The Concept Of Spirituality As Understood And Applied In Addictions Research And Treatment

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There are numerous definitions of the term “spirituality”. To a large extent, the diversity of content of these definitions reflects the varied perspectives of their authors. However, collectively, it is clear that this enormously large number of different definitions comprise a relatively small number of common themes. The present paper is concerned with a review of the literature on addictions and spirituality and the data presented here are the preliminary findings from a project, which it is hoped will soon culminate in a full publication.

Dollard (1983) stated that spirituality is “concerned with our ability, through our attitudes and actions, to relate to others, to ourselves, and to God, as we understand Him”. This definition has been commonly adopted or modified in the addictions field and is illustrative of one of the most popular approaches to this theme.

In a major report on spirituality and health, the National Institute of Healthcare Research in the United States defined spirituality as “the feelings, thoughts, experiences, and behaviours that arise from a search for the sacred”. The term ‘search’ refers to attempts to identify, articulate, maintain or transform. The term ‘sacred’ refers to a Divine Being or Ultimate Reality or Ultimate Truth as perceived by the individual.” (Larson et al., 1998).

Father Leo Booth, from the perspective of Twelve Step treatment programmes in the United States, has defined spirituality as “being a positive and creative human being in all areas of our life” (Booth, 1987). In contrast, a recent paper on group work in the addictions defined spirituality as “a human characteristic which orientates the self towards “Self,” or that which transcends the identification of the self with partial realities formulated around self definitions determined by past experiences and conditioning. Human spirituality is a movement of the self towards its own deepest ground, its most fundamental nature” (Page & Berkow, 1998).

Definitions of spirituality, as employed in the addictions literature, can therefore be brief or long, and can focus on very different issues.

Between 1975 and 2001 publications on spirituality as indexed in PsycINFO and Medline have risen almost exponentially. In the calendar year 2000 almost 450 such papers were indexed in PsycINFO alone. Publications on the subject of addiction and spirituality are a relatively small sub-group within this overall body of literature. Prior to 1981 virtually no such publications may easily be identified in the literature. However, the number of publications on addiction and spirituality has been steadily rising each year since then, albeit with some fluctuation. A peak of 35 papers was reached in the year 2000, although papers continued to be indexed on PsycINFO for up to several years after the end of the calendar year to which they relate.

The present project comprised an attempt to obtain copies of all papers on addiction and spirituality between 1975 and 2001. Such papers were identified primarily from the PsycINFO and Medline databases, but also from other sources where possible. To date 258 such papers have been identified, 189 of them appearing in PsycINFO and 40 on Medline (with an overlap of 20 papers). A total of 71 of these papers describe empirical research in the field.

227 of the papers in the sample emanate from solely US authors. Only 6 papers originate solely from UK authorship. 10 papers were written by authors from other western nations and only 3 papers revealed authorship from the developing world.
127 of the papers in the sample group relate to polysubstance addiction. 92 specifically relate to alcohol misuse. The others are a variable group including 1 on dual diagnosis, 9 on “behavioural” addictions, 9 on co-dependence and the children of substance abusing parents, and 8 of unspecified addictions focus.

The papers in the study sample are from a variety of scientific and clinical perspectives. 36 were clearly identified as concerned with counselling and psychotherapy, 29 with mental health, 29 with sociology or anthropology, 24 with psychology, 8 with feminist studies, 8 with human sexuality, and 107 were of unspecified focus.

Almost one quarter of the total papers did not specify the particular spiritual perspective from which the piece was written. Almost 50% of authors identified themselves as being interested in the work of twelve-step programmes, either as a focus of research endeavour or as a clinical perspective. Only 7% of papers were from a specifically Christian perspective. The remainder were a mixed group interested in African/American religion (1%), Native American spirituality (4%), Ayurveda (1 paper only), religious studies (2%), art (1%), and transpersonal psychology (3%). The remainder were interested in combinations of twelve-step spirituality with other understandings of spirituality. Amongst these small groups, the largest was combined Christianity and twelve-step spirituality, which comprised 7% of the total papers.

Where possible, the definitions of spirituality employed by these authors were identified. Where no specific definition was offered, a description of spirituality was gleaned from the paper. In this way, it was possible to identify recurring themes. A theme was only identified if it occurred in a clear attempt to define spirituality, and where it clearly represented an important component of that definition. A comparison group of 50 or 60 papers on spirituality from fields other than addiction was also studied in order to ensure that similar themes could be identified in these papers.

13 recurring themes were identified: relational; transcendent; human; core/force/soul; meaning and purpose in life; authenticity and truth; values; not material; not religion; wholeness; self-knowledge; creativity; consciousness. For each of these themes, a list of terms was compiled as representative of the way in which they were described in the various definitions.

In this way, the relational and transcendent themes were found to occur most commonly in papers on addiction and spirituality. These two themes were to be found in over 30% and over 40% of the total papers studied (respectively) in which addiction was defined or described. Other themes occurred less frequently, with only “core/force/soul” and “meaning/purpose” exceeding 10% of the total sample of papers. However, the questionnaires employed in empirical research studies of spirituality in this group of papers were found to show a somewhat different profile. In particular, the themes of “core/force/soul”, “creativity”, and “consciousness” were not included in the research instruments used. A different profile of use of the different themes was found in the sample of non-addictions papers. In particular, the themes of “meaning and purpose in life”, “wholeness”, and “consciousness” were all found significantly less frequently in the addictions literature than in papers on spirituality in other areas of medicine and science.

The correspondence of the 13 themes with various aspects of (and approaches to) addictions treatment is also apparent. Virtually all addictions treatment programmes include significant focus upon relational considerations (particularly human/human relationships). Both Christian rehabilitation programmes and twelve-step programmes focus on the transcendent relationship. In the former case this is specifically in relation to “God” and in the latter case usually referred to as the “Higher Power”. The theme of “core/force/soul” appears to relate to the imminent aspect of the divinity in the Christian tradition. This is relatively less emphasised in twelve-step treatment programmes, although the “powerlessness” of the individual over their addiction is stressed. Both twelve-step and Christian
treatment programmes include emphasis on themes of “authenticity/truth” and “values”. Twelve-step treatment programmes specifically include an emphasis on the fact that their version of spirituality is not to be understood as a religion. The theme of self-knowledge, which occurred relatively infrequently in the addictions and spirituality publications studied here, represents an important therapeutic focus in most psychotherapeutic approaches to addictions treatment. However, behavioural approaches to psychotherapy are increasingly found in preference to psychodynamic approaches in addictions treatment programmes. Possibly this accounts for the lack of an emphasis on self-knowledge in this sample of papers.

Is there a special link between addiction and spirituality? It has been argued that the object of addiction may be seen as a substitute for the transcendent. In the alcohol dependence syndrome the phenomenon of salience is understood to refer to the way in which alcohol assumes priority over other aspects of life. In particular, amongst the themes discussed here, relationships, values, authenticity and truth may all be understood as being subordinated to the object of addiction. However, the alcohol dependence syndrome also refers to a “subjective compulsion” towards alcohol consumption. Perhaps it is here that the link with spirituality is especially strong.

St. Augustine of Hippo, writing of his early ambivalence about converting to Christianity, spoke of a “divided will”. It was his contention that he neither willed completely to abandon his former life, nor to continue with it. He experienced, rather, a subjective division of the will in which part of him willed one object and part another. In the same way, the subjective experience of the addict (at least in a later stage of their addiction when denial is a less prominent defence mechanism) is neither fully to continue with their drug or alcohol use, nor completely to abandon it. This experience of the divided will is not unique to the addict, but is a common concern of spirituality in relation to all of humanity.

It seems to me, however, that the theme of spirituality within the addictions field has significant omissions and differences of emphasis in comparison with the traditional spiritualities of the major world religions. Furthermore, writing about spirituality in this field does not fully reflect practice in addictions treatment programmes. For example, the important theme of spirituality as concerned with engagement with human suffering is in great evidence in addiction treatment programmes, but still seems rarely to be spoken of when the subject of spirituality is defined in the addictions literature. In the Christian tradition, suffering is understood as having meaning and redemptive value in the context of the suffering of Christ.

If spirituality is a universal human experience, which is as much an inescapable part of human experience as respiration or nutrition, it is clear that all authors will write from a particular perspective, whether they hold allegiance to a particular faith tradition or not. This must inevitably influence the perspective that they take upon spirituality as a component of treatment, a research variable, and an experience of life. It is therefore surprising that many authors did not explicitly recognise the importance of their own spirituality in forming the views that they expressed in their papers.

My own perspective, presented here, is an attempt to review in a semi-objective fashion the medical and scientific literature on addiction and spirituality. However, I recognise that my own perspective both as a Christian, and particularly as an Anglican Priest, will influence the way in which I write. This neither validates nor invalidates the perspective that I have presented, but hopefully does inform it.

In conclusion, it is proposed that further attention is needed to the different ways in which spirituality may be defined in order that they may inform both addictions treatment and addictions research. This will involve not only a review of addictions treatment programmes in the light of the data presented here, but also the design of (and employment of) new research instruments. Most importantly, it surely
involves all people working in the field in reflection upon their own understanding of this important aspect of human experience.

References


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