



Addiction, recovery and spirituality

Peter Hillen reflects on the role of religion and spirituality in recovery from problematic substance use

Many of us have witnessed or have had personal experience of the serious problems caused by excessive, habitual use of alcohol or other psychoactive drugs for individuals, families and communities. Substance addiction or dependence can lead to ill health, both physical and mental, premature death, financial problems, relationship difficulties, domestic abuse, crime and homelessness.¹

As the son of a teetotal clergyman growing up in the Republic of Ireland, I was relatively protected from the influences of problematic substance use. I first became aware of the potential negative effects of psychoactive substances as a teenager, hanging out with friends. Nicotine, alcohol, cannabis, speed, ecstasy and LSD, among other drugs, were taken in abundance. I regarded their stories of their drug-taking escapades as bravado and with some amusement, but I worried for their health – physical, mental and spiritual. Some years later I found out that at least a couple of these friends had suffered from depression that, rightly or wrongly, they attributed to their excessive drug use. Apart from what I perceive as an over-reliance on alcohol, I am thankful that these friends do not appear to have suffered severely for their years of youthful excess. Many are not so fortunate.

As a theology student in Edinburgh, I was struck by the number of homeless people on the streets, often begging for change. I noticed that many of them drank heavily, and were sometimes incapacitated by litres of cheap cider, strong beer or spirits. Some were gaunt and pale and I guessed that many of them were dependent on heroin or other hard drugs. After my studies I got a job supporting homeless people in a short-term emergency access hostel in the centre of Edinburgh. The hostel was run on Christian principles and we offered optional opportunities for prayer, Bible reading and worship. As most of the staff were Christians, conversations about religion and spirituality often evolved naturally. Men and women become homeless for a variety of reasons: unemployment, financial difficulties, relationship breakdown, mental ill health and, of course, problematic substance use.² It is certainly not true that all homeless people have substance use problems, but many do, and unfortunately homelessness itself can be a cause.

I worked for over four years in the hostel and witnessed some of the most severe effects of excessive substance use. I saw the meekest of people become aggressive or violent; the



most intelligent of people become barely capable of speaking, walking or controlling their bladder or bowels; the most valuable of people overdosing on drugs or drinking themselves to death. While I saw some people's lives change with the help of our care and support, we seemed to lose many to their desire for more and more of their preferred substance/s. My Christian faith enabled me to see hope in the midst of these challenges. I believed that God could change lives. I saw some evidence of this in the hostel but I wanted to learn how I could do more to help people with substance use problems.

While working at the hostel I attended a course in addictive behaviour in Egypt. The course took place at a recovery centre for men with substance use problems. The organisation was Christian and their approach to tackling addiction had a strong emphasis on the 12 steps of Alcoholics Anonymous (AA) but also incorporated

“
Recovery is achievable
– there is hope for
people struggling with
problematic substance use
”

psychological approaches, including motivational interviewing and cognitive behavioural therapy. There was an implicit spirituality in their approach that was expressed through the spirituality of the 12 steps. I was initially surprised to discover that a Christian organisation somehow managed to deliver treatment for Muslims as well as Christians. While most of the time there were separate groups for Muslims and Christians, in some groups Muslims and Christians took part together.

Christian recovery training

About a year after finishing the course in Egypt I got a job working at a Christian recovery centre for men with addiction problems in Edinburgh. Here I was able to help residents work through their substance-related problems more directly, by providing one-to-one support and in group work. The centre's approach was based on the belief that a person could be freed from the power of addiction through a transformative relationship with Jesus Christ. The programme used a Christian adaptation of the 12 steps, life skills training (eg how to deal with anxiety, relationship difficulties, anger etc), voluntary work initiatives and recreational activities. It functioned as a 'therapeutic community', using the therapeutic potential of the relationships between residents and staff.³

Relapse is the norm in most people's experience of recovery.⁴ While I observed regular relapses, I also saw lives

transformed. A few seemed to change without any major problems, but most changed gradually, with many setbacks. Almost all who succeeded had embraced the Christian gospel. It gave them hope, power and encouragement. This personal faith was usually accompanied by the support of friends made in local Christian fellowships. Even so, not all who came as

Christians or who became Christians during the programme succeeded. Even those with sincere faith and Christian devotion could relapse again and again, with little sign of making progress. I remember one devoted Christian man who died as a result of his excessive drug use.

Why was this, I wondered? Is God really able to change lives? If people did not change, was it their fault, or God's? Was there something different about the type of belief or spirituality that those who succeeded possessed? Was it that those who did not succeed had still to surrender some key parts of their lives to God? Or was their problem just too deep or too complex? It seemed that some succeeded in recovery without any religious or spiritual resources. What made the difference for them? I was also intrigued by what appeared to be a sort of secular spirituality that was embraced by some members of AA.

Spirituality as empowerment

These questions and others led me to embark on a programme of research into the role of religion and spirituality in individuals' experiences of recovery in Scotland. There has been a historical relationship between religion, spirituality and recovery in Scotland through the temperance movement and AA.⁵ The concept of recovery has been popularised in Scotland in recent years and, while it is not emphasised, some of the literature mentions that religion and spirituality are important resources for recovery.⁶ Religion and spirituality can be an important source of 'recovery capital' and it has been acknowledged that there are many different pathways to recovery: secular, religious and spiritual.⁷ An independent report on drug and alcohol use in Scotland has suggested that spirituality and faith can be a source of empowerment for people seeking to recover, 'not necessarily based upon a theocratic view (ie religious), but faith and spirituality in the wider senses'.⁸

There is a wealth of literature, mostly from the US, on the relationship between religion, spirituality and problematic substance use. Much of the evidence seems to suggest that, as religious or spiritual practices increase, substance use decreases: '[the] widespread belief that spirituality is important in recovery is consistent with findings to date'.⁹ Apart from the complications of defining and





measuring faith and spirituality, can the findings of research conducted in another country and culture be transferred to Scotland or to the UK? The religious and spiritual culture/s of the US are different to those of Scotland. This can be seen in part in the different extents of religious affiliation in the two countries: religion appears to be a more significant part of American culture, at least for the majority.

To understand how religion and spirituality helps or hinders people seeking to recover in Scotland, Scotland's religious and spiritual cultural influences must be considered. The religious or spiritual identities embraced by individuals seeking recovery in Scotland are not only influenced by Scotland's unique religious and spiritual history but by sectarianism, secularisation and multiculturalisation, as well as the micro-cultures of recovery communities and treatment centres.

Some conclusions

There is very little research that examines the relationship between religion and/or spirituality and problematic substance use in Scotland, or in the rest of the UK, for that matter.¹⁰ The few relevant Scottish studies suggest that religion does influence how people use alcohol.¹¹ I hope my research will add to what is known about this important topic in a culturally specific way. I plan to carry out one-to-one interviews with a cohort of men and women in recovery around Edinburgh and the Lothians. I plan to ask them about the factors that have helped them to recover, and discover what role, if any, religion or spirituality has played in their experience of recovery. I am at the beginning of this exploration; I have more questions than answers right now but, from my experience and study to date, I have been able to draw some conclusions.

First, recovery is achievable – there is hope for people struggling with problematic substance use. Second, treatment needs to be holistic – it needs to consider the biological, psychological, social and spiritual needs of the individual. Third, treatment should be global – it must look beyond the direct needs of the individual to their social context, family and community. Fourth, while some individuals appear to recover without any professional help, for most therapeutic relationships are essential.¹² These principles are reflected in White's definition of recovery:⁷

'Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life.'

White also asserts that religion and spirituality may be important for many in their recovery journeys.

With regard to a theological understanding of the secular, spiritual and religious pathways to recovery, I have found Chris Cook's work very helpful.⁵ He argues that addictive behaviours are part of the normative experience of our struggle with sin. This does not mean that every one of us has a dependence syndrome. The degree to which individuals experience addictive desires are relative to 'the unique biological and psychological makeup of each individual, and the varying physical and social environments in which people find themselves'.⁵ However, Cook does suggest that we all suffer from a 'theological disorder' of addiction, to some degree.

Cook believes that addiction is fundamentally related to a person's relationship with God and that the grace of God is needed to overcome sin and therefore addiction. He acknowledges that Christian faith 'does not appear to be an essential prerequisite for a good outcome' and that various forms of therapy have been proved effective.⁵ Cook's explanation is that secular treatment methodologies can provide at least partial freedom from addiction through the 'intervention of an external (therapeutic) power'. He proposes that therapeutic methodologies work as surrogates for God or are a 'means of grace'.⁵

As religious or spiritual people we cannot impose our views on the people we work with. We can offer people the resources that we possess, secular or spiritual, and allow them to choose. I hope that my research will provide some evidence of the value, and possible pitfalls, of incorporating religious and/or spiritual elements into supporting people in their recovery journeys from drug addiction.

Biography

Peter Hillen has over eight years' experience of working with homeless people with problematic substance use in Scotland. He has qualifications in theology, counselling and addiction. He has just completed an MSc (by research) and has recently begun a PhD at the University of Edinburgh. Email d.p.hillen@sms.ed.ac.uk.



References

1. Scottish Government. The road to recovery: a new approach to tackling Scotland's drug problem. Edinburgh: Scottish Government; 2008.
2. Figure 8 Consultancy Services Ltd. A review of the substance misuse needs of homeless people in Edinburgh and how well these needs are met by existing services. Dundee: Figure 8 Consultancy Services Ltd; 2010.
3. Kaplan C, Broekaert E. An introduction to research on the social impact of the therapeutic community for addiction. *International Journal of Social Welfare* 2003; 12: 204–210.
4. DiClemente CC, Prochaska JO. Towards a comprehensive, transtheoretical model of change: stages of change and addictive behaviors. In: WR Miller, N Heather (eds). *Treating addictive behaviors* (2nd edition). New York: Plenum Press; 1998 (pp3–24).
5. Cook CCH. *Alcohol, addiction and Christian ethics*. Cambridge: Cambridge University Press; 2006.
6. Best D, Rome A, Hanning KA, White W, Gossop M, Taylor A, Perkins A. *Research for recovery: a review of the drugs evidence base*. Edinburgh: Scottish Government; 2010.
7. White WL. Addiction recovery: its definition and conceptual boundaries. *Journal of Substance Abuse Treatment* 2007; 33: 229–241.
8. Matthews J (chair). *Melting the iceberg of Scotland's drug and alcohol problem: report of the independent enquiry*. Glasgow: University of Glasgow; 2010.
9. Geppert CM, Bogenschutz MP, Miller WR. Development of a bibliography on religion, spirituality and addictions. *Drug and Alcohol Review* 2007; 26: 389–395.
10. Cook CCH. Addiction and spirituality. *Addiction* 2004; 99: 539–551.
11. Engs RC, Mullen K. The effect of religion and religiosity on drug use among a selected sample of post-secondary students in Scotland. *Addiction Research* 1999; 7(2): 149–170.
12. Meier PS, Barrowclough C, Donmall MC. The role of the therapeutic alliance in the treatment of substance misuse: a critical review of the literature. *Addiction* 2005; 100: 304–316.

