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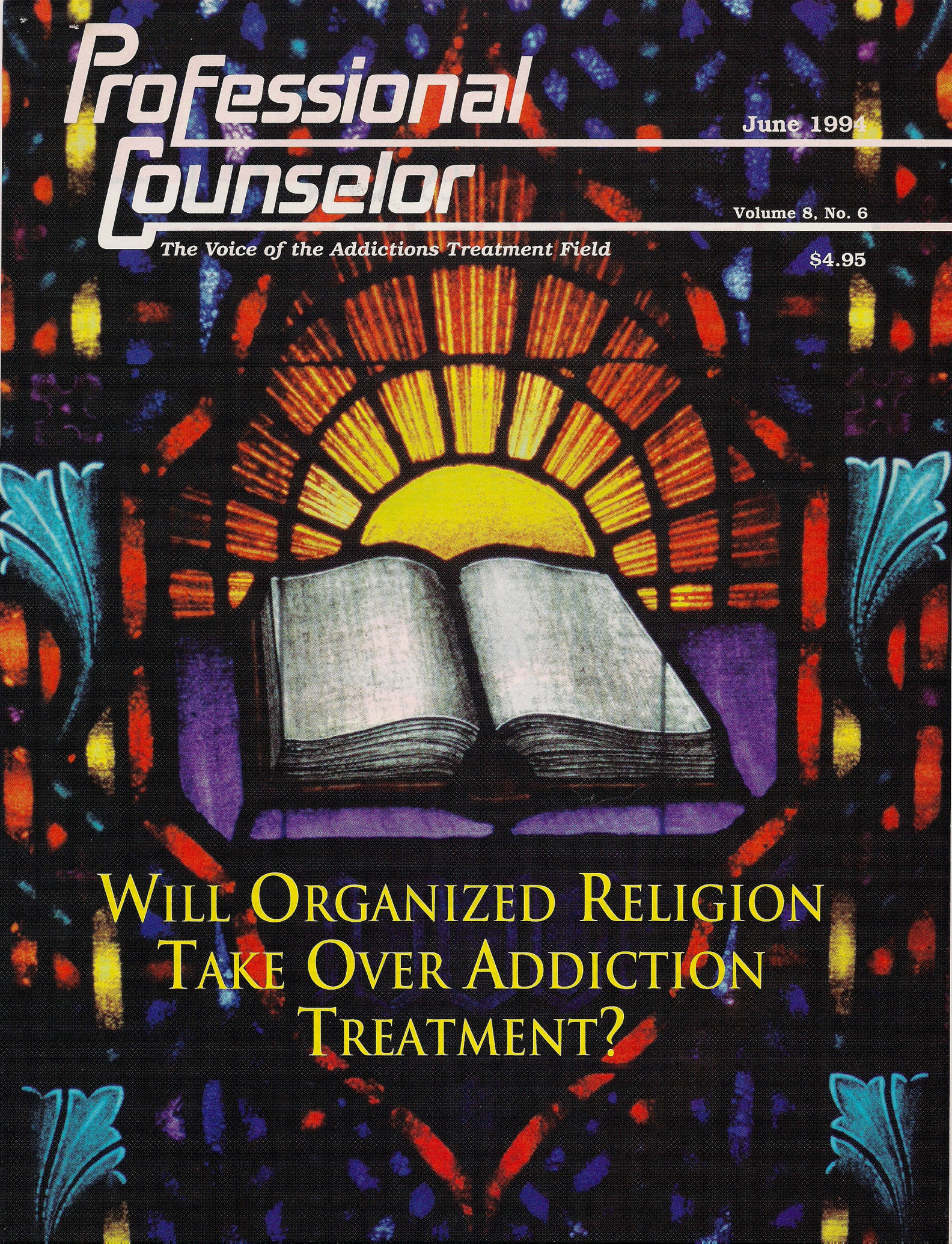

Will Organized Religion Take Over Addiction Treatment?

The Impact Of Spiritual Experiences On The Process Of Recovery

A Quantitative Study

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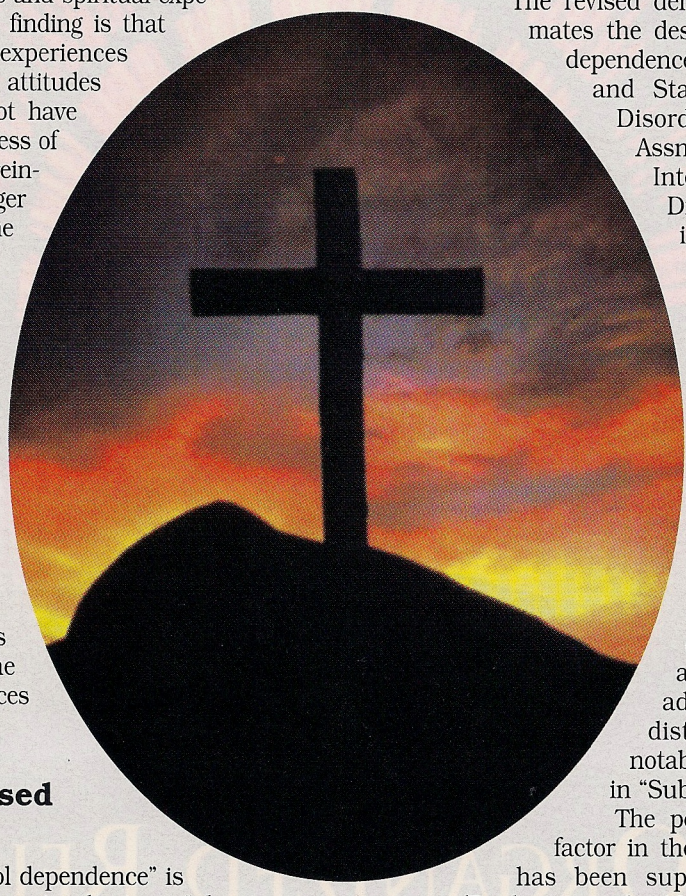
Little has been written on the impact of spiritual experiences on the addictive attitudes of individuals in Twelve Step recovery programs. Using Jung's paradigm as the basis for discussion of spirituality and the healing process, the author analyzes a survey of participants in Alcoholics Anonymous about their addictive attitudes and spiritual experiences. The most significant finding is that those who had spiritual experiences scored lower on the addictive attitudes scale than those who did not have such an experience. The success of the Twelve Step program is reinforced by the fact that the longer one is in recovery, the lower the addiction score.

While much has been written about the etiology of addictive behaviors and alcoholism as well as relapse programs, therapists have rarely been encouraged to explore the spiritual dimension of their clients and encourage an awareness of different levels of system interaction and its curative value on the process of recovery. This article presents a statistical analysis of the impact of spiritual experiences on addictive attitudes.



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Alcoholism: A Revised Definition

Although the term "alcohol dependence" is commonly employed for diagnosis, the term "alcoholism" continues to be used widely among alcohol researchers, health professionals, and the general public. Therefore, the National Council on Alcoholism and Drug Dependence (NCADD) and the American Society of Addiction Medicine (ASAM) created a joint committee to study the definition of alcoholism and the criteria used for diagnosis.

The goals were to establish a more precise definition and to ensure that this new definition be scientifically valid, clinically useful, and understandable by the general public. The combined efforts of ASAM and NCADD have produced a definition that describes alcoholism as a heterogeneous disease, acknowledges the genetic general vulnerability for alcoholism in many alcoholics, broadens the scope of the 1986 NCA/AMSA definition to include the basic behavioral changes that are symptomatic of the disease, and for the first time incorporates denial of alcohol problems as a symptom.

The revised definition also closely approximates the descriptive concepts of alcohol dependence outlined in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Assn., 1980 and 1987) and the International Classification of Diseases (World Health Organization, 1978). The NCADD /ASAM definition reads as follows:

"Alcoholism is 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 continuous or periodic impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortion in thinking, most notably denial" (Morse and Flavin in "Submission," 1991).

The possibility that heredity is a factor in the development of alcoholism has been supported by several studies (Bonham, et al., 1981; Cloninger, et al., 1981; Goodwin, 1979). Goodwin suggested that the dual effect of euphoria and dysphoria in drinking has a different magnitude for alcoholics and that the "height of the peak and the depth of the valley" may be genetically controlled. Similarly, Gitlow (1972) had earlier observed that alcohol use may be more compelling for alcoholics because of biochemical defects within the brain that most likely exist prior to experience with any sedative.

Although the field of alcoholism has come a long way since Dr. William Silkworth's 1955 speculation about a biopsychosocial etiology in terms of allergy to alcohol, there is a glaring lack of professional literature addressing

spirituality and/or exploration of religious frameworks in therapeutic practices (Griffith, 1986). This is important to examine because of the clearly spiritual emphasis of the Twelve Step recovery program based on the AA philosophy. It seems logical that therapists should attend to the spiritual belief system of their clients if they are to better understand the people with whom they work and help prevent further relapses.

Spirituality is defined, for the purpose of this article, as the multifaceted association between the human and the metaphysical systems. Spiritual experiences, including those delineated within formalized religion, are manifested in the rituals involved in the development of this relationship. These include both verbal and nonverbal communication. People develop patterns of spirituality within a system via a process of evolving intra-subjective agreement (Prest and Keller, 1993).

The Jungian Context

The importance of spirituality in the healing process is based on the work of Carl Jung. The Jungian paradigm is used, therefore, to provide a contextual framework for spirituality-based recovery programs.

According to Jung (1940), the personal unconscious described by Freud is supplemented in everyone with a transpersonal or collective unconscious that consists of universal images that transcend any particular person, time, and place. The spiritual needs of humans are at least equally, if not more, potent than their basic biological needs (Monte, 1991).

The primordial images of the collective unconscious were termed to Jung as archetypes, prototypes, or molds of emotional reaction that serve to organize and shape the course of an individual's interaction with the external world and with the inner world of the personal unconscious (Jung, 1940). Jung asserts that the personal unconscious is only the most superficial veneer of the entire unconscious domain (Monte, 1991). Spiritual experiences originate from the depth of the collective unconscious, becoming an integral part of healing the self.

Spirituality and the Twelve Steps

The "Big Book" of AA (Alcoholics Anonymous, 1976) presents the strong assertion that:

Our fears fall from us. We begin to feel the nearness of our Creator. We may have had certain spiritual beliefs, but now we begin to have a spiritual experience. The feeling that the drinking problem has disappeared will often come strongly. We feel that we are on the Broad Highway, walking hand in hand with the Spirit of the Universe (pg. 75).

"Spiritual experience" and spiritual awakening effect personality change sufficiently to bring about recovery from alcoholism.

The purpose of this article is to report the findings pertaining to spiritual experiences and their impact on addictive attitudes.

Webster's dictionary defines spirituality as sensitivity or attachment to religious values and things of the spirit rather than material or worldly interests. The word "spirit" in Hebrew means breath. Spirituality refers to those things that give life breath and meaning.

Because of the very subjective nature of the definition and conceptualization of the term, the researcher chose not to define the term spirituality or what constitutes a spiritual experience. Spiritual experiences are extremely personal, deeply embedded in the cultural and familial structure. Spiritual experiences could encompass a person's feelings of being one with Mother Earth, nature, or water, in addition to the more abstract monotheistic view of God, the spirit of God as Father. For many people in recovery, the Higher Power may be the group consciousness as well as the fellowship.

The Twelve Steps of AA suggest a spiritual awakening as a result of working the steps. Whatever concept of spirituality people have prior to their entry into the recovery program, their concept might be different after participating in the group and working the steps.

Methodology

The study reports the results of a survey of participants in Alcoholics Anonymous about their addictive attitudes and spiritual experiences.

The questionnaire was developed after a thorough review of the recovery literature, with revisions, additions, and deletions made after a pilot study. The 65 items selected, supported by the literature, were chosen because they represent attitudes and feelings consistent with the researcher's experience from working in the field.

The questionnaire was distributed to 200 persons at AA programs in the Phoenix metropolitan area; 125 questionnaires were returned. The questionnaires were personally given to the participants, with instructions to return the instruments by mail in accompanying postage-paid envelopes.

In the final sample of 125 questionnaires, not all respondents answered all questions. The sample size for each individual question and each relationship analysis, therefore, vary.

Results

First, descriptive information on demographic questions is presented. The addictive attitudes scale is then discussed, followed by reports on the relationships found and the interpretations of those relationships.

Demographics

Age of respondents ranged from 14 to 67, with a mean of 39.99 and a standard deviation of 11.88 (n=115). Of 118 respondents, 68 (58%) were female and 50 (42%) were male. Ninety out of 109 (83%) reported being white-collar workers, while 19 (17%) self-identified as blue-collar workers.

Respondents were asked about how many days they had been in recovery, which ranged from 2 days to over 17 years; 46% had been in recovery over two years, and 35.5% claimed three years or more (n=121).

Step 11 of the Twelve Steps of AA reads:

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.

Questions were asked about whether respondents had had spiritual experiences and had sought through prayer and meditation to improve conscious contact with God.

More than 85% (104 of 122) reported having had some kind of spiritual experience; 94% (116 of 123) reported that they sought to improve conscious contact with God.

Addictive Attitudes Scale

The addictive attitudes scale consisted of 65 items. Reliability analysis was conducted on the entire 65-item scale, which has an alpha of .9645. This extremely high alpha indicated that the scale was extremely reliable

and consistent. Therefore, it was determined that no individual items should be deleted from the scale.

An addiction total measure was computed by adding the scores for each individual item. One hundred cases were included; these were the respondents who answered all 65 questions. Scores ranged from 90 to 289, with a mean of 194.73 and a standard deviation of 45.933. It should be noted that the possible scores could range from 65 to 390, if a respondent were to answer all questions with a "1" or all with a "6.

Relationships and Interpretations

Number of days in recovery was examined to determine its relationship to other variables that describe attributes of the sample group. The addictive attitude scores were then examined in relation to several independent variables. The number of days in recovery was not significantly different between men and women, or between blue- and white-collar workers.

The addictive attitude scale was compared for men and women. A one-tail t-test indicated that the addictive attitudes score for women was higher than the addictive attitudes score for men (t, 92 df-1.97, p=.026). The means and standard deviations for both groups are presented in Table 1. ***(see page 38)***

Cross-tabular analysis was conducted on some of the descriptive questions. The association between gender of respondents and whether they had had spiritual experiences was statistically significant (chi-square, 1 df=4.357, p=.039). These findings are summarized in Table 2. ***(see page 38)***

Being in therapy was significant in relation to gender at the .05 level.

The relationship between having had a spiritual experience and seeking to improve conscious contact with God was found to be significant (chi-square =18.96, p=.00001), as 83.6% of respondents answered yes on both questions. Only 12% indicated inconsistent answers on the two questions. There is a strong association for those in the study between spiritual experience and improving conscious contact with God.

Those who were not in individual therapy had been in recovery a significantly longer period of time than those who were in individual therapy in addiction to the Twelve Step program, as indicated in a separate variance t-test (t 98df=3.28, p=.001). ***(see page 38)***

Table 1

Addictive Attitudes Score By Gender

Gender	No. of Cases	Mean	Standard Deviation
Men	43	185.14	46.33
Women	51	203.45	43.67

Table 2

Spiritual Experience By Gender

Spiritual Experience	Female	Male	Total
No	13 (19.4%)	3 (6.0%)	16
Yes	54 (80.6%)	47 (94.0%)	101
(Totals	67	50	117)

Table 3

Days in Recovery by Individual Therapy and/or Twelve Step

In Therapy	Number of Cases	Mean	Standard Deviation
No	80	1323.87	1424.71
Yes	33	616.30	835.788

Ongoing participation in a recovery program provides the containment, support, and nurturance that individual therapy provided prior to entering the program. As one continues participation in the Twelve Step program, one no longer needs the containment of the therapeutic encounter. People tend to continue in AA throughout their lifetime, while specific therapies may be short-term and/or too expensive to continue for a prolonged period of time.

The most significant finding of this study is that those who did have spiritual experiences scored lower on addictive attitudes than those who did not have such experiences. Participants who did have spiritual experiences scored lower on the addictive attitudes scale (t, 97df=2.41, one-tailed p=.009). This may suggest the curative value of spiritual experiences that has been suggested by many, including Jung throughout his works.

The success of the Twelve Step program is reinforced by the finding that the longer one is in recovery, the lower the addiction score. Correlation analysis was performed on the two variables: addiction score and number of days in recovery. The correlation coefficient was -.2518, which is significant at the .01 level. This correlation underscores the healing ability of the supportive nurturing group that embodies the principles of the Twelve Step program, as well as the nurturance people receive in the fellowship throughout the life-long process of recovery.

Conclusions

The findings of this study should prompt researchers to continue to explore the curative aspects of spiritual experiences in a variety of contexts to develop a greater understanding of the healing process. Within these frameworks, it may be possible to develop clearer definitions of the elements that contribute to this healing process.

This study emphasizes the spiritual aspects of AA. The results of this research point out several directions for further study, such as whether the spiritual healing process is similar in other Twelve Step programs, to determine whether these results can be generalized to the other programs. The

same assessment tool could be applied in evaluating other Twelve Step settings.

Additionally, one needs to compare the scores and spiritual experiences of those who recover successfully in AA with those who do not. The following question must be answered: Is spirituality just one possible means to healing, or is it the only viable approach?

This study is the first step in developing an overall understanding of the spiritual healing process in a broad conceptual framework.

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