

## **Understanding Spirituality of Drug-Use Behaviours and Substance Use Disorders**

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## **The Fundamentals of Spirituality**

### ***The Importance of Studying Spirituality in the Context of Drug-Use Behaviours?***

Around the world, the consumption of illicit substances by the global population has grown highly common, with approximately 240 million individuals using alcohol in a problematic manner and about 15 million people taking injectable drugs (World Drug Report, 2015 ). As reported by Statistics Canada in 2015, approximately 21% of Canada's population, that is 6 million Canadians, will meet the requirement for a substance disorder within their lifetime (Statistics Canada, 2015). Although some individuals use substances such as alcohol and drugs in a recreational manner, a handful of others develop a problematic dependence that gives rise to severe consequences on personal health, relationships with family and friends, and the safety of society as a whole (Health Officers Council of British Columbia, 2005). With alcohol abuse and dependency being the most common substance use disorder at 18.1% in 2012, and cannabis reliance following on the rise at 6.8%, it is imperative, for the health of many individuals, to investigate potential treatment programs and factors that make the recovery process effective and successful (Statistics Canada, 2015 ). There has been, and continues to be, a strong focus on understanding the role of religious and spiritual beliefs in the context of drug-use behaviours and addiction treatment for relief and recovery (AbdAleati et al., 2016; Grant-Weinandy & Grubbs, 2021; Allen & Lo, 2010).

### ***Understanding Addiction and Sobriety in Terms of Spirituality***

According to the Diagnostic and Statistical Manual of Mental Disorders, diagnostic considerations of addiction are frequently described in relation to dependence syndrome, which puts an emphasis on the life-consuming reliance and dependence on substances

where a "pattern of repeated self administration that can result in tolerance, withdrawal, and compulsive drug-taking behaviour" (American Psychiatric Association, 2000).

Substance use disorders have also been defined as a chronic relapsing of the brain and body involving disruption to brain regions responsible for reward, motivation, learning, judgment and memory (Walton-Moss et al., 2013). An individual with a substance use disorder will likely experience a shift in time, resources, and energy into acquiring and using substances with no regard to previous interests, hobbies, activities, or negative consequences (Miller, 1997). Under the influence of substances, individual's attention and main emphasis are directed toward consuming the substances, where they put these substances in a position of higher power. In the Judeo-Christian perspective, excessive and uncontrollable use of alcohol and other substances can be referred to as abuse (Miller, 1998). It came to be that the misuse of substances is termed as "spirits" which implies that the action of abusing substances is incompatible with reaching a potential state of spirituality as one drives out the other. In other words, you can not have both a substance use disorder as well as achieve spirituality.

On the other hand, sobriety can be better understood through a spiritual lens (Miller, 1998). Sobriety can be seen as much more than the abstinence of using substances. Specifically in AA, individuals can reach a "dry" state without fully being sober and not using substances. All this means is that an individual has gained a greater perspective on life and has reached a stage of spiritual maturity where they have developed acceptance, humility, and serenity about their current situation. It is this sense of spiritual maturity that can help expel the possessive "spirits" or abuse of addiction, to encourage a state of sobriety and recovery.

### ***Main Research Areas Discussed in the Literature***

According to the current literature, there is extensive research on the relationship between spirituality and religiosity (s/r) and drug-using behaviours. Over the years, different aspects of s/r have been studied in this context, including (1) the idea that s/r may act as either a risk factor or protective factor for substance abuse, (2) the premise that s/r is a part of the development of substance disorders, (3) the emphasis on s/r as a dependent variable influenced by substance intake, and (4) s/r being a valuable element of recovering from substance abuse (Miller, 1998; Allen & Lo, 2010; Walton-Moss et al., 2013). All things considered, given the complexity of addiction, it is even more motivating to continue researching the influence of spirituality on substance consumption and misuse.

### ***What Distinguishes Religiosity and Spirituality?***

Although s/r have been used interchangeably in the literature and do have some overlapping features, it is essential to differentiate between s/r. The English term “spirituality” comes from the root word “spirit” and originates from the Latin term *spiritus* which translates to “of breathing,” suggesting a connection to being alive and living (Etymology Dictionary, n.d.). Due to the abstract nature and broad scope of spirituality, there are numerous perspectives and unique interpretations on how to define this concept. Spirituality, however, tends to be broadly defined as an individual sense of connection to the self, to relationships and connections with others, to nature and the environmental surrounding, and to God, or a ‘higher’ power in the universe — often associated with a search for purpose or meaning in life (Allen & Lo, 2010; Burkhart & Solari-Twadell, 2001; Jung, 1958; Kelly & Eddie, 2020; Kleftras & Katsogianni, 2012; Miller, 1998; Piedmont, 2004; Sulmasy, 2002; Underwood, 2000; Underwood & Teresi, 2002; Vitorino et al., 2018;

Walton-Moss et al., 2013). Moreover, spirituality is fundamentally understood at an individual level, with an overarching desire to achieve inner transcendence, self-completion, and a better connection to a purpose beyond one's self that is more than life in terms of what we see or understand currently.

In addition, spirituality can be regarded as an individual coming to realize a deeper meaning behind their human existence in an eschatological context (Piedmont, 1999). As a self-reflecting species, humans are aware of their own mortality, desiring some form of meaning and purpose in their existence. In this reality, humans commonly ponder over questions such as, "What is the meaning of life? What purpose does my life offer? What is the reason behind what I do?" These inquiries elicit perceptive responses that frequently provide a sense of direction and self-transcendence in a person's life, resulting in the formation of a spiritual orientation (Piedmont, 2004).

Many times, researchers will employ the words transcendence to advance their understanding of spirituality (Miller, 1998). However, what does it mean when someone claims spirituality is the pursuit of transcendent power or purpose within oneself (Mann et al., 2007)? Furthermore, what does it imply when someone says that spirituality refers to their efforts to uphold a personal relationship with transcendent realities such as God? The term, transcendence, refers to an individual's ability to disregard the limitations of physical existence and maintain an objective perspective on life in order to achieve an awareness or belief in a greater power (Kleftaras & Katsogianni, 2012; Piedmont, 1999; Piedmont, 2004). Oftentimes, achieving transcendence will impact the emotional, functional, and social aspects of an individual's life in terms of self-perception, feelings, and goals. (Underwood, 2000). It essentially allows us to consider the complex nature of our actions and our

influence on the world, as well as give greater significance to much of what we do.

Furthermore, Piedmont (1999) has also identified transcendence as “a fundamental unity underlying the diverse strivings of nature.”

In contrast, religiosity is far more simpler to define, operationalize, and measure. Relative to spirituality and its conceptual boundaries, religiosity can be viewed as a historical social phenomenon with more structure and concrete boundaries in terms of the values, beliefs, practices, types of institutional structures and customs associated with the religion (Allen & Lo, 2010; Burkhart & Solari-Twadell, 2001; Erikson, 1994; Kelly & Eddie, 2020; Kleftaras & Katsogianni, 2012; Miller, 1998; Sulmasy, 2002; Underwood, 2000; Vitorino et al., 2018; Walton-Moss et al., 2013). In addition to its social, behavioural, and doctrinal qualities, religiosity entails a well-defined system that values the practice of worshiping, as well as commitment and devotion to a shared faith among members of a group. Those of a particular religion tend to identify with their religion as well as frequently engage in religious activities and services that are connected to their religious beliefs such as praying, worshiping, partaking in rituals, etc. It is normal for beliefs amongst members of a religion to impact the way they go about living in terms of how they view their own lives and treat others (Vitorino et al., 2018). Moreover, an individual's transcendent experience can also be influenced by the practices of an institutional nature and the community/social organization (Piedmont, 2004).

When it comes to these two constructs, how can one person be characterized as religious or spiritual? Is it possible to be solely religious or spiritual? Or perhaps, is there potential overlap between s/r? It is asserted that there is an overlap between the two due to the notion that some religions promote and involve their members in spirituality

practices (Allen & Lo, 2010; Burkhart & Solari-Twadell, 2001; Kelly & Eddie, 2020; Miller, 1998). Consider individual prayer and worship as an example. These practices are frequently encouraged in religious environments, and are significantly relevant to religious beliefs (Allen & Lo, 2010; Sulmasy, 2002). Praying and worshiping are, however, also commonly seen as a form of spirituality. It has been found that people most commonly fall into one of three categories: religious and spiritual, spiritual but not religious, or neither religious nor spiritual (Allen & Lo, 2010; Kleftaras & Katsogianni, 2012). This helps to make sense of the many classifications that people can have between the two groups. As previously mentioned, many religions act as a “channel for expression” of spirituality and encourage the growth of spirituality in forms of prayers and worship (Allen & Lo, 2010; Cannon et al., 2022). Hence, it is uncommon for someone to identify as religious yet lack spirituality. On the other hand, someone can be spiritual without being religious by progressing their spiritual growth without regard to an organized religion and not engaging in any form of religious belief, activity, or concepts (Kleftaras & Katsogianni, 2012). Therefore, even if s/r can be distinguished as separate constructs, it is important to understand that they are intricately linked as people frequently experience some form of both.

### ***What Does it Mean to Lack Spirituality?***

Spirituality is considered more of a potential state of becoming, rather than an achievement one receives or a possession one has (Underwood, 2000). With that being said, what if someone does not possess spirituality? There is a lot of coverage in the current literature on what spirituality is and how to define and operationalize it, however, what does it mean and look like for a person to lack spirituality? A few studies in the literature

have investigated the effects of having low spirituality in individuals. Someone who lacks spirituality will undergo many emotional effects and personal/individual implications. For instance, a non-spiritual person will frequently experience feelings of insecurity, defensiveness, and low self-esteem throughout their life (Piedmont, 2004; Warfield & Goldstein, 1996). In contrast, higher levels of spirituality will often predict more optimistic life orientation, higher quality of life, greater perceived social support, greater resilience to stress, and lower levels of anxiety (Grant Weinandy & Grubbs, 2021; Pardini et al., 2000). It has been suggested that current substance abuse disorders are correlated with the individuals' lack of a spiritual/religious involvement (Miller, 1998). In other words, individuals with an addiction to alcohol suffer from a form of "character defect" or loss of connectedness to the world that leads to a pathological narcissistic focus on substances (Miller, 1998; Piedmont, 2004). Hence, an individual with a reliance on alcohol may be highly self-absorbed and unaware of their surroundings such that they tend to have difficulty constructing meaningful, emotionally satisfying relationships with others, ultimately affecting one's spiritual nature and spiritual level at which one can reach (Piedmont, 2004).

On the other hand, an individual with alcohol dependency issues who comes to gain a greater sense of spirituality will most likely experience a shift in their narcissistic focus on substances to a recognition and appreciation for larger meanings of their lives (Piedmont, 2004). This change in shift has not yet been thoroughly analyzed and current literature has yet to explain how this phenomenon occurs, however, it is greatly suggested that spirituality has a role in successful recovery outcomes (Piedmont, 2004; Pardini et al., 2000).



### ***Low Spirituality and The Risk of Developing Substance Use Disorders***

When it comes to understanding how the development of substance use disorders arise, it is valuable to consider how low levels of spirituality may be a contributing factor. However, it raises the question of how does one come to reach such a low state of spirituality that they become at risk for developing substance use disorders? Do some people just naturally have lower levels of spirituality? If not, how does one get to such a low level of spirituality? Is it just that some people's spirituality is more vulnerable to negative influences and less resilient? Due to the limited amount of studies addressing these concerns and inquiries, it is challenging to have a comprehensive and holistic understanding of how levels of spirituality may have a role in the emergence of substance use disorders. It is crucial to take into account that every individual is unique and that one person may not be experiencing the same physiological, genetic, psychological, family, and sociocultural influences as the other (Miller, 1998). On another note, some people may be more resilient than others, so while certain experiences might not affect one person's spirituality, they might for another. Additionally, the strength of one's resilience may vary depending on their immediate environment growing up and whether they have received support from their social framework/surroundings such as friends, family, and the community (Mash & Wolfe, 2019).

Over the course of an individual's life, a person may have experienced some degree of trauma or distress from various negative events and/or circumstances, which can leave them feeling disconnected from others, God or another higher power, the world, and oneself (Nishikawa et al., 2018; Robb-Dover, 2021). Many times these negative life events include bullying, interpersonal issues, abusive parents, natural disasters, bad at-home

environments, etc. Consequently, these types of negative life events may actually induce a sense of spiritual emptiness and act as significant predictors for the development of psychiatric and/or substance-use disorders during adulthood (Nishikawa et al., 2018; Robb-Dover, 2021). According to Dr. Sachi Ananda, the spiritual emptiness that one may feel following a traumatic negative life event may resemble feelings of worthlessness and desolation, such that they begin to believe they lack meaning or purpose in life (Robb-Dover, 2021). While these negative life events cause spiritual emptiness, it is a natural tendency for humans to turn to drugs, alcohol, or other substances as a way to either fill their emptiness and/or escape the troubles of their life, ultimately increasing the risk of establishing a substance use disorder and dependency. In a way, the substance in which they have grown dependent on becomes their higher power, temporarily taking away their feelings of emptiness and deceiving them into believing their problems have been solved.

Moreover, while some negative life events can leave the person devastated, these individuals will frequently believe the events occurring to them are unfair or beyond their own control (Kushner, 1981). When this happens, it is common for people to blame God or their higher power as well as experience and associate intense negative emotions including confusion, distrust, and anger with God or their higher power (Kushner, 1981; Exline et al, 2011). It is noted that the meaning of life is heavily relevant to one's well being, healing, and resilience (Ekwoyie & Nwosisi, 2021). As a result, there is no growth in spirituality as these experiences could lead to one losing their sense of meaning in life and having doubts of their own religion or spirituality.

To further add, a study by Burkhart (2006) revealed that spirituality has a moderating influence on depression brought on by negative life experiences, indicating the healing and ameliorating effects of having strong spiritual beliefs and engaging in spiritual practices. According to these findings, if having high levels of spirituality can help someone cope and overcome difficult life experiences, it makes plausible sense that individuals with lower spirituality might not experience the same positive effects that spirituality has when dealing with the same negative life challenges. In this instance, the findings suggest that having a lower level of spirituality may not assist in protecting against the emergence of addiction as a result of traumatic life experiences. If a study concludes that high levels of spirituality can help an individual cope and deal with difficult circumstances, and moderate the impact of negative life experiences, it only makes sense that low spirituality may not be as beneficial to help the individual cope when they face a negative life event.

### ***How Can One Increase Their Spirituality?***

Based on a study by Ekwonye & Nwosisi (2021), a suggestion to increase one's spirituality involves bringing awareness to different types of spiritual coping strategies that involve behaviours targeting to relieve stressors or the emotions related to the negative life event. The fundamental premise behind spiritual coping is to support and encourage individuals to rediscover a connectedness with others, God/higher power, and themselves to overcome the negative life event while finding strength, courage, and healing (Baldacchino & Draper, 2001; Ekwonye & Nwosisi, 2021). Many of the participants in the study used coping strategies that could be categorized into three main groups: (1) intrapersonal connection to the self, (2) interpersonal connection with others, (3)

transpersonal connection with God or another higher power (Acton & Wright, 2000; Ekwonye & Nwosisi, 2021).

With regard to intrapersonal spiritual coping, strategies are more focused on self-reflection to reach a state of conscious awareness, contentment with oneself, and personal knowing to gain awareness of one's likes and dislikes, strengths and limitations (Acton & Wright, 2000; Ekwonye & Nwosisi, 2021). During a difficult life event, taking the time to self-reflect and consider one's own emotions can be highly beneficial as it encourages one to think about their life and to search for meaning, providing an environment for spirituality to grow. Many of the participants in the study by Ekwonye & Nwosisi (2021) have reported engaging in activities that allow for self-reflection such as personal journal writing, spending alone/private time, and/or reading spiritual books.

Furthermore, interpersonal spiritual coping strategies can help one connect to others while also being in touch with their natural surroundings and environment (Ekwonye & Nwosisi, 2021). According to the findings, it is suggested that participants are more likely to be able to overcome negative life events when they either receive social support and/or commit to offering helpful services to others such as volunteering with charities. It is worth noting that social support can range from being emotional, informational, and/or physical. Furthermore, an individual is more likely capable of managing and coping with the stresses and difficulties in their life if they both perceive and receive social support from one's network of friends, relatives, colleagues, professors, etc. It places people in a position where they can foster their spirituality. On another note, offering helpful services to others can help others gain a greater perspective on life outside their

own. These selfless services allow for an atmosphere of love, joy, peace, and connectedness to others and the world, which promotes greater healing and spiritual growth.

Lastly, transpersonal coping strategies can aid in spiritual healing when negative life events occur because these strategies can deepen one's relationship with God or another higher power (Ekwoonye & Nwosisi, 2021). Participants claim that they related better to God or another higher power when they engaged in both private or communal prayers, meditated, listened to music, attended Mass, and participated in the Sacrament of reconciliation. Many individuals rely on prayers as a solution or a way to attempt to resolve their conflict as it can enhance spiritual energy, peace, calmness, and brings out inner strength. In addition, meditation is a practice that one engages in to help seek clarity on ways to manage difficult situations, lessen pain, diminish stress levels, and improve calmness and relaxation, all of which are advantageous to increasing spirituality. Music has the power to influence the way an individual thinks and feels while inducing feelings of relaxation. It is possible that music allows for individuals to feel more in touch with the situation that they are experiencing, helping to reduce stress while improving well-being, quality of life, and spirituality.

Although not an exhaustive list of all conceivable ways to increase spirituality, this study mentions a variety of approaches for enhancing spirituality through the means of strengthening the connection to the self, others, and god or another higher power. It may require more studies and investigations to understand what specific mechanisms increase one's spirituality and whether there is a certain pattern that induces spiritual growth.

### ***Models of Substance-Use Disorders***

When studying drug-use behaviours in the past, researchers predominately used the biomedical model. As the traditional model, the biomedical paradigm was established by medical scientists to analyze diseases as it places a greater emphasis on the genetic and biological aspects (Engel, 1977; Gonzalez & Skewes, 2013). In line with this theory, substance use disorders are presumingly viewed as a dysregulation of the biochemical and/or neurophysiological functions of the body. This emphasizes the notion that the individual themselves is not to blame for their difficulties with substance misuse and recovery, as it merely their body's biological and genetic predisposition to be that way. The biomedical model primarily focuses on the etiology of disorders and is fundamentally somatic, as in it relates to the body and mind as distinct entities which is also known as mind—body dualism (Engel, 1977).

It is important to note the many criticisms of the biomedical model (Engel, 1977; Gonzalez & Skewes, 2013). Given that the biomedical model assumes that repairing the biochemical dysregulations will fix the persons' exhibited sickness or disorder, how does this approach explain situations where individuals remain ill despite the biochemical deviation being resolved? At the same time, it is also possible that some individuals develop illnesses or health-related problems even without any abnormal biochemical imbalances. Moreover, a common trend seen in drug use behaviours is that some individuals may develop a dependence on drugs and abuse them, whereas others do not. This model does not take into consideration this observation that some may or may not exhibit the same illness/disorder despite possessing similar genetic compositions. For these reasons, George Engel (1977) introduced the biopsychosocial model in which he highlighted the significant

role of psychological and sociocultural factors in explaining why some individuals with similar genetic makeup have different experiences with illnesses/disorders.

In addition, the biopsychosocial model, which has recently expanded to include characteristics of spirituality, is another more contemporary model used to study the field of substance use disorders (Engel, 1977; Gonzalez & Skewes, 2013; Sulmasy, 2002). The biopsychosocial-spiritual model of addiction inherently considers all the fundamental biological/genetic, psychological, cultural, social, personality, and environmental dimensions that should be considered during the recovery and treatment process. For instance, the likelihood of an individual developing a substance use disorder depends on circumstances regarding their family and peer relationships, personality and temperament, ethnicity and culture, gender, and the environment at home and in their neighbourhood, etc (Gonzalez & Skewes, 2013). These are only a few examples. This model makes the assumption that the mind and the body are inextricably linked, and that each of these dimensions interact together in a unique manner to influence the development of substance dependence and abuse (Engel, 1977; Gonzalez & Skewes, 2013). Overall, the main takeaway to be learned from this progression of different models is that substance use disorders as well as the prevention and treatment of them can only be accurately understood by taking in all possible dimensions as a whole.

### **The History of Spirituality and Its Relation to Substance-Use Disorders**

#### ***The Growing Opioid Crisis***

As of right now, Canada is currently in the midst of a public health crisis with significant safety ramifications (Canadian Centre on Substance Use and Addiction, 2022). Concern over the epidemic of opioid-related deaths has increased as Canada's drug

problem has been much worse over the past 25 years (Fischer et al., 2019). When used, opioids like codeine, fentanyl, and morphine have considerable effects and frequently lead to addiction (Canadian Centre on Substance Use and Addiction, 2022). Since the rising exposure to and accessibility of several opioid medicines causes a greater likelihood of reliance and dependency, the rate of drug-related mortality has grown more than 400 percent in Canada since 1993 (Fischer et al., 2019).

### ***The Stigmatization Around Substance-Use Disorders***

Along with the opioid crisis, the issue of alcohol dependence and reliance seems to arise simultaneously. All things considered, it appears inevitable that the increased prevalence of substance use disorders will induce more stigmatization against those who suffer from them. The use of illicit substances is often disapproved upon in Western culture since addiction is seen as being linked to homelessness, and mental health/disability issues that impact one's health, relationships, and community (Kelly & Eddie, 2020).

For a while now, individuals' attitudes on substance use has been contingent on their religious faith, beliefs, and practice (Grant Weinandy & Grubbs, 2021). For instance, according to Judeo-Christian beliefs, drinking alcohol is a strong condemnation because it impairs judgment and is harmful to one's health (Miller, 1998). Additionally, the Islamic religion has strict rules that prohibit the use of alcohol and other substances. Given that most spiritual and religions consider drug use and excessive consumption to be a "sinful" and prohibited behaviour, unfavourable and negative views frequently develop in society and can lead to stigmatization, isolation, and humiliation for those who use drugs (Grant-Weinandy & Grubbs, 2021; Prevention Technology Transfer Center, 2022). Considering studies have suggested spirituality can act as a protective factor and encourage



effective/successful recovery from substance use disorders (Grant-Weinandy & Grubbs, 2021; Miller, 1998), would it be possible to minimize the stigma and adverse perceptions of substance use disorders by fostering more spiritual beliefs in society as a whole? As in, would those who are more in touch with their spiritual entity, not necessarily those only with substance use disorders, be less prone to having negative attitudes towards those with substance use addictions? Then, would the stigma associated with substance abuse disorders decline and result in a greater acceptance of spirituality as an important dimension in medical rehabilitation and treatment?

### ***The History of Spirituality in Healthcare***

As mentioned previously, the majority of healthcare practitioners used to adhere to the conventional biomedical model, focusing on the genetic and biological causes behind health conditions, without considering or accepting that a lack of spirituality may have a playing role in the onset of different diseases or that spirituality could be a valid measure or factor encouraging recovery (Engel, 1977; Gonzalez & Skewes, 2013). However, in modern-day medical practice, the effect of spirituality on health has been gaining more attention and research, resulting in the biopsychosocial-spiritual model (Mohinder Singh & Ajinkya, 2012; Puchalski, 2001). Moreover, healthcare systems have been acknowledging the significance of including spiritual care to patients for more than a decade now (Walton-Moss et al., 2013). Many healthcare practitioners and psychiatric clinicians have incorporated a use for patients' spiritual beliefs, values, and needs into treatment programs and recovery processes (Koenig et al., 2017). For instance, health care professionals have gotten patients to complete a screening spiritual history measurement to identify their spiritual needs before discussing and moving forward. In the past, spirituality was never as

acknowledged or addressed in the medical field as it currently is (Mohinder Singh & Ajinkya, 2012; Puchalski, 2001). Over the last 15 years, interest in the relationship between s/r and the health of patients has increased and been more addressed, especially in treatment and recovery for patients suffering from substance use disorders (Mohinder Singh & Ajinkya, 2012).

### ***The Introduction of Spiritually-Focused Treatment and Recovery Programs***

In regards to treatments and recovery, 12-Step programs such as Alcoholics Anonymous (AA) have made a significant advancement towards the integration of spirituality into modern medicine. The success of AA has curated other spiritually based 12-Step programs for other use disorders such as Narcotics Anonymous (NA), Gamblers Anonymous (GA), Celebrate Recovery (an evangelical Christian based addiction recovery program), etc (Grant Weinandy & Grubbs, 2021). Originating in 1935, AA has been assisting in treating individuals suffering from an over consuming dependence and reliance on alcohol for more than 85 years (Alcoholics Anonymous World Services Inc, 2022). This 12-Step recovery program places a high focus on using a spiritual approach to encourage and maintain abstinence in order to reestablish a strong relationship with a higher power greater than oneself and provoke a spiritual awakening (Alcoholics Anonymous World Services Inc, 2022; Grant Weinandy & Grubbs, 2021; Kaskutas et al., 2003; Walton-Moss et al., 2013). Despite the fact that AA and other 12-Step programs are not affiliated with any particular religion, it is suggested that the success of AA may be owed to the social support network that is fostered in a spiritual environment (Allen & Lo, 2010). Members following the 12-Steps of AA will not only be able to become spiritually aware of a higher power outside of themselves, but also surrender their will and ask for help from the higher power,

admit their wrongdoings, make reparations for their wrongs, engage in prayer and meditation, and try to adapt their will to that of the higher power (Miller, 1998).

### ***How Exactly is Spirituality Incorporated in 12-Step Treatment Programs?***

With the acknowledgement that the 12-Steps of AA are recognized as a set of spiritual principles, it is worth understanding how exactly spirituality is being included and addressed to encourage recovery of those with substance use disorders. Spiritual development is highly valued as a key component in recovery within AA where alcoholic dependency and alcohol related use disorders is seen as a “spiritual” disease which requires a spiritually-focused treatment or cure (Kaskutas et al., 2003; Miller, 1998). Broadly speaking, the 12-Step treatment program addresses four issues of basic importance to individuals with substance use disorders in relation to a transcendent or a larger context (Peteet, 1993). These issues and resolutions revolve around (1) identity, (2) integrity, (3) an inner life, and (4) interdependence of the individual.

With regards to individual identity, substance use and experimentation usually begins at the adolescent stage (Nicholi, 1983; Peteet, 1993). The continued and further use of substances, which may lead to abuse and addiction, are common in individuals who have a failed sense of self and belonging. Thus, it is generally known that those with substance use disorders have a poor sense of self and identity (Peteet, 1993). The 12-Step program first addresses this concern by having members reflect and accept their substance dependency problem through introducing themselves in a manner such as “Hello, my name is \_\_\_\_, and I am an alcoholic/addict.” In this framework, members are encouraged by others who also identify as an “alcoholic/addict” and come to accept their condition and move past denial and victimized self notions. Thereafter, members can follow the path of

recovery through identifying with others who define themselves in relation to a higher spiritual power.

Furthermore, it is common to find that individuals with substance use disorders have committed various kinds of harm to others whether that be lying to friends and family, or being deceptive and insincere (Peteet, 1993). All of their actions that they committed while under the influence have a damaging influence on the individual by instilling a failed sense of integrity and a feeling of moral failure. However, 12-Step programs consider addiction-related faults a result of the disease that the individual suffers from, where the individual is not fully responsible for their actions during that period. Although, the program still emphasizes the importance of taking accountability of their wrongdoings by acknowledging their lack of integrity and moral failure. The 12-Step program further highlights other stages that will encourage recovery such as forgiving oneself, planning restitution, correcting character defects, and offering services to others. Altogether, a revitalized feeling of integrity will assist members in transitioning their guilt to altruism which will realign their morals, attitudes, and ideals with their actions.

It is known that those with substance use disorders often consume misuse substances as a way to escape their reality and avoid experiencing emotional distress or dealing with conflicts (Peteet, 1993). Rather than dealing with their emotions and the stresses within their lives, individuals with substance use disorders will often choose to abuse substances, making them unfamiliar with experiencing their feelings and addressing their life problems. According to the 12-Step program, a process to recovery includes developing an inner life wherein one can identify, understand, and master their own

feelings and become aware of both their own relationship with their struggles and addiction as well as their relationship with their ego or higher power.

Lastly, isolation and detachment from others is common for those who suffer from substance use disorders as they tend to be alienated from their family and removed from friends and social circles due to their addiction-related wrongdoings (Peteet, 1993). Moreover, these individuals struggle to trust and depend on others for help and acceptance. The 12-Steps treatment program addresses this concern by fostering and encouraging interdependence with other individuals in the community. The path to recovery is more likely and can be more effective when one has a social and emotional supportive network that they can rely on. The 12-Step program encourages individuals to mend and repair disconnected relationships with friends and family and then rebuild and facilitate trust to ensure there is a dependence on others rather than substances. Many AA members maintain and credit their continued sobriety to their reliance on their meetings, sponsors, God, or other higher powers.

All in all, the spiritual essence of AA's 12-Step program is to assist those with a dependence and reliance on alcohol by encouraging members to recognize, appeal to, and accept a helping hand while offering hope for sobriety as well as the means to direct their life towards a transcendent higher power (Miller 1997, Miller & Kurtz, 1994). Altogether, these steps are to assist in reaching a stage of spiritual maturity that encompasses acceptance, humility, and serenity (Miller, 1997). To those suffering with substance use disorders, they regard these 12-Steps and derive greater meaning of their purpose and lives such that they treat these steps more so as a set of ongoing lifelong principles for living a sober life.

## Significant Findings in the Literature

### *Spirituality as a Protective Factor Against Substance Use Disorders*

In the current literature, many studies have looked into the role of spirituality as a protective factor, acting as a preventative measure against substance misuse and the development of substance use disorders (Miller, 1998; Kelly & Eddie, 2020; Walton-Moss et al., 2013). For instance, Miller (1998) asserts that the likelihood of individuals developing a problem or dependence from consuming alcohol and other substances is low if they are religiously and spiritually involved. Furthermore, even if individuals do intake substances, they are significantly less likely to abuse them and suffer detrimental consequences in their lives. While research suggests that the possession of spirituality is a protective factor, it raises the question of what protective processes or mechanisms actually lead to this correlational relationship? Miller (1998) proposed a few possibilities including: Does s/r involvement occupy the individual with time-consuming activities such that it takes time away from other substances activities? Does religious affiliation promote prosocial values that largely guide an individual away from taking substances? Although the association between greater spirituality and lower risk of substance consumption has been a consistent finding (AbdAleati et al., 2016; Arnold et al., 2002; Allen & Lo, 2010; Braam & Koenig, 2019; Miller, 1998; Kaskutas et al., 2014; Kelly & Eddie, 2020; Kelly & White, 2011; Walton-Moss et al., 2013), the correlational nature of the relationship asserts that causal inferences cannot be made from the current data (Miller, 1998). On another hand, this finding has been criticized by many researchers declaring that there is not enough empirical validation to support the claims (Allen & Lo, 2010; Cochran et al., 1994; Evans et al., 1995).

### ***Spirituality as a Risk Factor Against Substance Use Disorders***

On the other hand, other researchers have speculated that certain spiritual aspects may function as a risk factor, increasing the likelihood of future substance consumption and substance use disorders (Allen & Lo, 2010; Miller, 1998). While individuals hold different perspectives on the concept of God or a higher power (Allen & Lo, 2010; Gorsuch, 1995; Miller, 1998), it is these varying views that may be linked to the likelihood of developing a substance use disorder. For instance, people who hold a more wrathful, fearful, and punitive view of God may be at greater risk of abusing and misusing substances. In addition, individuals with an unstable, inconsistent, and disappointing relationship with God are also more likely to suffer from future substance use disorders.

### ***Spirituality as a Successful Factor Encouraging Recovery in Treatment***

Beyond acting as a protective factor to the development of substance use disorders, spirituality also assists and facilitates the process of achieving a state of recovery (Kelly & Eddie, 2020; Miller, 1998; Piedmont, 2004; Walton-Moss et al., 2013). It is important to understand that individuals with severe and detrimental substance use problems are typically more open to and likely to accept the support of spiritually-based programs to aid in their recovery since they are already in a terrible state of mind and would be more willing to make the best effort to recovery (Kelly & Eddie, 2020). As revealed in their study, those who participated in the 12-Step treatment program experienced a greater sense of spirituality and had an overall better recovery in terms of overcoming their issues with substances than those who did not regularly attend AA meetings. In a few clinical studies, it has been documented that individuals who partake in behaviours that increase s/r and possess s/r beliefs are more likely to have reduced relapse risks through the course of as

well as following the treatment given (Kaskutas et al., 2014; Kelly & Eddie, 2020; Kelly et al., 2011; Zemore & Kaskutas, 2004). It continues to be that spirituality remains the important component in encouraging recovery in individuals with substance use disorders.

Moreover, among studies that are specifically AA/12-Step focused with participant samples of members from AA, findings suggest that the spiritual approach and members' involvement in AA meetings is a significant predictor of abstinence and sobriety (Kaskutas et al., 2003; Rush, 2000; Oakes et al., 2000; Walton-Moss et al., 2013; Zemore, 2007). The spiritual focus integrated within these 12-Step programs has a significant role in producing successful outcomes as there is a greater emphasis on broader concerns such as meaning and character in relation to the transcendent self and a higher power (Miller, 1998).

Members who are both committed and greatly involved in AA-recommended activities as well as each of the 12-Steps towards recovery are more likely to maintain abstinence from substances as a result of an increase in spirituality (Kaskutas et al., 2003; Miller, 1998; Montgomery et al., 1995; Oakes et al., 2000; Walton-Moss et al., 2013; Zemore, 2007).

In the study conducted by Kaskutas et al. (2003), the effects of s/r were investigated in relation to AA treatment outcomes, where sobriety was measured by the individuals' abstinence from consuming any alcohol or drugs for any length of time. Kaskutas et al. (2003) assessed the spiritual awakening of participants during treatment and observed significant findings relating to abstinence, where those who experienced a greater spiritual awakening would continue being sober (Walton-Moss et al., 2013). These results were also compared to those who never reported experiencing any spiritual awakening and findings showed no association to abstinence with these individuals. In the same study, it was also found that an increase in participation to various AA activities between the baseline start



period and the end period had a greater likelihood of remaining sobriety, suggesting the significance of encouraging and supporting individuals with substance use disorders to have active involvement during their AA treatment program.

Furthermore, in analyzing the effects of spirituality in relation to effective recovery, it is important to consider the spiritual change in an individual and how this may contribute to one's journey to recovery. In the study by Zemore (2007), they looked specifically at the change of spirituality of an individual and whether this change helps mediate or explain recovery outcomes following 12-Step programs. Spiritual change was measured through participants' self-reported answers to questions such as "Have you had a spiritual awakening or conversion experience through your involvement with AA?" According to the findings, the baseline level of s/r of an individual did not predict recovery in terms of patients remaining sober for 30-days after the 12 month treatment. On the other hand, for individuals who both increased their participation in s/r activities throughout treatment and experienced an increased change of s/r from their initial baseline level, it was found that their spiritual change functioned as some sort of driving factor for the positive relationship between 12-Step involvement and 30-day sobriety after the end period of 12 months.

Since people differ from one another all around the world, this makes it challenging to develop an effective treatment that would universally assist everyone recover from their substance use disorders successfully. In 1993, a clinical trial called Project Matching Alcoholism Treatment to Client Heterogeneity (Project MATCH) was designed to test multiple hypotheses on alcohol-related treatments and to analyze the outcome of recovery in relation to patients' interactions and involvement in treatments ("Project MATCH," 1993).

Project MATCH is the largest randomized trial consisting of spiritually based treatments that compare patients between three different types of treatments: (1) Twelve-Step Facilitation, (2) Cognitive-Behavioral Coping Skills, and (3) Motivational Enhancement Therapy (Miller, 1998; "Project MATCH," 1993). The patients of the study were evaluated in 3 month intervals for one year following the completion of the 12-week treatment period. In each evaluation, changes in drinking patterns, functional status, and quality of life were looked into. Specific to the Twelve-Step Facilitation group, patients were instructed to be actively involved in AA and were assisted through the first few spiritual steps of the treatment. Among the findings, it was discovered that across all three treatment conditions, participants' engagement and involvement in the AA program and the inclusion of s/r aspects also had a moderately positive association to better recovery outcomes (Miller, 1998).

All in all, majority of the mentioned studies that have investigated the spiritual effects on recovery outcomes in AA and 12-Step treatment programs have highlighted the importance of involvement in the AA activities in hopes of fostering spirituality or inducing a spiritual awakening in the individual and thereby, assisting their recovery process by maintaining sobriety (Miller, 1998; Montgomery et al., 1995; Zemore, 2007). It is, however, important to recognize the possibility that merely attending AA meetings might not constitute genuine involvement and may instead be an indirect reflection of other spiritual processes within AA treatment programs that are more closely linked to positive outcomes (Montgomery et al., 1995). Oftentimes, external factors such as coercion, extraversion, and accessibility due to geography, have an influence on whether someone participates in AA programs. To further examine this concern, a study conducted by Montgomery et al. (1995)

breaks down the two ideas of AA involvement and AA attendance and investigates the posttreatment outcome effects in the 12-Step of the AA program. They found that after controlling for AA attendance meetings, AA involvement measured by the General AA Tools of Recovery questionnaire was predictive of positive recovery outcomes as well as meaning in life, likely explained by the increase in spirituality (Montgomery et al., 1995; Zemore, 2007). Even after accounting for the variance of the AA attendance meetings, the effect of the relationship between AA involvement and favourable outcomes in drinking consumption persisted and was unaffected. The results of this study thus provide support to the notion that active participation and involvement throughout the AA treatment program is what promotes beneficial and more effective recovery outcomes following treatment. Additionally, this reinforces AA's initial intent to function and serve as a treatment programme for people who are not coerced by any means but are willingly and voluntarily involved.

### ***The Impact of Attitudes and Spiritual Beliefs During Recovery Treatments***

It is important to note that attitudes and beliefs towards substance abuse and treatments may impact the recovery of an individual. In fact, a study conducted by Avants et al. (2001) using a sample of HIV-positive individuals who use injection drugs found that the strength of perceived s/r beliefs and support may as well act as a predictor of abstinence from drug substances. More recently, Grant Weinandy & Grubbs (2021) investigated key ideas surrounding the effects of s/r attitudes and beliefs on recovery also with HIV-positive injection drug users. Their objective was to examine individuals' perceived relationships between spirituality and abstinence, as well as to evaluate individuals' perceived level of helpfulness of spiritually-based interventions in regards to effective recovery. As noted in

their findings, spirituality in the form of praying as well as believing in a higher power are considered coping strategies that could encourage individuals to recover from addiction. Specifically, individuals would conceive spirituality as some form of higher power that acts as a helper or protector to the self when asking for forgiveness or strength to resist addiction during prayers. Additionally, participants in the study claimed it was their mere belief and faith in a higher power or God that empowered them to attain their sobriety and to remain clean. On the other hand, they used a 5-item questionnaire called the Perceived Helpfulness of Spirituality to gauge how helpful people thought spirituality was. According to the participants' responses, they believed the inclusion of spirituality in treatments would further assist other individuals as well as their own recovery, diminish cravings for drugs or alcohol, and boost levels of hopefulness and optimism. A main takeaway from this study is that individuals' chance of recovery may also be impacted by their attitudes and perception on spirituality in treatments as well as their spiritual beliefs.

### ***Does Alcoholic Anonymous Really Work?***

Although AA is the most widely sought form of help for alcohol problems in the US with as many as two million members (Alcoholics Anonymous, 2001; Kaskutas, 2003; Miller & McCrady, 1993; Weisner, Greenfield & Room, 1995), there are still some researchers who question and doubt whether AA is an effective treatment program for assisting recovering individuals with alcohol dependency. Many conflicting findings may be found among a variety of research studies in the existing literature, which highlights the fact that there remains a debate concerning AA's efficacy (Kownacki & Shadish, 1999). Moreover, there continues to be concerns regarding varying methodology that further limits the quality and validity of certain studies, making it more challenging to determine if

AA really is an effective recovery treatment let alone if there are other non-AA type recovery programs. As mentioned in the study by Bebbington (1976), the quality of methodology in clinical studies were so poor that the findings did not contribute to the understanding or knowledge of the field and AA efficacy (Kownacki & Shadish, 1999).

As previously stated earlier in this literature review, it is recognized that some studies discovered that specific circumstances such as having active participation and involvement in AA recovery treatments are effective in the process of helping participants recover from alcohol-related problems such as dependency and reliance (Miller, 1998; Montgomery et al., 1995; Zemore, 2007). Contrastingly, a study conducted by Miller & Hester (1986) found that the AA treatment program was no better and no worse than alternative treatments, suggesting that there is no experimental evidence or valid support behind the effectiveness of the AA treatment program (Kownacki & Shadish, 1999). Moreover, Kownacki & Shadish (1999) conducted a meta-analysis to further investigate the efficacy of AA and their findings revealed that through randomized trials of conventional AA meetings AA at best does no better than alternatives and could potentially be worse. It should be noted, however, that this research of randomized studies included participants that were coerced into becoming a member of AA and receiving treatment. In addition, the results of this study strongly imply that these coerced participants would benefit from being forced into a different form of treatment other than AA, such as psychotherapy or inpatient care, where there are other individuals involved and monitoring recovery progress (Kownacki & Shadish, 1999). When it comes to the AA treatment program, there are no other parties significantly involved besides the recovering individual to ensure progress, implying this treatment requires a lot of willpower to overcome one's

dependence and reliance on substances. Hence, it is often the case that members of AA who have gone through the 12-month treatment and their success function as proof for AA's efficacy, however, as present results of abstinence are dependent on the individual alone it makes it more challenging and less credible to determine AA's efficacy since it lacks any real scientific support.

In another review of the literature on evidence for AA efficacy, researchers gathered findings and organized various studies according to six categories: magnitude of effect, dose response effect, consistent effect, temporally accurate effects, specific effects, and plausibility (Kaskutas, 2009). They significantly found strong AA effects in two different studies, the outpatient arm of Project MATCH and Timko's trial. It is worth noting that these experiments were not randomized but instead focused more towards studies that are encouraging involvement in AA. Consistent with Kownacki & Shadish (1999), they found that nonrandomized experiments produced greater effects compared to randomized. They believed it to be a result of selection bias as participants in these nonrandomized experiments were volunteers with an option to become a member of AA or not. Therefore, it makes logical sense that participants who are willing to participate in AA will be more motivated to succeed.

### ***Limitations in Methodology and the Research Field***

Overall, the lack of universally accepted definitions for spirituality and religion makes it more difficult to distinguish between the two and makes it more difficult to clearly operationalize and assess the two concepts in experiments. (Walton-Moss et al., 2013). In addition, there are several issues currently in the field where research could improve in terms of methodology (Grant Weinandy & Grubbs, 2021). Most research that contain both

s/r frequently employ various different measurement techniques and include s/r as a single construct rather than two, making it more challenging to contrast studies and their findings side by side. Moreover, many reported outcomes from studies are based on self-reported measures that are sparse in detail, and include various individuals that reflect different perceptions on the contributing role that spirituality has on recovery for addictions. The reality that participants themselves may not recognize the distinction between spirituality and religion is also concerning, since this raises the possibility of report bias in the present findings as people reflect social desirability in the self-reported measures (Zarzycka & Zietek, 2019).

Due to the nature of studying spirituality in regards to treatment recovery programs, the effects of AA may take some time to manifest in those with a dependence or reliance on substances (Glaser & Ogborne, 1982). That is why long-term follow-up studies are required to both understand how spirituality plays a role in recovery and whether AA is an effective treatment program for recovery. Specific issues relating to the impediment of research on the efficacy of AA include the voluntary and informal nature, frequency of attendance, and the lack of membership lists and documentation of referral sources.

Despite the fact that the association between addiction and s/r has long been known, there has not been a ton of in-depth studies or investigations conducted, or the existing research reveals mixed findings (Miller, 1998). For a while now, the biopsychosocial model has been the dominant perspective that recognizes the importance of physical, biological, psychological, interpersonal, financial, sexual, emotional, social, environmental, etc. influences on an individual. However, it was not until recently that researchers, scientists, psychologists, and doctors considered spirituality as a dimension

worthy of investigation for treatment outcomes. As a result, many researchers do not have the foundational knowledge or skills and tools to investigate spiritual variables in patients with addictions for treatment outcomes. Therefore, there is significance in introducing spiritual issues that exist to future researchers for awareness, and offering resources, knowledge, and training accordingly to investigate spirituality if they wish to do so. A lack of understanding, awareness, or training about spiritual issues will only have negative consequences on the research field, resulting in a continued dearth of studies and low-quality of research.

All in all, it is easy to assume that being religious and spiritual is negatively associated with the development of addiction (Allen & Lo, 2010). As in, being religious and spiritual can reduce the likelihood of an individual abusing certain substances like drugs and alcohol. There is an overall greater need to quantitatively examine the process of s/r in the context of drug-use behaviours, abuse of substances, treatment and recovery. It is detrimental to neglect conducting research on s/r on drug-use behaviours and treatment recognizing the importance in this research will motivate researchers to provide answers and use their findings to offer tangible support and help for those who seek assistance in substance use recovery.



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