

Southern Coast **BEACON**

Spirituality in Addiction Treatment and Recovery *(A two-part series)*

PART II — JULY 2005

By Pamela Waters, MEd, Director, Southern Coast ATTC

Introduction

Part 1 of this *Beacon* series addressed definitions of spirituality and religion, and presented some of the current research findings on the impact of incorporating more spiritually/religiously based strategies into mainstream addiction treatment. Counselor competencies and levels of comfort in incorporating a more spiritual perspective into treatment were explored. The first article in this series set the stage for further exploration of how spiritual content can be incorporated into treatment, via specific strategies.

Miller (1999) tells us the good news is that one need not be a believer (religiously speaking) to help clients discuss spiritual features of their condition and their care. He says that profound respect for spiritual, religious, and cultural diversity is what is called for here. Within a professional atmosphere of mutual respect and acceptance, there is room for fruitful collaborations that include the client's spirituality (Miller & Martin, 1988, as cited in Miller, 1999). Many clinicians would likely attest that they are already attuned to incorporating spirituality into the care they deliver.

In reality, many strategies are used everyday in addiction treatment and healthcare, in general, that incorporate essentially spiritual material. The themes of these strategies are rooted in: fostering a sense of direction; engendering meaning and purpose in life; developing feelings of connectedness with oneself, with others, with God or a higher power; clarifying what is trivial and what is truly vital in life; fostering love, compassion and forgiveness; and, defining personal values related to an individual's philosophy of life (Thorensen, 1998, as cited in Miller, 1999). Likewise, the key principles of 12 Step programs - spiritual discipline and character development, including humility, making amends, forgiveness, acceptance, submission to a higher power, ongoing personal moral inventory, and service to others - have been emphasized for many years and are familiar to most addiction counselors.



Specific Strategies

Familiarity with a range of spiritual and religious perspectives/strategies is limited for many counselors. This is not to suggest that each counselor should be proficient in these areas or step outside of the limits of his/her professional competence in dealing with spiritual issues in addiction treatment. Rather, it is posed that having a fundamental knowledge of this vital aspect of human nature is important. It is hoped that the strategies discussed in this article can serve as awareness building, validation for the work that is currently being done and/or serve as an impetus for further professional or personal development.

The “when” and “how” to apply spiritual approaches are key questions. Since spirituality is multidimensional, the answers vary depending upon the aspect of spirituality being addressed. In general, in determining when to incorporate a spiritual dimension in counseling, it is important that counselors examine their own motivation and possible bias to avoid attempting to impose on their clients their own spiritual views or ignore a client’s spirituality altogether. The setting is also important as addiction treatment programs may have policies or philosophies of care that restrict the use of particular spiritual approaches. So, counselors need to look at the setting in which they work, as well as their own spiritual development and views, because both can influence the inclusion of spirituality in their treatment work.

Additionally, counselors need to be sensitive to how spiritual and religious beliefs are approached within a cultural context, but should be very careful about making assumptions regarding the spiritual or religious dimension of a client’s life based upon racial/ethnic/cultural backgrounds. Even when a client self-identifies as being of a particular culture and spiritual or religious group, the counselor needs to explore that identification for that particular client since many factors can impact a client’s beliefs, values, and the application of those beliefs and values. Therefore, the “when” and “how” to apply spiritual approaches also need to be viewed within an individual and cultural context.

The following are a few ways in which spiritually/religiously based strategies have been or can be applied in an addiction treatment setting.

Spiritual Assessment – Information on spiritual and religious beliefs, values and experiences provides a background for comprehensive care. For some clients, spirituality is an important or even central element in their larger worldviews and life context within which presenting concerns will be addressed. A basic first step would be to use a reliable assessment of the client’s spirituality. There are several useful and well-tested screening and assessment instruments to use for this purpose (Gorsuch & Miller, 1999). *The Spiritual Well-Being Scale* (Ellison, 1983) is a general indicator of well-being which may be used for the assessment of individual and/or congregational spiritual well-being. It provides an overall measure of the perception of spiritual quality of life. Another comprehensive and multidimensional instrument is the *Brief Multidimensional Measure of Religiousness/Spirituality* (BMMRS), which was developed by the U.S. National Institute on Aging in collaboration with the Fetzer Institute (1999). It is available at no cost on the Fetzer Institute website.

Stephen Saunders (2005) studied a brief intervention to discern motivation of clients in alcoholism treatment and the effects of a one-session intervention providing clients with feedback about their spirituality, highlighting differences between current and ideal states. Saunders offers a framework – S-P-I-R-I-T – for conducting an assessment of a person’s connectedness to others, connectedness to God, overall sense of satisfaction or contentment or well-being related to religious/spiritual life, and religions practices.

Meditation – Meditation or meditative practices have tremendous value. They are best understood as having the ability to tap into the universal potential for the human mind to transcend its preoccupation with negative experiences (fears, anxiety, anger and obsessions) and to become more comfortable with the expressions of compassion, acceptance and forgiveness (Miller, 1999). Meditative practice has often been identified with relaxation strategies

including progressive muscle relaxation and yogic stretching, but has many other variations and interpretations.

One often discussed outcome of meditation is the construct of *mindfulness* - to be aware of the full range of experiences that exist, to bring one's complete attention to the present experience on a moment-to-moment basis. This construct is important in its application to clinical practice as it is said to foster the ability to observe one's thoughts and feelings as they occur in the present moment allowing for self-monitoring or cognitive techniques aimed at changing thought patterns.

Transcendental Meditation (TM), in particular, is one meditative practice that has been found to be very effective. A meta-analysis summarizing 19 studies on the effects of TM found the technique produced substantial and highly significant reductions in alcohol, cigarettes and illicit drug use, with larger effects than other treatments, including standard therapies and other techniques of meditation and relaxation (Alexander, Gelderloos & Rainforth, 1994). In the analysis of their data, these researchers emphasized the effectiveness of TM on developing quality of life and a sense of purposefulness.

There are a variety of other meditative practices that have been applied to addiction counseling. Guided imagery is a technique that uses the right brain and limbic system to facilitate openness to spirituality, intuition, abstract thinking, recognition of patterns, empathy, and capacity for love and pleasure (Monda & Cooley, n.d.). This process involves going into a state of deep relaxation and creating a mental image of recovery and wellness. Controlled breathing is another technique for that has been used for psychological and spiritual development. Breathwork is the modern term for this technique that uses the breath combined with a variety of supportive techniques to inner exploration and healing. Additionally, shamanic practices from various non-Western cultures, which involve drumming, singing, and dancing, have emerged as psychotherapeutic tools for inducing what are believed to be healing states of ecstatic trance.

Focus on Values – When clients explore and identify their values during treatment, many of them will affirm that their most important, core values are spiritual in nature (Richards, Rector & Tjeltviet, 1999). Richards, et. al. (1999) delineate four occasions in which counselors can promote healing and growth by assessing, exploring and helping clients modify their values:

- The first occasion involves the assessment of a client's worldview, core values and lifestyles to determine if discrepancies exist; it is from here that counselors can decide if further values interventions are needed.
- The second occasion is when there are conflicts in a client's values and behaviors. When clients have discrepancies between their professed values and behaviors, counselors can help them examine their incongruencies and assist them in becoming more congruent.
- The third occasion is when clients are confused about what their values are and believe that their life lacks specific purpose or meaning. Counselors can focus on this therapeutically.
- The fourth occasion is when counselors perceive that clients' value choices are contributing to their problems. Counselors can help clients explicitly examine the value choices that are problematic and facilitate the modification of values and lifestyle choices.

From a more deliberate spiritual perspective, counselors can help clients: affirm their spiritual values; delineate how their spiritual values and beliefs can help them cope with their problems; incorporate lifestyle behaviors that are congruent with their spiritual values; and access the spiritual resources in their lives.

Connecting with Others – One of the main aspects of spiritual maturity is having a connectedness with others. This is defined as having an appreciation of a common bond with all humanity and, in particular, their relationships with others. Relationships can be stifled by self-absorption, selfishness, meanness, greed, narcissism, pride and so on. On the other hand, relationships are fostered by moving beyond individual ego worlds and participating in daily acts of *self-transcendence* - mindfulness of others, self-forgetfulness, generosity, compassion, listening, helping, patience, humility and so on.

This concept is not foreign in the addiction field as being a part of a community and helping others is a central part of many recovery approaches. Alcoholics Anonymous emphasizes that helping other AA members is an essential component of one's own recovery. Zemore and Kaskutas (2004) studied how helping activities and spirituality differ over the course of recovery. Overall, this study found that strong relationships emerged among between spirituality and all forms of helping, a finding consistent with the view that helping is an expression of spirituality.

It is posed that strategies aimed at facilitating relationship building, participation in community activities, structuring helping relationships, and fostering social competence have spiritual underpinnings as they help to move an individual towards self-transcendence. In the case of clients with co-occurring psychiatric and addictive disorders, social impairment (often associated with psychiatric problems) may impact the client's ability to help others or serve as a sponsor (Polcin & Zemore, 2004) and these clients may need additional assistance in completing helping activities that require high levels of social contact. One strategy for providing more assistance is the use of the 12 Step Facilitation method described by Nowinski, Baker and Carroll (1995).

Conclusion

This series on *Spirituality in Addiction Treatment and Recovery* has addressed a variety of spiritual issues and strategies for incorporating more spiritual content into addiction treatment. There are many other spiritually and religiously based strategies that warrant exploration such as the use of prayer, journaling, and the reengagement of clients with religious traditions (for those who desire it). Space limitations prohibit a full discussion of the many strategies available. It is hoped that the readers' awareness of this important aspect of human nature has been raised, and that they have gained a greater appreciation of how spiritually based approaches can be used as either a central or complementary therapeutic pathway for facilitating lasting change in clients.

REFERENCES

- Alexander, C.N., Robinson, P., & Rainforth, M.W. (1994). Treating and prevention alcohol, nicotine and drug abuse through Transcendental Meditation: A review and statistical meta-analysis. *Alcoholism Treatment Quarterly*, 11(1-2), 13-87.
- Ellison, C. (1983). Spiritual well-being: Conceptualization and measurement. *Journal of Psychology & Theology*, 11(4), 330-340.
- Fetzer Institute, National Institute on Aging Working Group, 2003 (1999). *Multidimensional measurement of religiousness/spirituality for use in health research*. A report of a national working group. Supported by the Fetzer Institute in Collaboration with the National Institute on Aging. Kalamazoo, MI: Fetzer Institute.
- Gorsuch, R.L., & Miller, W.R. (1999). Assessing spirituality. In W.R. Miller (Ed.), *Integrating spirituality into treatment: Resources for practitioners* (pp. 47-64). Washington, DC: American Psychological Association.
- Koenig, H., & Pritchett, J. (1998). Religion and psychotherapy. In H. Koenig (Ed.), *Handbook of Religion and Mental Health* (pp. 323-336). San Diego, CA: Academic Press.
- Marlatt, G.A & Kristeller, J.L. (1999). Mindfulness and meditation. In W.R. Miller (Ed.), *Integrating spirituality into treatment: Resources for practitioners*, (pp. 67-84). Washington, DC: American Psychological Association.
- Matthew, R. J., Georgi, J., Wilson, W. H., & Mathew, V. G. (1996). A retrospective study of the concept of spirituality as understood by recovering individuals. *Journal of Substance Abuse Treatment*, 13, 67-73.
- Miller, W.R. (1999). *Integrating spirituality into treatment: Resources for practitioners*. Washington, DC: American Psychological Association.
- Miller, W.R., & Martin, J.E. (Eds.) (1988). *Behavior therapy and religion: Integrating spiritual and behavioral approaches to change*. Newbury Park, CA: Sage.
- Monda, L. & Cooley, L. (n.d.). Guided imagery that heals. *Counselor: The Magazine for Addiction Professionals*. Retrieved from the World Wide Web on July 5, 2005 at http://www.counselormagazine.com/display_article.asp?aid=GuidedImageryThatHeals.asp.
- Nowinski, J., Baker, S. & Carroll, K. (1995). *Twelve step facilitation therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Project MATCH Monograph Series, Vol. 1. Rockville, MD: National Institute on Alcoholism and Alcohol Abuse. (NIH Pub. No. 94-3722. 1995).
- Polcin, D. L. & Zemore, S. (2004). Psychiatric severity and spirituality, helping, and participation in alcoholics anonymous during recovery. *American Journal of Drug and Alcohol Abuse*, 30(3), 577-92.
- Richards, P.S., Rector, J.M., & Tjeltveit, A.C. (1999). Values, spirituality and psychotherapy. In: W.R. Miller (Ed.), *Integrating spirituality into treatment: Resources for practitioners*, (pp. 133-160). Washington, DC: American Psychological Association.
- Saunders, S. M. (2005, March). A brief clinical intervention to heighten problem drinkers' awareness of spiritual difficulties. *Addiction and spirituality: Scientific, theological, & clinical perspectives, conference proceedings*. Retrieved from the World Wide Web on May 3, 2005 at <http://www.indstate.edu/psych/cshrs/addictions%20Conference.htm>.
- Thorensen, C.E. (1998). Spirituality, health and science: The coming revival? In S. Roth-Roemer, S. Kurpius Robinson, & C. Carmin (Eds.), *The emerging role of counseling psychology in health care* (pp. 409-431). New York: Norton.
- Zemore, S.E., & Kaskutas, L.A. (2004). Helping, spirituality, and AA in recovery. *Journal of Studies on Alcohol*, 65, 383-391.