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“A Vital Christian Presence in Social Work”

**DIVINE INTERVENTION:
INTEGRATING SPIRITUALITY INTO ADDICTION SERVICES**

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Abstract

The ravages of alcoholism and drug addictions continue to take greater and greater tolls on society today (Anderson, 1999). Substance abuse treatment centers continue to be our most promising means for the remediation of this problem (Sindelar & Fiellin, 2001). Yet, the effectiveness of addiction programming continues to be under great scrutiny which may be due to lack of utilization of an empirically founded recovery tool. Spirituality is one of the essential foundations for the remediation of an addictive disorder, yet many treatment facilities ignore addressing this human dimension (DiLorenzo, Johnson, Bussey, 2001). This essay explores some reasons for this avoidance by addiction professional, counterbalancing them with the multiple benefits in incorporating spirituality into traditional substance abuse treatment.

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Introduction

Substance use in the United States claims close to 600,000 lives per year, including approximately 125,000 from alcohol use, and 10,000 from heroin and cocaine use (Doweiko, 2006). About one-half of all violence is drug-related (Goldstein, 1998). Up to 88% of homicide offenders were under the influence of alcohol at the time of their offense, as were 37% of assault offenders, 60% of sexual offenders and 13% of child abusers (United States Department of Health and Human Services, 1997).

The National Clearinghouse for Alcohol and Drug Information (1995) estimates that 32 million Americans are binge drinkers, and 11 million are heavy drinkers. Hence, the Office of National Drug Control Policy (1998) places the health and social cost of drug use at 67 billion dollars annually. Nearly a half million Americans die each year from tobacco, alcohol, and illegal drugs (Goldberg, 2003). Likewise, mental health

professionals can expect around half of their clientele's issues will stem from alcohol or drug abuse (Drake & Meuser, 1996).

The ravages of alcohol and drug problems has continued to take larger tolls on society, yet the effectiveness of chemical dependency treatment continues to be under question (Anderson, 1999). Sindelar and Fiellin (2001) point to addiction treatment centers being plagued by poor retention and high relapse. Furthermore, the effectiveness for treatment center today stands at about 20% (Anderson, 1999).

Yet, even given the aforementioned statistics, substance abuse treatment centers continue to be the most powerful means in assisting those afflicted with the disease of addiction in making life long changes (Sindelar & Fiellin, 2001). The most comprehensive and earliest studies exploring the full range of treatment modalities available at the time, the Drug Abuse Reporting Program (DARP), showed that illicit drug use progressively declined in the first five years after treatment, with more than one-third in recovery, and then stabilized (Flynn, Joe, Broome, Simpson, & Broom, 2003).

For the alcoholic and addict substance use culminates in intense feelings of alienation, helplessness, loneliness, and lack of purpose in life. Moral values are compromised in the erratic acting out of addictive behaviors, urges, cognitions, and motivations (Rotgers, Morgenstern and Walters, 2003).

Alcoholism and drug dependence results in complex interactions of biological, psychological, cultural, and spiritual factors. Yet, the most utilized treatment modalities to date are psychosocial in nature (Khantzian & Mack, 1994). Spirituality is perhaps the most ignored and least tested dimension in addiction recovery (Goldfarb, Galanter, McDowell, Lifshutz, & Dermatis, H., 1996).

However, there have been some solid empirical findings pointing to the usefulness of spirituality. Flynn and colleagues (2003) discovered strength from religion and spirituality as a major factor contributing to long-term recovery in cocaine dependent individuals. Moreover, 95% of Americans believe in God (Califano, 2001).

Since the 1990's the Joint Commission of Accreditation of Hospitals Organizations (JCAHO) has recognized the central role spirituality plays in the addictive diseases and in their recovery. The commission has mandated each intake assessment for chemical dependency include a spiritual assessment (Wesa & Culliton, 2004). Yet, this mandatory one question concerning the client's spiritual and religious history is often the only time spirituality is addressed during the treatment process.

Alcohol and drug use has been intertwined with spirituality and religion throughout history (Miller, 2005). For centuries, Native Americans have used peyote (comparative to marijuana) during their religious ceremonies (Goldberg, 2003). Cocaine and psychedelics have also been claimed as a means to connect persons with the spiritual world (Tracy & Acker, 2004). Yes, the use of psychoactive agents has been proscribed in some religious traditions, and prescribed in others (Miller, 2001). And so has the treatment of addictive disorders.

The profession of addictions treatment is the only discipline in the helping profession that was developed outside of the university setting (Mathews, 1998). It finds its roots in the 1931 Judeo-Christian movement when Ebby introduced his friend Bill Wilson to the Oxford Group. It was from this meeting that the influential Twelve Steps of Alcoholics Anonymous (AA) came to light (Moyer, 1994). AA has grown to an

estimated 1,000,000 members and continues to be the chosen treatment modality (Pardini, Plante, Sherman, & Stump, 2000).

AA was the first to view alcoholism as a three-fold disease, one of the body, the mind, and the soul (Morgan, 1999). One of Bill W's confidants, Reverend John C. Ford spoke of the progressive nature of substance abuse. He expressed that the use of alcohol to escape pain depletes the individual of their personal virtues and character. The individual becomes increasingly more self-centered, "spiritually bankrupt", and "at odds with God, his own conscience" until finally depriving himself of any self-respect (Ford, 1961, p. 110).

AA then has spirituality at the core of its program. Seven of the twelve steps refer to a Higher Power or a spiritual awakening (Morjaria & Orford, 2002). Ortiz and Smith (1999) point out that spirituality is a force that needs to be understood, enhanced, and utilized because it is quintessentially starting where the client is. The original founders of AA understood this, yet our substance rehabilitation centers today continue to fall short in exploring spiritual and/or religious issues with their clients. If Alcoholics Anonymous, the oldest and most established alcohol recovery program to date, recognize the importance of spirituality in delivering persons from the clutches of alcohol then why haven't substance abuse counselors (White & Mandara, 1998)?

Definition of Spirituality

Many counselors are hesitant to explore spirituality due to the confusion between religion (or religiosity) and spirituality (Bullis, 1996). The Latin root of spirituality is *spiritus*, meaning breath (Cook, 2005). As early as the fifth century, the word *spiritualitas* was used with explicitly Christian reference to the influence of God, the Holy

Spirit, in human lives. By the twelfth century, the word had come to refer to what one might call the psychological aspect of human experience, in contrast to the material or corporeal. And by the fifteenth and sixteenth centuries spirituality was found to refer to ecclesiastical people, properties or revenues (Wulff, 1997). Widespread usage of spirituality in multiple languages came about in the twentieth century, in relation to all religious traditions and unrelated to any religious traditions (Cook, 2004). However, in the last quarter the word spirituality has been used increasingly in the literature of the medical and social sciences.

Asher (2001) depicts spirituality as a feeling or experience of unity or closeness with whatever one regards as eternal and transcendent. Religion then may be understood sociologically as a formal set of beliefs, doctrines, laws, practices, rituals, and assignment of authority, which are linked to an explanation of the creation and governance of the universe.

What constitutes our spirit is our ability to contemplate the purpose of our existence, to delay our gratification, to plan ways to better ourselves, and to consider long-term consequences of our actions (Twerski, 1997). It is the spirit that enhances the individual's capacity to make moral decisions (DiLorenzo, Johnson, & Bussey, 2001). An individual's spirituality may or may not include organized religion (Straussner, 2004).

Religiosity pertains to attendance at formal rites, whereas spirituality pertains to the belief in higher powers, which may or may not involve a deity (Craig, 2004).

Spirituality is a multidimensional complex human dimension (Larson, 2002). It can be viewed in relation to character, virtue, and one's responsible relationship to the self, to others, and to the world of God's creation (Morgan, 1999).

Zinnauber and Pargament (2000) distinguish religion as encompassing the search for many sacred and nonsacred object of significance. Where spirituality focuses specifically and directly on the search for the sacred or concepts of God, the divine and practices connecting people to the transcendent. Religion is a social phenomenon, whereas spirituality is an individual one (Miller, 1998).

Religion is an organized structure with many purposes, one being the spiritual development of its members (Kurtz & Ketchum, 1992). Therefore, one may be an intensely spiritual person yet not ascribe to any religion (Sherman & Fischer, 2002). Conversely, religion can be defined as encompassing spirituality (Tan & Dong, 2001). Religion is defined by its boundaries, particularly its beliefs, practice, forms of governance and rituals. Whereas spirituality defies customary conceptual boundaries by its focus on the transcendent, making it more difficult to delimit (Kurtz & Ketchem, 1992).

However defined, most agree that spirituality includes a dimension of experience common to all humanity, aspects of experience, and belief which we share with others. These aspects of experience and beliefs are unique to the individual (Swinton, 2001). Spirituality can thus, at one and the same time, be concerned with its uniqueness to the individual and the commonality to all humanity. Likewise, it may be shared by particular social groups and traditions such as Alcoholics Anonymous or Christianity (Cook, 2005).

Benefits of Integration into Treatment

Many have suggested that substance dependencies are spiritual illnesses, a condition resulting from a spiritual void in one's life or from a search for connectedness (Miller, 1998). For those suffering with the disease of addiction, drugs and alcohol

becomes their counterfeit god (Ringwald, 2003). Therefore, alcoholics and those addicted to other drugs may be unconsciously seeking to fulfill their spiritual needs with alcohol or other drugs (Royce, 2001).

For the chemically dependent individual, merely ceasing substance use does not provide enough protection to withstand future temptations of alcohol or other drugs (VanWormer & Davis, 2003). Recovering from the clutches of the disease of addiction occurs through a dramatic change in how one thinks and feels about themselves, others and the world in general (Zemore & Kaskutas, 2000). This sort of transformation occurs with the assistance of others and a Higher Power.

Although the spiritual life of an alcoholic or other chemically dependent recovering person has been generally neglected by researchers in their attempts to understand the recovery process, a link has been identified between spirituality and both positive life orientation and level of social support among recovering individuals (Pardini, Plante, Sherman, & Stump, 2000). Likewise, empirical evidence can be found in other disciplines.

Psychologists in a self-reported study stated that 60% of their clients often use religious or spiritual language to describe their personal experiences (Shafranske & Molony, 1990). A substantial proportion of health care patients prefer their physicians to address spiritual and religious concerns with them and even pray with them (Princeton Religion Research Center, 1996). Furthermore, individuals diagnosed with both substance abuse and mental illness placed much greater importance on spiritual factor in counseling than do their health care providers (McDowell, Galanter, Goldfarb, &

Lifshuts, 1996). These findings support the notion that spirituality is a desired counseling issue.

Spirituality and spiritual practices have been found to enhance person's overall mental health in areas such as satisfaction with life, feelings of depression, and length of hospital stays (Baetz, Larson, Marcoux, Bowen & Griffin, 2002). Furthermore, Miller (1998) finds spirituality to be a protective factor against chemical dependency through promotion of pro-social values of leading a substance-free life, providing supports for abstinence, and occupying time.

Leading a spiritual lifestyle has been guessed to be a key to recovery, because it provides individuals with an effective means of dealing with stressful life events and buffers against negative emotions (Warfeld & Goldstein, 1996). This is an extremely important fact because alcoholics are placed in a high-risk group for suicide. In fact, 18% who do not seek treatment will eventually commit suicide, and 25% of those who commit suicide each year are alcohol dependent (Harwitz & Ravizza, 2000).

More than a dozen studies have concluded that chemical abuse is associated with a lack of sense of meaning in life, relative to normal samples (Miller, 2001). Therefore, another benefit of spiritual teachings is in serving as a means of obtaining a deeper sense of life purpose by engaging in spiritual practices (Carroll, 1993). This purpose in life could possibly be linked to the reprioritizing of values that Brown and Peterson (1990) found in those individuals who successfully completed substance abuse treatment.

Spirituality has been found to reduce stress in both the present and worries about the future (Jarusiewicz, 2000). Perhaps this is because it offers a way through and out of suffering. Plus even more important, spiritual beliefs and practices add richness,

dimension, and depth to living that so many addicted persons are lacking (Whitfield, 1985).

Another area those inflicted with addictions suffer is in their sense of hopelessness. Hope can be defined as the palpable feeling that goodness is going to emerge in the world, the uplifting, even joyful experience of anticipating things to come (Asher, 2001). Hopefulness then is a matter of affect or a feeling rather than cognition. The belief that a loving Higher Power is in control and has one's best interest at heart creates feelings of hope that life will get better.

This ability to experience faith and hope is a large part of fulfillment and contentment (Kahle & Robbins, 2004). Persons abusing substances face multiple losses and disappointments. They must deal with grief and failure. Common sense, supported by empirical and clinical findings, shows that those who have the faith and hope are better able to deal with life's difficulties (Asher, 2001).

One of these difficulties is the guilt and shame most individuals entering recovery face. The alcoholic and addict seems to hurt all who are close to the, spouses, children, parents, friends and even themselves. Recovering individuals often carry a heavy load of guilty feelings explaining the desire for reconciliation and renewal in relationships (VanWormer & Davis, 2003). However, mended relationships are not possible without forgiveness. Therefore, forgiveness is an integral component on the road to recovery. Forgiveness is the intentional replacement of anger and resentment with love and compassion (Derezotes, 2006). To forgive one must intentionally let go of anger and resentment; spirituality provides a means for this process.

Along with forgiveness, prayer and meditation have also been shown to have positive effects on increasing one's physical and mental health (Murray-Swank & Pargament, 2005). Likewise, regular meditation has long been associated with lower levels of substance use and related problems. One small controlled trial of meditation to treat addiction showed significant reduction in alcohol use among heavy-drinking college students relative to an untrained control group (Miller, 2003).

From a spiritual perspective, chemically dependent individuals live their lives deeply disconnected from who they are (VanWormer & Davis, 2003). Addiction causes people to lose intimacy with their body, mind, heart, and soul. Therefore, the person no longer has a relationship with all or maybe with any of their parts. Spiritual practices are healing practices because they help one to become whole beings again. Spirituality assists in reconnecting the body, mind, heart, and soul. This therapeutic work ultimately leads to increased awareness of love for and care of oneself (Derezotes, 2006).

Client's beliefs and sources of spirituality are important to personal growth (Straussner, 2004). Many recovering individuals proclaim a life-altering spiritual transformation during their recovery process leading to sustained abstinence (VanWormer & Davis, 2003). Persons in recovery describe this new spirituality as providing them with a source of energy and sustenance that enables them to "live life on life's terms" and offer a constant source of comfort and reassurance in their daily life (Lesley, Fullilove, & Fullilove, 1998, p.330).

Another misconception creating apprehension in utilizing spirituality in the helping process involves the ideology that specific religions exclude many who need help (Morell, 1996). On the contrary, empirical research has demonstrated that many people

turn to their spirituality for support and guidance in times of stress. In fact, among many groups spirituality appears to be one of the most commonly used methods of coping (Pargament, Murray-Swank, & Tarakeshwar, 2005).

Moreover, there is growing consensus among providers concerned with culturally competent practice that spirituality is an important strength among many ethnic populations (Ringwald, 2002). Oppressed and exploited people of all racial and ethnic backgrounds use drugs and alcohol as a temporary, illusory escape from economic pressures (Martin & Martin, 2002). Schiele (2000) believes that to be fully successful in working with substance abusing minorities one must see the totality of their clients as a spiritual, divinely inspired part of the cosmic whole with the potential to tap into the creator's power, sagacity, and creative genius.

It has been said that there may be inseparability between culture and religion (Kahle & Robbins, 2004). In the African American culture, the church has served as the most important institution (McNeece & DiNitto, 2005). Boyd-Franklin (1989) suggests that if a therapist does not understand that some African-American clients frame concerns in spiritual terms, a value clash may result with the clients terminating services. Spirituality provides a central organizing framework for how African Americans see themselves and the importance of connections to others (Brome, Owens, Allen, & Vevaine, 2000).

Several studies have documented the importance of spirituality and religion in the everyday life of many African Americans, Mexican Americans, and Native Americans as a way of managing stress and negative events as well as supporting feelings of self-worth and personal control (VanWormer & Davis, 2003). Brome and her colleagues (2000)

examined the relationship between spirituality and African American women in recovery from substance abuse, finding the women who expressed a high level of spirituality had a more positive self-concept, a more active coping style, more positive attitudes toward parenting, more positive relationships with others, and an empowering coping stance.

Spirituality is often mentioned as a dominant Native American value. This is manifested in the recognition of the spirit and connectedness in all living things. As well as, in the responsibility the Creator gave to the Native people to preserve Mother Earth (Lowery, 1998).

As with other oppressed populations, therapists who have worked with gay, lesbian, or bisexual clients know that it is essentially inevitable that a conversation will arise about God or the influence that religion has had on their lives (Kahle & Robbins, 2004). In fact, clinicians need to have an understanding of the various struggles that homosexuals are confronted with as they incorporate their sexual identity and orientation within the existing context of a spiritual and/or religious identity (Buchanan, Dzelme, Harris, & Hecker, 2001).

It appears that spirituality can be thought of as the cornerstone of hope for many in the marginalized population, enabling them to survive horrendous adversity (Wright, 2001). Therefore, it needs to be incorporated into the helping process.

Fears of Integration

Despite the empirically proven benefits of utilizing spirituality as a therapeutic recovery tool, considerable resistance and fear can be observed among treatment staff (Carroll, McGinley, & Mack, 2000). One of the greatest fears is the possibility of crossing an ethical boundary and imposing ones beliefs on the client. Yet, addiction

counselors are ethically held to provide effective interventions bringing about changes that will assist their consumers in leading happy healthy lives. In fact, avoiding a discussion of spirituality in counseling based on a fear of imposing one's values is a value imposition (Kahle & Robbins, 2004). Once the subject is inferred, an ethical clinician respects its exploration.

The question of whether or not a therapist is acting in an ethical manner during a counseling interaction should be reserved for the manner in which the topic is being addressed, rather than exclusively for the topic itself (Kahle & Robbins, 2004). In other words, whether a particular conversation is ethical are more contexts dependent than content dependent. Understanding this concept simply suggests that therapists apply the same ethical standards toward the issues of spirituality that they do toward other issues.

Being that the practitioner guides the therapeutic process, if they do not raise issues surrounding spirituality then clients might assume that such matters are to be excluded or are not appropriate for the counseling setting (Corey, Corey, & Callanan, 2003). VanWormer and Davis (2003) proclaim that it is the addiction counselor's responsibility to help clients in their search for spiritual truth. However, this does not mean that spirituality should be addressed in every single session. Spirituality needs to be a component, along with other interventions, of effective holistic addiction treatment.

Chemical dependency counselors are active participants in the counseling process, and treating the whole person means exploring areas of spirituality. The quality of the therapeutic alliance has emerged as a consistent and comparatively robust predictor of positive outcome across psychotherapies of different types and with diverse clinical sample (Horvath & Luborsky, 1993). The ability of the counselor to form a helping

relationship is much more significant than either a practice of a certain technique or characteristics of the client (Derezotes, 2006). Therefore, the counselor and their use of self is the therapeutic tool.

Yet discrepancy between the importance's of spirituality has been well documented. Dekker (1996) discovered that the medical students responsible for treating substance abuse were significantly less spiritually and religiously oriented than the patients they treat. Likewise, these students did not see spirituality as an important component of care. These differences in importance of spiritual issues is most likely due to the under-representation of religious beliefs and values among mental health professionals in general (Shafranske, 1996).

Obstacles of inclusion of the spiritual may also revolve around the insurance industry and other third party payers. Facilities may feel pressure to maintain politically and legally correct separation of church and state (Carroll, McGinley, & Mack, 2000). Quality assurance programs have been designed to ensure that programs charging money for addiction treatment services were identifying and resolving problems related to quality of care. Monitoring, however, has focused more on the presence and regular utilization of structures than on whether or not programs are resulting in improved treatment outcomes (White & Madara, 1998). Therefore, counselors feel pressure to produce measurable goals that fit neatly into the medical model. And it has not been until recently that spirituality has been seen in measurable terms (Schindler & Johnson, 1991).

Staff reservations may also be due to a belief that spirituality is not a proper topic of scientific inquiry (Carroll, McGinley, & Mack, 2000). Indeed it has been argued that

it is not possible to scientifically quantify such concepts as God and spirituality (Johnson, 1993). However, there are large and well-developed psychometric instruments that measure spiritual and religious constructs (Richards & Bergin, 1997). Such constructs include overt behavior, such as spiritual practices; beliefs, as regards a deity, interrelatedness of living beings, and life beyond material existence etc.; and experience, like the mystical and convictional experiences, serenity, and oneness (Miller, 2001). Therefore, the fact that measurement of spiritual constructs has been rare in addiction research, it is not for lack of reliable instrumentation.

Educational preparation further adds to the apprehension in utilizing spirituality in the helping process being that clinicians have little training in dealing with spiritual and religious issues (Gallagher, 1993). Therefore, counselors feel uneasy and out of their comfort zone in discussing the transcendent. Many addiction counselors feel they are not skilled enough to do spiritual work (Derezotes, 2006). But exploring spiritual issues with clients is not that different from exploring other issues. The counselor asks and guides; they do not have to know the answers.

Some counselors may fear offending their clients. Yet, Rose and colleagues (2001) found that psychotherapy patients believed spirituality to be a valid issue in counseling and most preferred to discuss their spiritual or religious concerns with their counselor. However, these patients reported apprehension in bringing their spiritual issues up because they were unsure of their therapist response. Likewise, D'Souza (2002) discovered that 86% of clients reported a desire to discuss spiritual and religious issues in counseling and 69% felt spiritual concerns should be a part of their treatment plan.

Conclusion

The overall benefits of spirituality have recently found greater presence in the literature (McLaughlin, 2004). However, studies regarding spirituality in the field of addiction are under represented. Of over 3,000 papers identified on the PsycINFO database alone, less than 200 were concerned with addiction (Cook, 2005). Spirituality is one of the essential foundations for the remediation of an addictive disease, yet many treatment programs steer clear of addressing this human dimension (DiLorenzo, Jongson, & Bussey, 2001). However, their fears of crossing ethical boundaries, dwindling of third party pay, feelings of inadequacy due to lack of training, amongst others, are unfounded.

In fact, not addressing the spiritual concerns of their patients or withholding empirically based treatment modalities could be seen as unethical. Value laden issues are often interwoven into the counseling process and those of the spiritual nature should not be alienated (Kahle & Robbins, 2004). Likewise, the culturally competent addictions counselor needs to recognize the significance spirituality plays in the lives of their minority clients (VanWormer & Davis, 2003).

Even given the sketchy outlook regarding chemical dependency treatment centers, they continue to be the most powerful means in assisting those inflicted with the disease of addiction (Sindelar & Fiellin, 2001). In a study of individuals in outpatient programs, researchers found that recovering individuals had a significant increase in spirituality, regardless of their participation in twelve-step programs (Borman & Dixon, 1998). This finding supports the importance of addressing spirituality openly in treatment.

Alcoholics Anonymous and other twelve-step programs perceive chemical dependency as a three fold disease affecting the body, mind, and soul (Morgan, 1999).

Therefore, AA is based on transforming the person through spiritual teachings of the twelve-steps (Miller, 2001). AA and other twelve-step programs are still considered one of most effective means for the remediation of addictive disorders (White & Madara, 1998). And so the call is not to abandon the referral to these spiritually based programs, but for professional addiction counselors to learn from their self-help counterparts.

The problem does not lay in the facilities themselves or the counselors dedicated to helping, but in the content of their programming. Spirituality is one of the essential foundations for the remediation of an addictive disorder and the time has come for its recognition and utilization within the treatment community (Dilorenzo, Johnson, & Bussey, 2001).

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This compelling casebook integrates critical incidents, spirituality, and counseling with diverse populations dealing with issues across the life development continuum. It offers counselor educators, students, and clinicians a highly useful educational tool for more effective teaching and practice that will foster lively discussion, case conceptualization, and intervention skills. Using an applied format, the book is organized in seven sections: life span issues, spirituality and wellness, specific disorders, substance abuse, career, diverse populations, and spiritual interventions. More than