

Addiction, Sobriety And Spirituality: What Are The Links?

Anthony G. Foster

Florida Atlantic University

## Introduction

Since before the advent of Alcoholics Anonymous spirituality, religiosity, or some belief in a higher power has been thought to be one of the driving forces in someone attaining and maintaining sobriety from alcohol and/or drugs (Steiker & Pape, 2008 and Cheever, 2004). This study aims to shed light on the relationship between addiction, sobriety, and spirituality. Does spirituality play a major role in one's ability to stay clean and sober? If so, what role does it play? How important is spirituality to maintain one's sobriety? What continuing effect does spirituality have on someone with a significant amount of time in recovery? And, what seems to be the never before asked question, does a lack of spirituality or a higher power lead to alcohol and drug abuse?

## Problem

Alcohol contributes to nearly 80,000 deaths annually (Center for Disease Control and Prevention (CDC), 2008), making it the third leading cause of preventable mortality in the United States after tobacco and diet/activity patterns (Mokdad, Marks, Stroup, & Gerberdin, 2004). In 2005 there were more than 1.6 million hospitalizations related to alcohol (Chen & Yi, 2007). Alcohol dependence and alcohol abuse cost the United States an estimated \$220 billion in 2005 in healthcare and lost productivity. This dollar amount was more than the cost associated with cancer (\$196 billion) and obesity (\$133 billion) (Treatment-Centers.net, 2011). Approximately 14 million people in the United States, or 7.4 percent of the population, meet the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), criteria for alcohol abuse or alcoholism (American Psychiatric Association, 2000). Throughout the world, alcoholism accounts for 4% of the "global disease burden" (World Health Organization, 2002).

In 2006, approximately 20.4 million people over the age of twelve were current users of an illicit drug, including marijuana, cocaine, heroin, hallucinogens, inhalants, and prescription-type psychotherapeutic drugs that were used non-medically. That amounts to 8.3% of the population (Substance Abuse and Mental Health Services Administration (SAMHSA), 2007). Additionally, in 2009 nearly 4.6 million emergency room visits were concerning the misuse or abuse of drugs, adverse reactions to drugs, or other drug-related consequences (Owens, Mutter, & Stocks, 2010; McCaig & Burt, 2005). Further, in the year 2000 approximately 17,000 deaths were attributed to the use of illicit drugs (Mokdad, et al, 2004). Finally, besides health and mortality issues, substance abuse is a tremendous drain on the economy. According to the National Institute on Drug Abuse, substance abuse and its related problems, including health, legal, and loss of productivity, cost the United States over \$484 billion per year (NIDA, n.d.).

While a great deal of research has been conducted on addiction, much less work has been done on recovery. Furthermore, there has been some research into what commonalities exist in long-term recovering people, but very little written about the individual characteristics of a recovering person and which of those characteristics are most important in someone staying clean and sober. Some researchers have isolated the effects of spirituality on sobriety through their studies aimed at finding the most common trait in a long-term sober person (Leigh, Bowen, & Marlatt, 2005; Warfield & Goldstein, 1996; and, Chapman, 1996) This paper attempts to analyze one common characteristic, spirituality; what role it plays in the recovery of the alcoholic and/or drug addict, and conversely, whether the lack of it is a leading root cause of alcoholism?

### Definitions

Addiction, drug or alcohol – Repeated use of a psychoactive substance or substances, to the extent that the user, or addict, is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means. Tolerance is prominent and a withdrawal syndrome frequently occurs when substance use is interrupted (World Health Organization (WHO), 1994). Addiction is often chronic with relapse always a possibility, even after years of sobriety or abstinence. There are various areas that can be affected by addiction, but for this study it will relate to alcohol and/or drugs.

Alcoholism – E. M. Jellinek, a physiologist and researcher, who consulted with the World Health Organization and the American Medical Association in the establishment of alcoholism as a disease, defines it as “the use of any alcoholic beverages that causes any damage to the individual, society, or both” (Jellinek, 1960). In 1992, to establish a more precise and current definition of the term *alcoholism*, a 23-member multidisciplinary committee of the National Council on Alcoholism and Drug Dependence and the American Society of Addiction Medicine conducted a two year study of the definition of alcoholism. The goal of the committee was to create a revised definition that is scientifically valid, clinically useful, and understandable to the general public. Therefore, the committee agreed to define alcoholism as 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, especially the phenomenon of denial. The symptoms may be continuous or periodic (Morse & Flavin, 1992).

Spirituality – There are many definitions for spirituality. One that encompasses the elements of most is “a personal relationship between an individual and a transcendent or higher being, force, energy or mind of the Universe” (Whitfield, 1984). Furthermore, it is a sense of relatedness, transcendence, and meaning of purpose often grounded in a belief in a higher power. Spirituality is viewed on a personal basis as the perspective of the individual and his or her relationship to, connection with, and feelings about God or some higher power, and how his connection is related to an individual’s search for self and meaning. It is not necessary for the beliefs to be connected to any religious doctrine and may be secular (Allen, 2009).

Abstinence – Refraining from drinking alcoholic beverages, whether as a matter of principle or for other reasons. The term "current abstainer", often used in population surveys, is usually defined as a person who has not drunk an alcoholic beverage in the preceding 12 months; this definition does not necessarily coincide with a respondent's self-description as an abstainer (WHO, 1994). Also, the absence of use of mood altering drugs or alcohol excluding caffeine, nicotine, and those that are prescribed by a physician for a legitimate physical or psychological complaint. For this study abstinence and sobriety will be used synonymously.

Relapse – A return to drinking or other drug use after a period of abstinence, often accompanied by reinstatement of dependence symptoms (WHO, 1994). Also, the return of signs and symptoms of a disease after a patient has had a period of abstinence. It usually

occurs prior to the actual consumption of the alcohol or drugs from which the patient is recovering, but is assuredly followed by it. Relapse is very common in the recovering community.

Treatment – For this study, any program, private or public, that addresses the underlying medical, psychological, emotional, and spiritual needs of individuals addicted to drugs or alcohol in order to help them achieve sobriety/abstinence and remain clean and sober, while adopting a new model for living.

### History

The earliest known connection between spirituality and addiction or recovery came from the Oxford Group. The Oxford Group was a Christian-based organization that had its origins in Europe, China, Africa, Australia, and Scandinavia in the 1920s and 30s. It was begun in the United States by an American pastor, Frank Buchman. It was then known as “A First Century Christian Fellowship” in 1921 and espoused complete surrender and sharing, bringing about true fellowship, faith and prayer. It was also, in large part, a temperance movement. By 1931, the pro-prohibition group had grown into The Oxford Group. The Group was religious in nature and somewhat radical in its thoughts. However, they had become enough a part of the mainstream that they claimed Henry Ford and Mae West as members. Ultimately they also attracted the likes of Harry Truman and Joe DiMaggio to their membership (Cheever, 2004).

At that time a wealthy member of the Oxford Group named Roland Hazard from Rhode Island had reached such a level of hopelessness regarding his alcoholism that he went so far as to seek the help of the world famous psychiatrist, Carl Jung. Jung told him that he saw no hope in him that would come from the medical or psychiatric community and that his only hope was a

religious conversion, or complete spiritual awakening. On his return to the United States he worked through the Oxford Group and was able to achieve sobriety. In 1934, Ebby Thatcher, a chronic alcoholic and childhood friend of Bill Wilson, the founder of Alcoholics Anonymous, was “saved” by members of the Oxford Group, including Roland Hazard. Ultimately he attempted to pass this sobriety to his friend, Bill Wilson. Together they attended Oxford Group meetings in the early 1930’s in hopes of getting Bill sober. While Bill Wilson found the tenets of the Oxford Group to be too stringent, he came to understand the need for a spiritual awakening. Accordingly, he used what he thought were the most important ideas, including the introduction of what would become 6 of the 12 steps of Alcoholics Anonymous. Therefore, Frank Buchman’s initial ideas on sobriety became the basis for Wilson’s development of Alcoholics Anonymous (Oxford Group, 2011) and the Steps and Traditions which are still the driving force of the fellowship (Alcoholics Anonymous, 1953).

Following, Bill Wilson’s exposure to the Oxford Group he came to the realization that the only way he could remain sober was to have a spiritual awakening grounded in a power greater than himself. This was a revelation that at first he didn’t believe. Later though, Roland Hazard’s experience was confirmed for him through correspondence with Carl Jung, who informed him that, in fact, the only way to sobriety with any sort of permanence was a spiritual experience or higher spiritual education (Jung, 1961). When he was able to remain sober through his new-found belief in a higher power and subsequent spiritual awakening he began to help other alcoholics to become and remain sober. Initially he had no success with other alcoholics. He did however, stay sober himself. At that time Wilson traveled to Akron, Ohio on a business trip. There he met Dr. Robert Smith (Dr. Bob), another hopeless alcoholic. Wilson finally had success in helping another alcoholic, and together they began to look for others to

help. Their meeting would be the genesis of Alcoholics Anonymous, both the book and the name of the group. Bill W. and Dr. Bob began meeting with other alcoholics in both Akron and New York. Over the next several years they grew in number until, at Bill W.'s urging, they wrote the book, *Alcoholics Anonymous*. It was published in 1939 and was written mostly by Bill Wilson, but in conjunction with the input of the first one hundred "recovered" alcoholics (*Alcoholics Anonymous*, 1939).

Ultimately the book and the fellowship of Alcoholics Anonymous changed the way people dealt with alcoholism and addiction. As a spiritual and social movement, Alcoholics Anonymous was founded on the principle of one alcoholic helping another and the need for a spiritual awakening. All future 12-step programs followed suit and are based on AA's 12 steps. In the original manuscript of the book *Alcoholics Anonymous*, Bill Wilson freely mentioned God's impact on his sobriety. He was convinced by his co-writers that such a free use of the word "God" would be objected to by those newly sober. Wilson's concessions on this point proved to be a smart decision, although the changes have not stopped naysayers from claiming that Alcoholics Anonymous is a cult and that its members are brainwashed. Ultimately, he changed the terminology to "power greater than ourselves", replacing the word God in the twelve steps wherever he thought appropriate. Finally, the twelfth step states that "Having had a spiritual awakening as the result of these steps, we tried to carry this message to other alcoholics, and to practice these principles in all our affairs" (*Alcoholics Anonymous*, 1939). For AA this was the culmination of how one was to live their life after they've completed the twelve steps. Over the next seven decades Alcoholics Anonymous became a world-wide phenomenon that was converted and adjusted to help those suffering from many other addictions, leading to Narcotics Anonymous, Cocaine Anonymous, Over-eaters Anonymous, Sex Addicts Anonymous and



countless other 12-Step programs. All are rooted in the need for a spiritual awakening and individuals being grounded in the belief of a higher power.

### Literature Review

The perceived success and subsequent growth of Alcoholics Anonymous over the years led to researchers taking a closer look at spirituality (Kelly, Magill, & Stout, 2009; Korinek, 2007; Laudet, Magura, Cleland, Vogel, & Knight, 2003; and, Kaskutas, Bond, and Humphreys, 2002). Many studies link AA as a start, and some a focal point, to the idea that spirituality is critical to long-term sobriety (White, Montgomery, Wampler, and Fischer, 2009; Mason, Deane, Kelly, and Crowe, 2009). This has been particularly true as many have attained long term sobriety and attributed their spirituality as a major factor in being able to get, and stay, sober. Many articles and even dissertations have been written based on research and studies that have attempted to create a “how-to” of long-term sobriety (Strobbe, 2009). In one way or another, spirituality has consistently ranked among the top five factors in long-term sobriety (Pardini & Plante, 2000; Warfield & Goldstein, 1996 and Chapman, 1996).

Beginning in 1939 with the publication of the “Big Book” of Alcoholics Anonymous spirituality was not only espoused as a factor in recovery, but the ultimate goal of someone attempting to gain sobriety. In Bill Wilson and A.A.’s view, the entire purpose of completing the first ten steps of the program is the ability to reach numbers eleven and twelve. In Step 11 he wrote that one has “sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out” (Alcoholics Anonymous, 1939). This step encourages having a relationship with a higher power that consists of daily contact, both speaking and listening. Step 11 is followed up

with Step 12, which brings one to ultimate purpose of the 12 steps, “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” (Alcoholics Anonymous, 1955). It is interesting to note that in the first edition the spiritual awakening was characterized as a *spiritual experience* and subsequently changed for emphasis at the urging of those in the psychiatric community (Alcoholics Anonymous, 1939). The 12 steps of Alcoholics Anonymous build from the very basics of the first step or admitting powerlessness, through admitting one’s faults, making amends to those harmed, and finally, to the capstone of a spiritual awakening (Strobbe, 2009; and, Warfield & Goldstein, 1996).

Alcoholics Anonymous claims to have helped many millions of people worldwide. It currently states that it has over 115,000 groups throughout the world and 2.1 million members (Alcoholics Anonymous, 2011). However, the organization has many detractors. Many people believe that members are “brainwashed” to believe things they wouldn’t normally believe (Walters, 2002). Others feel that the fact that they stress a belief in a higher power and that one must turn their will and their life over to God “as they understand him” (Alcoholics Anonymous, 1939) means that AA is a cult. Many newcomers blanch at the thought of putting a belief in a power that they feel got them into this predicament to begin with. Some in the recovery community believe that a lack of belief is the most significant problem leading to addiction. There appears to be very little research regarding this possibility and would serve for an interesting juxtaposition regarding spirituality. Finally, although there are no official statistics, it is thought that AA’s success rate is approximately 5%. It is very easy for cynics to see that as a 95% failure rate rather than the other way around (Petralli, 2004; and, Galanter, Egelko, & Edwards, 1993).

Several other studies have suggested that 12-step attendance helps promote long-term abstinence for many people (Warfield & Goldstein, 1996; Bradley, 1988; and, Gorski & Miller, 1986). In 2003 Laudet, et al, found that attendance at meetings was successful in the short term (Laudet, Magura, Cleland, Vogel, & Knight, 2003). However, a deeper look at the study showed that it was very hard to get members to continue their attendance once they had established sobriety. While this study does not specifically discuss spirituality as a major factor, 12-Step programs are rooted in spiritual awakenings, as stated earlier. The findings suggest that while members establish their sobriety, their length of attendance has more to do with the severity of the problems or consequences they suffered at the hands of their drinking or drug use. Laudet's study leads one to believe that a member's level of desperation has a greater effect on long term attendance. However, the study fails to establish what happens to one's sobriety after attendance drops off.

Laudet, et al, followed this study the following year by studying Double Trouble in Recovery, a fellowship adapted from 12-Step programs aimed at those who were dual-diagnosed, with substance abuse issues and a psychiatric illness (Laudet, Magura, Cleland, & Vogel, 2004). The study confirmed that attendance at 12-Step meetings is a strong factor associated with abstinence. Specifically, Laudet stated that not only is attendance a factor, but because alcoholism and drug addiction are chronic diseases attendance is most beneficial when it is ongoing. His research showed that drop off in attendance was often followed with relapse (Laudet, et al, 2004). However, once again, spirituality was not specifically mentioned as 12-Step programs were viewed in their entirety, as opposed to a discussion about what parts of 12-Step programs had the greatest effect.

A 2005 study by Leigh, et al, found a significant relationship between spirituality and the use of both alcohol and tobacco (Leigh, Bowen, & Marlatt, 2005). Their research found that those with higher scores relative to spirituality were likely to engage in fewer harmful behaviors such as alcohol and substance abuse. This finding would support those in the recovery community who believe that addiction issues are rooted in a lack of spirituality, again suggesting future research to be necessary. Further, Leigh's study found the connection of spirituality and recovery to be consistent with 12-Step philosophy that spirituality leads to recovery. The study also suggested that there may be a relationship between introversion and binge-drinking, perhaps causing future research to point in that direction also.

Many other studies have also found a significant relationship between spirituality and recovery from substance abuse. In a rather large study entitled Substance Abuse; Religious Faith and Spirituality May Aid Recovery conducted in 2000, it was found that higher levels of religious faith and spirituality were associated with several positive mental health outcomes. Further, higher faith and spirituality was associated with increased ability to cope, greater resilience to stress, an optimistic approach to life, and lower levels of anxiety, all issues that a newly sober person must learn to deal with appropriately if they are to stay sober. It was suggested by the study that these attributes may lead to better results for substance abuse sufferers (Pardini & Plante, 2000). Other studies have suggested that spirituality as method of attaining sobriety has reached the point that its success has caused changes in the counseling field, regarding substance abuse (Steiker and Pape, 2008). The study cites a fascination with spirituality, retreats, college courses, discussion groups and a substantial increase in the sales of books and journals regarding spirituality as a phenomenon. Further, as suggested by Pardini and Plante above, Steiker and Pape found that those successful in recovery showed a higher level of

prayer and meditation, which ultimately led them to increased health and a decrease in substance use. The authors claim spirituality as a “preventative antidote” to later relapse (Steiker & Pape, 2008). Pardini and Plante, among other researchers, contend that this is an area that should be further researched, hopefully leading to a more collaborative effort between members of religious organization and professionals in the medical and mental health fields (Korinek, 2007; Pardini & Plante, 2000; and, Morell, 1996).

A 2007 study, entitled “Promoting Spirituality in Families with Alcoholism”, stated that spirituality provides a vital resource for healing and recovery from substance abuse. The article states that meditation is a spirituality-enhancing behavior that promotes an individual to be still and listen, inaction that is often not tolerated in today’s world (Korinek, 2007). Furthermore, he cites several researchers (Anderson, 1999; Walsh, 1999, and Martin & Booth, 1999) who illustrate that many of the original practices of Alcoholics Anonymous such as prayer and meditation, confessions and forgiveness, service to others, and other community-enhancing behaviors lead to a more communal mentality and an enhanced ability to cope and recover from substance abuse. Korinek goes on to quote the National Institute for Healthcare Research, which stated that there is strong evidence that spiritual involvement predicts less use of and fewer problems with alcohol, tobacco, and illicit drugs. Finally, the writer makes the argument that in the face of the positive effect of spirituality on alcoholism, adding spirituality as a component of treatment has been slow, even for some of its easiest aspects. He cites meditation as an easy component to add to treatment that would enhance spirituality with little or no cost or effort (Korinek, 2007).

In a focus group conducted over a two year period Heinz, et al, produced a pilot study that attempted to look at twenty-five substance abuse out-patients and their attitudes and beliefs

about spirituality, substance use, and recovery. Specifically, they aimed to find participants' outlook on the relationship between spirituality and recovery and whether spiritual components could be integrated into a standard treatment setting without creating concerns about individual differences and beliefs. A focus-group methodology was used in hopes of gaining a unique perspective and insight into opportunities and concerns with spirituality's inclusion (Heinz, Disnes, Epstein, Glezen, Clark, and Preston, 2010). Heinz also found, among other things, that addiction and spirituality have a hard time co-existing. When actively using, participants felt that their level of spirituality was lessened and their spiritual experiences hollowed. Further, they felt isolated from churches due to their self-perception of being an outsider.

Conversely, when attempting to abstain participants felt that spirituality rose, giving them strength and peace. Further, they felt that during early sobriety spirituality provided something for them to reach for, and more importantly, hope. Many participants felt that hope was essential to recovery. Finally, they felt that spirituality and a faith in a higher power provided lessened the overwhelming personal burden of recovery (Heinz, et al, 2010).

Finally, participants felt that spirituality as part of a treatment setting was a positive step forward. This was in contrast to their feeling that Narcotics Anonymous provided regarding spirituality. Participants felt that while in concept NA's promotion of spirituality was positive, in practice there were problems such as hypocrisy, lack of acceptance by the group, and a general dislike of the format. These concerns would have to be addressed if spirituality were to become a part of a treatment center environment.

This study had some very significant limitations that the authors acknowledged. One of the limitations was that one third of the participants were acknowledged to be pre-disposed to spirituality in treatment. The second major limitation was cultural in that 77% of the participants

were African-American. It is not known how the results might have changed with a participant population that more fully compares to the national population or the population where the study was conducted.

#### Dissertations & Theses

The connection between spirituality and abstinence from addiction has been well documented in recent years through studies and journal articles (Heinz, et al, 2010; White, Montgomery, Wampler, and Fischer, 2009; and, Mason, Deane, Kelly, and Crowe, 2009). Interest in the connection has also spurred many dissertations and theses to be recently written on the subject. In nearly every case the link has been made that a subject's spirituality is a major factor in their "program" of sobriety if they are going to achieve long-term sobriety/recovery. A sample review of the more recent ones is provided below. The level of importance of spirituality, among other factors, was discussed in a 2007 dissertation entitled, "The Perceived Attributes of Abstinence by Addicts in Long-Term Recovery (Prince, 2007). Prince found that nine different themes existed in those who achieved long-term recovery/sobriety. The themes were spirituality, family support, social support, formal or informal treatment, significant life changing events, knowing one's limits, volunteer/service work, recreational activities, and education. Many of the themes were also identified as being important in short-term recovery, implying that it is vitally important for those in recovery to maintain daily routines in how they stay sober. Prince's study was conducted in a qualitative fashion in order to find commonalities among the different subject. Subsequently, eight subjects were used for the interviews.

Of the nine themes that emerged only one, significant life-changing events, was identified by all eight subjects. Family and social support were identified by seven subjects. This was

followed by spirituality, among others, that was identified by six subjects. Clearly, Prince found spirituality to be an important factor. An argument can be made even from the limited information provided that spirituality plays a role in many of the other themes also. For example, treatment center programs often have a spirituality aspect to their programs, in addition to social support, volunteer/service work, and significant life changing events having some subtle spiritual components. Additionally, it would appear that Prince's study would follow the thoughts of 12-step recovery, although this was only touched on in this dissertation.

A 2009 thesis, entitled "Religiosity, Spirituality, and Substance Abuse" explored the relationship between lifetime crack cocaine use, lifetime injection drug use, drinking problems, and illegal substance relative and the effects of religiosity and spirituality (Allen, 2009).

Allen's research found that the effect of spirituality on substance abuse was significantly higher as the seriousness of the kind of abuse increased. For example, he found that spirituality did not have as great an effect on drinking problems as it did crack cocaine or intravenous drug use. Interestingly, because alcohol use is legal and accepted, Allen finds problem drinking to be less dangerous than the drug use mentioned above. Statistics belie this finding. A 2004 study looking at deaths due to "indulgence" cited statistics provided by in the Journal of the American Medical Association showing that alcohol abuse kills five times as many people annually as all illicit drugs combined (Mokdad, et.al, 2004).

Another interesting part of Allen's research showed that religiosity and spirituality were seen as particularly helpful when combined with 12-step programs such as Alcoholics Anonymous and Narcotics Anonymous. Allen attributed this higher level of success to the social support aspect that 12-step programs foster, creating a sense of mutual encouragement and accountability in a spiritual environment (Allen, 2009). Furthermore, he states that 12-step



programs may have some success due to their ability to suppress individualism, an example of this being the 3<sup>rd</sup> of the 12 steps which encourages participants to turn their will and their lives over to the care of God as they understand him (Alcoholics Anonymous, 1939).

A 2010 dissertation entitled “Factors Contributing to Long-Term Sobriety Following Treatment for Drug and Alcohol Abuse” attempted to identify all the positive factors associated with someone achieving two years of abstinence following treatment (Jacobson, 2010)

Jacobson’s qualitative study included fifteen participants, all of whom agreed that 12-step programs were their main strategy in staying clean and sober. As stated earlier, Alcoholics Anonymous and Narcotics Anonymous are spiritual programs in nature and promoted a spiritual awakening as the ultimate conclusion. Further, it was stated that being abstinent was not enough, one must attain a level of serenity and “work the 12 steps” to be truly sober. Finally, 60% stated that the ideal program would include medically supervised detox, in-depth therapy, and a spiritual component as the main aspects of treatment.

One of the few quantitative study dissertations completed on the subject of alcohol and/or drug abuse relative to spirituality was entitled Alcoholism: Spirituality and Personal Dynamics (Streukens, 2009). Streukens’ dissertation attempted to explore and compare the relationship of spiritual and personality dynamics with three groups of recovery alcoholics. The groups were divided by length of sobriety; the first with less than one year, the second with one to three years, and the third with more than three years.

Streukens’ study found that those in early recovery were also early in their spiritual journey, showing less spirituality than those in mid-term recovery. Streukens suggest that it is in mid-term recovery that one’s spirituality peaks. His findings suggest further that as one advances in their recovery years they become complacent in regards to their spiritual growth and

health. Finally, Streukens feels that incorporating spirituality activities into ones program of recovery at different, specific times may foster improved potential outcomes.

Streukens' study is interesting and seems to agree with commonly shared beliefs and concerns in 12-step meeting rooms. That is, it has long been thought that someone in early recovery will have a much greater chance at sobriety if they have reached a level of despair that forces them to follow any suggestion, even one that may go against their core beliefs, such as a belief in a higher power (Streukens, 2009). As their life improves through their first year they often come to believe that spirituality and a higher power is the reason their life has changed for the better. In Streukens' mid-term recovery stage the subject will raise his spirituality accordingly. However, as Streukens suggests, there often comes a time when the recovering person becomes complacent towards their spiritual needs. Streukens suggest this occurs at three years. Those in 12-step programs may differ with *when* it happens, but they definitely agree that it is a problem that has to be overcome, or it leads to relapse. 12-steppers believe this phenomenon occurs between five and ten years, somewhat later than Streukens. It has been often thought that one in recovery for as long as five years has allowed several factors to return to his life during this time. Most notably, it is felt that one's ego, and all its negative characteristics, comes back. Additionally, the problems faced by a newly recovered person, such as legal, marital, employment, financial, and such have usually been overcome in the first several years of sobriety. This leads to another version of this phenomenon known in Alcoholics Anonymous as "letting the things that AA gave you take you away from AA". An interesting follow-up to this study would be to look at why the complacency happens, a closer look at when it happens, how to recognize it is occurring, and what can be done about it.

In reviewing dissertations for this literature review, it is important to note the dearth of quantitative studies in the areas of alcoholism and substance abuse. A high percentage of the studies were qualitative in nature, allowing the researcher to ask more probing questions and to delve into specific circumstances, compared to the rigidity of quantitative studies and their standardized questions.

The review of literature regarding the links between spirituality and recovery to addiction shows a consistently high priority put on spirituality as a major factor in one's recovery. While it is clearly not the only factor in someone staying sober, it certainly is one of the factors that many journal articles and dissertations on methods of recovery address in some form. Additionally, 12-step programs and treatment centers have shown for many years that spirituality is one of the key ingredients in one staying sober (Steiker & Pape, 2008; Leigh, Bowen, & Marlatt, 2005; and, Pardini & Plante, 2000).

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