Spirituality and Treatment of Addictive Disorders

HAYLEY R. TRELOAR, MA; MARY ELLA DUBREUIL, RN, LCDP; ROBERT MIRANDA, JR., PhD

ABSTRACT

Spirituality is generally protective against the initiation of alcohol and drug use and progression to disordered use. In addition, mutual-help organizations, such as Alcoholics Anonymous, were founded on spiritual principles, and reliance on a “higher power” is a central component of the 12 steps. Despite this, spirituality is not commonly addressed in formal treatment of addictions. The purpose of this paper is to provide a summary of the role of spirituality in the development and recovery from addictive disorders for health care professionals.

KEYWORDS: spirituality, addictive disorders, treatment

INTRODUCTION

It would be difficult to work in the field of addictions’ treatment for any length of time without considering the potential importance of spirituality to people in recovery. In mutual-help recovery organizations such as Alcoholics Anonymous, six of the 12 steps mention God or a “power greater than ourselves,” and the majority of existing longitudinal research suggests that 12-step programs function, at least in part, by facilitating spiritual growth. Empirical evidence in support of a general protective role of spirituality for the development of and recovery from substance use disorders suggests that increased attention to spiritual factors in formal substance use treatment is warranted as well. This evidence is described in detail elsewhere, and a thorough literature review is beyond the scope of this paper. The purpose of the present review is to supply a broad overview that may serve as a resource for health care professionals interested in the role of spirituality in addiction treatment.

Evidence for and Against the Importance of Spirituality

The inverse association of spirituality and substance dependence is one of the most well-documented protective relationships in the literature, on the same level as [lack of] family history and the availability of social support. What’s more, a growing body of evidence suggests that spirituality is a major component of change for the addicted individual. Several longitudinal studies have found that spirituality variables significantly mediated the association of 12-step participation and drinking outcomes. However, support for this mediated effect is inconsistent across studies and populations.

How Might Issues of Spirituality Arise in Formal Treatment: A Local Example

In spiritual-issues groups held weekly on both an inpatient detoxification unit and an addictions rehabilitation program at Butler Hospital in Providence, RI, themes of lost meaning/purpose and renouncement of core values consistently emerge. Members often describe a loss of connection with themselves, significant others, and with “something greater.” In describing this disconnect, the person may place her hand over her heart and say, “There is an empty hole here,” or talk about being “alone in a crowd of people.” Most have expressed feelings of guilt and profound shame. Some say openly that they have lost their spiritual direction. Whether the person seeking help defines it as a big hole, a sense of purposelessness, or a feeling of disconnectedness, he or she may be touching on the question of spirituality.

Although a universally accepted definition of spirituality is unlikely, spirituality may be operationally defined as connectedness with self, others, and a broader perspective to facilitate a discussion of the integration of spirituality into the recovery process. It has been suggested that addiction disrupts spiritual growth by moving the addicted individual away from the core of their being, offering an instantaneous and reliable distraction from unsettling questions of purpose. Addiction has been described as a “progressive disease.” Miller and Bogenschutz suggest that addiction “progressively displaces previous priorities, relationships, and values, and becomes the central concern of a person’s life.” In sum, the drug[s] of choice offers a means of avoiding being present, an escape, and in doing so brings addicted individuals out of touch with their selves, others, and a larger perspective.

What Do the Experts Say?

Key individuals responsible for the formation of the current “standard-practice” addiction treatments have also noted the connection between addictive and spirituality processes. Bill W., co-founder of Alcoholics Anonymous, wrote “…we [those with addictions] have been not only mentally and physically ill, we have been spiritually sick. When the spiritual malady is overcome, we straighten out mentally and physically.” Carl Jung, world-renowned psychiatrist and
psychotherapist, wrote a letter to Bill W. in which he explained the relation of spirits [alcohol] and spirituality. He wrote, “You see, ‘alcohol’ in Latin is *spiritus*, and you use the same word for the highest religious experience as well as for the most depraving poison. The helpful formula therefore is: *spiritus contra spiritum.*” In other words, spirituality and addiction are in conflict, one displaces the other. A common and long-lived definition of *spirituality* is “our ability, through our attitudes and actions, to relate to others, to ourselves, and to God as we understand Him.” Recently, *addiction* has been oppositely defined as “a setting apart from one’s self, others, and the world.”

William Miller, co-founder of Motivational Interviewing, has written several reviews of the relation of spirituality and addictive behaviors yet continues to describe the link between spirituality and addictions as “mysterious.” Several factors may contribute to the “mysterious” relationship of spirituality and addiction. To start, spirituality is a multifaceted, latent construct, such as health or love, which cannot be directly observed. Like other intangible constructs, spirituality is difficult to define. Moreover, the very nature of spirituality could be seen by some as a personal experience that should not be universally defined, a notion that does not bode well for empirical study. However, it is unclear why the construct of spirituality should not be studied with the same rigor as any other intangible construct, and the argument that spirituality is outside the realm of scientific integrity is inconsistent with new research developments.

**A Multidimensional Approach**

Miller and Thoresen purport that spirituality is not a trait that is either present or absent—that is to say, people cannot be lumped into categories of “spiritual” or “not spiritual.” They also suggest that defining spirituality as something one has more or less of (i.e., a one-dimensional approach) is also shortsighted. Cook searched MEDLINE and PsycINFO databases for papers on spirituality and addiction, finding 3231 papers with spirituality as a keyword and 265 papers with both addiction and spirituality as keywords. A total of 13 dimensions of spirituality were identified based on these results, viz.: relatedness, transcendence, humanity, core/force/soul, meaning/purpose, authenticity/truth, values, non-materiality, [non]-religiousness, wholeness, self-knowledge, creativity, and consciousness. Of these, relatedness and transcendence were the most often cited in relation to substance dependence. More and more, researchers are beginning to differentiate between spirituality/religiousness dimensions, utilize longitudinal datasets, and develop multi-dimensional measures with evidence of psychometric validity rather than single, one-note questions about spirituality/religiousness. Additionally, dimensions of spirituality are beginning to be studied as focal variables rather than included only in post-hoc, exploratory analyses.

**Barriers to Including Spiritual Components in Formal Addiction Treatment**

Aside from research on 12-step programs, scientific studies of spiritually-focused interventions (and such interventions themselves) are rare. A lack of research support for spirituality as an “active ingredient” in formal treatment is problematic, as insurance companies now require that treatments be empirically supported. Personal beliefs or biases of clinicians and researchers may be a barrier to including spiritual components in addictions treatment. DiClemente, co-developer of the Transtheoretical Model of behavior change, suggests, “Science, especially the science of psychology and psychiatry, has had a difficult time exploring and understanding the role that spirituality and religion play in addiction and recovery.” Among the general U.S. population, 9 of 10 Americans believe in God or a universal spirit, and only 6% do not believe in either. In contrast, Western academics and clinicians are consistently less spiritual/religious than the populations they serve, and as such, they may regard spiritual beliefs as unscientific or experience discomfort in addressing spiritual issues.

Resistance on the part of the client may also interfere with including spiritual components in treatment or the client’s ability to benefit from the social aspects of mutual-help programs. There seems to be an increased negative connotation of religiosity and an increased emphasis (at least in Western culture) on distinguishing spirituality from religiosity, as evidenced by self-identification as “spiritual but not religious.” Religion is largely a social phenomenon, an organized structure involving mutual acceptance of doctrinal beliefs, social norms and interaction with like-minded others, and adherence to a religion involves certain observable behaviors, such as denominational affiliation and attendance at religious services.

Conceivably, some aspects of religiosity may be antithetical to spirituality, and some spiritual teachings warn against this. Many recovering individuals have difficulty with the idea of “God” or have a great deal of anger toward that which they define as God. Sometimes, those with addictions describe being brought up with the notion of a punitive God, which may be harmful as those who have engaged in addictive behaviors are already filled with self-loathing and shame. Even among 12-step programs, which have been spiritual in focus since their founding, there is a divide about the role of spirituality in addiction recovery. Between two competing schools of thought, Rational Recovery argues that AA’s spirituality component should be excluded from the recovery program where the antithetical view of Celebrate Recovery movement, led by Rick Warren, author of *The Purpose Driven Life*, rallies for a faith-based approach and cautions against a watered-down or vague definition of the Christian God.
Spiritual Competence

Unlike spiritual diversity, considerable attention has been paid to the importance of considering cultural diversity in research and treatment. Health care professionals are encouraged to develop their multicultural competence, and this is viewed as an active and ongoing process, an ideal to continually aspire to rather than a goal to be achieved. In the same way that multicultural competence can increase the ability of health care providers to work effectively with culturally diverse populations, spiritual competence among health care providers may enhance their effectiveness when working with individuals struggling with addictions. Effective interventions such as Motivational Interviewing and Acceptance and Commitment Therapy acknowledge the importance of the provider’s ability to allow a creation of an open, non-judgmental and compassionate environment. When working in the area of addiction treatment, spiritual competence may increase the ability of the provider to help the client to discover or rediscover their own purpose and core values, explore the negative consequences of the addictive behavior on these values, and to develop behaviors that support the identified core values. If the provider has not considered his or her own spiritual competence, or moreover, holds the view that spiritual competence is not important for treatment, he or she may be less able to recognize or attend to the client’s needs or perspectives.

References


Authors

Hayley R. Treloar, MA, is a Psychology Resident at the Alpert Medical School of Brown University.
Mary Ella Dubreuil, RN, LCDP, is the Director of Alcohol and Drug Treatment Services at Butler Hospital.
Robert Miranda, Jr., PhD, is an Associate Professor in the Department of Psychiatry & Human Behavior at the Alpert Medical School of Brown University.

Correspondence

Hayley R. Treloar
Box G-S121-5, Providence RI 02912
hayley_treloar@brown.edu

Additional information

Robert Miranda, Jr., is a Professor of Psychiatry and Behavioral Sciences at the Alpert Medical School of Brown University.