Psychological Association’s (APA’s) (1993) *Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations* recommends that psychologists

respect clients' religious and/or spiritual beliefs and values, including attributions and taboos, since they affect world view, psychosocial functioning, and expressions of distress. Additionally, the Joint Commission on Accreditation of Healthcare Organizations mandates the routine assessment of spiritual needs requiring assessment of how patients use spiritual coping, and how patients' prayer life and religious practices give meaning to their life.

### **Integrating Spiritually and Religiously Based Strategies into Addiction Treatment**

People, for as long as history has been recorded, have found spirituality to be a significant source of healing and a large proportion of people continue to find spirituality, including religious involvement, to be an important source of meaning and sustenance. Miller (2003a) notes that many factors point to spirituality as an antidote to addiction: as a preventive, a treatment, and a path to transformation. "Given the enormous suffering linked to addiction," he urges, "we can scarcely afford to overlook this relatively untapped source of healing."

As the growing body of research indicates, spiritual practices such as prayer, contemplation, yoga, Zen, and transcendental meditation impact physiological processes in the brain (van Wormer & Davis, 2003; Shafer & Greenfield, 2000; Canda & Furman, 1999; O'Connell & Alexander, 1994; Dossey, 1993). Meditation of various kinds has been found to be helpful in health promotion (Martin & Carlson, 1988), and has been applied in the prevention and treatment of addictive behaviors (e.g. Marlatt & Marques, 1977; Aron & Aron, 1980 as cited in Miller, 1998). Cognitive approaches using spiritual content have been demonstrated to be effective with both Muslims (Azhar, Varma & Dharap, 1994) and Christians (Hawkins, Tan & Turk, 1999; Propst, 1996). Undeniably, the 12 Steps of AA are explicitly spiritual in the areas of: gaining awareness of a "higher power" beyond oneself, turning over one's will to and asking for help from the higher power, confessing and making amends for wrongs, practicing prayer and meditation and seeking to conform oneself to the will of the higher power. The field of pastoral counseling also offers strategies for addiction treatment work through this discipline that uses spiritual resources in conjunction with psychotherapeutic counseling methods.

So, why have specific strategies or techniques not been more widely used in addiction counseling? Using counseling techniques with a wider inclusion of spiritual issues involves a willingness to explore one's own attitudes and beliefs. This may be a difficult task for counselors who may feel unprepared both educationally and experientially. To accomplish this task requires a willingness by therapists to self-reflect on the role their own belief systems play in their work, as well as a desire to have a dialogue with clients on spiritual and religious issues.

It is not necessary, however, for addiction counselors to be trained in the specifics of the broad array of spiritual and religious perspectives that may be represented among their clients. Fundamentally, a clinician needs a set of proficiencies that are sensitive not only to culture, but also client spiritual needs:

- A non-judgmental, accepting and empathic relationship with the client.
- An openness and willingness to take time to understand the client's spirituality as it may relate to health-related issues.
- Some familiarity with culturally related values, beliefs, and practices that are common among client populations likely to be served.
- Comfort in asking and talking about spiritual issues with clients.
- A willingness to seek information from appropriate professionals and coordinate care concerning clients' spiritual traditions (Miller, 1999, p.10).

### **Conclusion**

Spirituality cannot be defined simply or reduced to a few brief words or sentences. Spirituality is a quality within a person's life that is personally relevant, and individually interpreted and experienced. Research has shown that treatment of and recovery from addiction is paralleled by spiritual growth. The second part of this Beacon series delves further into how spiritually based perspectives and strategies can be incorporated into addiction treatment.

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## Selected Spirituality Resources

### Books

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<http://128.83.80.200/tattc/spirituality.html>

Duke University Center for Spirituality, Theology and Health  
<http://www.dukespiritualityandhealth.org/research/outside/>

### Project Cork

[http://www.projectcork.org/bibliographies/data/Bibliography\\_Spirituality.html](http://www.projectcork.org/bibliographies/data/Bibliography_Spirituality.html)

### Spirituality and Health

[http://bphc.hrsa.gov/hchirc/pdfs/bibs/17\\_spirituality.pdf](http://bphc.hrsa.gov/hchirc/pdfs/bibs/17_spirituality.pdf)

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