

## **Spirituality in Addiction and Mental Health: A Practical Case Approach**

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### **Abstract**

*Spirituality in mental health and substance abuse recovery can be an effective concept and life practice to guide a person toward optimal health and healing. The paper includes a review of the literature on spirituality and the benefits realized for clients suffering from mental health disorders, specifically anxiety, depression, suicidal ideation, and substance abuse recovery. Personal perspective and application of spirituality in private practice is explored. Future implications on a deeper integration of spiritual practice in health and recovery are provided.*

**Keywords:** spirituality, substance abuse recovery, mental health Spirituality in Addiction and Mental Health: A Practical Case Approach.

### ***Research Question of Particular Relevance about Spirituality***

#### **What role can spirituality have in mental health and substance abuse recovery?**

Spirituality in health and healing continues to be recognized as a core element of an individual's care plan, specifically in the field of integrative medicine and mind body medicine. Bell, et al (2002) identified physical, psychosocial, emotional, and spiritual well-being as the whole-person approach to achieve optimal health and discuss the emergence of integrative medicine as a new primary care model. As functional medicine becomes more prevalent and defined in medicine, the opportunity becomes viable for the patient-provider encounter to become customized. It also can become personalized through a holistic approach of integrative medicine and mind body medicine. Pullen, Edwards, Lenz, and Alley (1994) helped develop the discussion around a new primary care model suggesting it be more comprehensive and patient-centered.

A recent narrative described the new primary care paradigm that continues to shift emphasis toward patient empowerment, self-care, and personal responsibility, and less perceived control by the health care provider (Van Olmen, et al., 2010). As spirituality becomes integrated as a core component to one's care plan, there is a need to understand how spirituality can affect specific health conditions and behaviors. Walsh (2011) described the lifestyle factors that help determine physical and mental health, and recognizes religious and spiritual beliefs as having impact. In this paper, the author reflects upon the existing literature relating to spirituality, mental health, and substance abuse recovery. A review of the literature is conducted, application in the field, and a personal reflection on the author's potential future use in a mind body medicine practice.

#### **Scientific Study of Spirituality in Mental Health and Substance Abuse Recovery**

Dacher (2006) recognized that spirituality in Western medicine has recently begun to be considered a component of one's health. Traditionally, health care provision focused on the physical and behavioral concerns of patients. However, the story is different in drug and alcohol addiction treatment. Pascal (1992) described alcoholism as a spiritual disease requiring attention to one's connection to a Higher Power. Different from conventional Western medicine, drug and alcohol addiction treatment was founded on spirituality principles. Galanter, Dermatis, Bunt, Williams, Trujillo, and Steinke (2007) found that spirituality is likely to provide an important motivator for recovery in many individuals with varying degrees of understanding and application. Alcoholic Anonymous (AA) and other 12-step programs are described as a spiritual recovery movement that interacts with one's psychosocial and emotional well-being. They believe it helps individuals in recovery re-contextualize meaning and achieve positive life outcomes (Galanter, 2007).

In the past decade, Florentine and Hill house (2000) found the application of a spiritually based 12-step program with drug treatment increased recovering individuals' chances to remain abstinent and achieve long-term results. In early recovery the utilization of 12-step philosophy, an individual's ability to surrender to a Higher Power, move beyond denial, the ego/mind, and recognize where life has taken them, is critical before one can move forward. Research has shown that recovering individuals report higher levels of spirituality and religious affiliation are associated with optimistic life orientation, perceived social support, lower stress and anxiety (Pardini, Plante, Sherman, & Stump, 2000). Most patients in drug and alcohol treatment welcome the opportunity to understand spirituality and recognize its role in their lives. Patients perceive spirituality-focused treatment as an intervention that could help reduce craving, at-risk behaviors, comply with treatment protocol, and increase hope (Arnold, Avants, Margolin, & Marcotte, 2002). Carrico, Gifford, and Moos (2007) found that spirituality/religiosity promotes acceptance-based responding, improves post-inpatient treatment through the development of self-regulation skills, and contributes to ongoing willingness in 12-step group involvement. I believe community and group involvement is essential in maintaining humility and ultimately, sobriety. Much of the research around the reasons and causes of addiction include childhood or adolescent trauma such as abuse, domestic violence, or major life changes and events (Amato, 2012).

Anxiety, depression, suppression, anger, and other negative feelings and emotions may contribute to adverse, at-risk behaviors. Cotton, Larkin, Hoopes, Cromer, and Rosenthal (2005) found that inclusion of spiritual and religious understanding and practice in adolescents can lead to fewer depressive symptoms and risk-taking behaviors. The research was conducted to examine spirituality beyond simply religious affiliation or attendance of religious services. Ultimately, recovery mirrors the applied journey of personal consciousness. The authors question the extent to which adolescents are exposed to spirituality in terms of concepts, meaning, and practice. Another study showed adolescents incorporating spiritual principles into their lives, can develop coping skills in transitional stages of life, and lower levels of depressive symptoms (Perez, Little, & Henrich, 2009). Many articles focusing on spirituality and religiosity in adolescents identified positive outcomes. Yonker, Schnabelrauch, and DeHaan (2012) examined the existing body of research and found spirituality and religiosity have positive effects on psychological outcomes in adolescents. Given the extensive literature on the topic, it appears more integration of spiritual concepts into school curriculum, extracurricular activities, and families can alleviate depression and anxiety that lead to adverse behaviors. These include drug and alcohol consumption, smoking, and giving into peer pressure. The author believes the Western world has chosen separation, or exclusion, by defining spirituality as religion in moving away from expanded consciousness. Researchers have also found that a loss of faith in a Higher Power can limit an individual's ability to alleviate depressive symptoms in adolescent psychiatric patients (Dew, et al, 2010). Their study focused on controlled substance abuse and discussed the implications on suicide.

In concluding the literature search on mental health and substance abuse pertaining to spirituality, it is important to discuss impact on suicide prevention. In substance abuse recovery, professionals and clients occasionally claim that alcohol and drug addiction are only symptoms of a root cause that may be recognized as a spiritual disconnect or mutation of consciousness (Amato, 2012). Garroutte, Goldberg, Beals, Herrell, and Manson (2003) found that high levels of cultural spirituality produced significant reduction in suicide attempts in an American Indian sample compared to those with lower levels of cultural spirituality. The study controlled for age, gender, heavy alcohol use, substance abuse, and psychological distress. It supported the claim that drug and alcohol addiction are symptoms, and lack of spirituality is a root cause. In a longitudinal study reviewing the relationship between spirituality, religion, and suicidal behavior, Rasic, Belik, Elias, Katz, Enns and Sareen (2009) found that spiritual identification was associated with decreased odds of suicide attempts. Although when adjusted for social support influence, the findings were not significant. The same study found that religious attendance did decrease suicidal ideation, but was not significant when controlled for social support. Religious attendance showed significance in decreasing the odds of suicide attempts. In a follow-up study, Rasic, Robinson, Bolton, Bienvenu, and Sareen (2011) found religious attendance decreased the odds of suicide attempts compared to those who did not participate. Additionally, seeking spiritual comfort was associated with reduced suicidal ideation.

### ***Case Approach***

The author's provide a qualitative case approach to the application of spirituality in substance abuse and mental health.

In particular, the author's emphasize the benefits of holistic approaches to supporting individuals with substance abuse and mental health issues. Lawlis (1996) described Achterberg's concept of transpersonal medicine as meaning "beyond the self", and medicine as "to make well". She identified love, wisdom, and power as the three main tenets of an integral approach toward applied and engaged spirituality. I would add the word knowledge as a component. How this can be articulated in my application, will be discussed in this section. The authors' application of spirituality, maintains that balance or harmony in our body-mind relationship to the outer world would include and be included in the consciousness that defines each of us. Spirituality informs our aliveness and lived experience through the process of expansion and contraction. Each one of us experiences a version of reality that contributes to our health, well-being, rituals, and life experience. Everyone interprets our changing biology, psychology, health, and relationship toward human consciousness. Through meaning making, one of the authors serves acts health guide and partner by whom transcendent spirit expresses itself in partnership with the ongoing conditions of matter, and one's relationship to reason. In dealing with clients who disclose symptoms of depression or anxiety, there is an element of shadow/emotional work that the individual faces. Through addiction, mental anguish, or lack of self-awareness known as denial, has disrupted emotional integrity and stifled emotional intelligence. As a practitioner, the one author has used meditation to move clients beyond emotional upheaval through cultivating a transcendent or witness consciousness allowing for the release of past emotions. However, sometimes the mental state is heavily influenced by neurobiological factors or cognitive-behavioral influences that elicit the attributes of a separate self (du Plesiss, 2012). In other words, the compulsion of the subconscious may call for deeper forms of treatment such as psychoanalysis or holistic counseling.

Developing a system of meaning, or a framework that shifts their relationship to self, other, and world. Personal practice can include a combination of life coaching, yoga, and meditation instruction. Coaching sessions generally deal with clients in recovery regarding worldview, stress, perception, diet, lifestyle, and nutrition. Coaching and group instruction, utilizes yoga and meditation, and incorporates spiritual foundation and tenets of human consciousness as core. Sustaining both a formal and informal spiritual practice can exist. Within the therapeutic encounter, the first step is listening and calling on my formal practice to be present, and one-pointed. The next step is the holistic ritual that occurs between the practitioner and patient. This is conscious dialogue through self-inquiry that brings forth the symptoms or root cause. This process is a spiritual experience, independent of our reality. Often in our attempt to make meaning, the symptoms or illusion of suffering is revealed as the heart of the endeavor. The informal practice allows me to assess the philosophical underpinnings of the client's symptom, perspective, and worldview. Created a holistic protocol that a client can be held accountable for, and may produce a perceived shift as a result. As this research paper previously exposed, spirituality can be a useful process for reducing anxiety, stress, depression, substance abuse, relapse prevention, and the risk for suicidal thoughts or attempts. Primarily for adult populations, coaching individuals to move beyond old patterns, memories, and events from recent or adolescent times has been effective.

It is critical to understand and meet people where they are at, effectively communicate, and help understand and move through the stages of change (Prochaska & Prochaska, 1999). Decrement and Hughes (1990) utilized the stages of change model to profile individuals in outpatient alcoholism treatment. This trans-theoretical model of change has been applied and deemed useful in dual-diagnosis populations that have both substance abuse and severe mental illness (Nidecker, DiClemente, Bennett, & Bellack, 2008). In recovery and 12-step communities, individual compliance and motivation continues to be essential in sustaining sobriety. Recent research has begun to look at motivation as it relates to the stages of change and dual-diagnosis population to understand how positive behavior change can occur (DiClemente, Nidecker, & Bellack, 2008). Individuals learn differently based on our culmination of experience and cultural inheritance. The inclusion of spirituality as a core component of integrative or integral medicine is paramount. Our feelings, thoughts, experiences, memories, and behaviors arise through our cognitive, kinesthetic, visual, and auditory learning. The focus of spirituality and consciousness in our relationship between self, others, and God, or another form of higher power, defines our interconnectedness in self-realizing. Spirituality, as part of healing, includes an awareness and understanding of wholeness. Each one of us constellates an embodied, embedded, and enmeshed version of being and knowing that is forgotten, unknown, or covered over. The interplay between consciousness and unconsciousness reflects our well-being and mind-body-spirit relationship. In physical, behavioral, and mental health, and/or substance abuse recovery, the person can be coached to consciously progress in positive directions. The authors suggest that embodying a meaningful life experience and positive attitude beyond reason and intellect that eradicates the unconscious aspects of the psyche and personality can occur.

These can foster an expanded consciousness and refined sense of well-being. A variety of philosophical models reflecting the stages of change of human development, states and stages of human consciousness, and the "great chain of being" are used. The context for coaching work is rooted in awareness, and offers the journey of an expanded consciousness through hath and raja yoga, mindfulness, and mantra meditation. In addition, drugs, alcohol, thoughts, gambling, sex, cell phones, and the shadow side of ego, as symptoms of denial. The authors recognize the root cause as a spiritual disconnect or unknowingness of our internal divine or integral relationship to self, culture, and nature. The authors offered a holistic approach in seeing patients as part of a multi-disciplinary hospital, team-based clinical approach. Spiritual development is in integral part of the care plan. Although spirituality may be perceived as abstract or intangible, the authors' intention is to continue to develop simplistic language, combining science and nature, East and West, which can story the word "holism", along with understanding and pathways of direct experience.

This can serve as a roadmap toward a comprehensive worldview for individuals trying to make a lifestyle shift. The authors acknowledge that individuals embody personal, interpersonal, and transpersonal aspects in our core understanding. These attributes affect life experience and perception that include thoughts, feelings, sensations, and identity in defining the Self. The goal with a client is to establish heart-centered trust and work toward a dynamic, connection by fostering safety and openness. Here we may explore beliefs, understand perceived symptoms, and listen with awareness and focused intention. Through conscious dialogue and deep listening, one can learn the fundamental characteristics of human nature that have become the person's life experience and how this has shaped their understanding of life, disease, illness, health, and well-being. Through this holistic encounter of engaged spirituality, core assumptions, attachments, symptoms, and perspectives can be discussed to promote introspection regarding next steps and course of action, in celebrating the uniqueness of each individual.

In group or private practice, the collective conscious informs my practitioner tool kit of mind-body medicine that centers on a whole-person approach. The individual protocol would consider root and symptoms in approaching wellness and wholeness, integration of personality, and conscious evolution through education and modality depending on the individual and psycho-dynamics of the relationship. Meditation, yoga, movement, coaching, fitness, diet and nutrition, and energy medicine could be initial steps, or a referral to another provider or physician. Spirituality can be used to educate and empower the individual to self-direct their journey and explain an integral or transpersonal approach. Within the mind-body connection and through the team-based model, the authors recognize the myriad of factors between unity and diversity that allow us to display relative truths and viewpoints for each person. Through spirituality direct experience and various modes of knowing can offer a way in and a way out toward a deeper connection with an expansive sense of self beyond the mere subjective nature of our spiritual application. The proper paradigm formulation or antidote can arrive through grace and non-conceptual knowing that speaks to the perennial philosophy of the new medicine. Together we build an integral medicine.

### ***Conclusion***

Substantial gains have been made over the past several decades on the use and efficacy of spirituality practices as an approach to health and healing. It is clear in the literature that spiritual concepts are being used and measured through a variety of instruments showing the positive impact on alleviating symptoms of depression, anxiety, substance abuse, and other harmful disorders. Further research is needed on the role of spirituality in conjunction with social support systems in reducing anxiety and depression in times of crisis and transition, suicide prevention, and relapse prevention. It is important to discern with clients and students the difference between spirituality and religion. Spirituality can be a sensitive issue for many individuals and needs to be treated with reverence in educating a deeper understanding and experience in developing trust with the client. The spectrum of spirituality and meaning of spirituality is diverse and vast in society.

It is important to recognize this, meet people/clients where they are at, and develop a wellness plan that is customized. This can be considered a functional medicine approach. The research suggests that some level of spiritual integration should be required to help alleviate depression, anxiety, suicidal thoughts and attempts, and substance abuse recovery. As health care reform evolves, it is critical to analyze and assess how various service delivery systems are performing. The emphasis continues to focus on evidence-based treatment that leads to better health outcomes (Miller, Zweben, and Johnson, 2005). The provision of mental health and substance abuse services are recognized as core service components in our health system.

As evidence mounts for spirituality to support the benefits and contribution to better mental health and substance abuse outcomes for patients, it seems as spirituality concepts and practices could be made readily available and used. From the vantage point of spirituality/religiosity, when we contemplate the choices beyond formal worship, what are the choices? We often see people utilizing external means such as fitness, nature, and service, to make meaning and find purpose regarding their version of spirituality and religiosity. From a cultural context, the Western perspective appears to align belief with reason, or conscience, whereas the Eastern cultures move inward toward experience of an innate divinity embodied by each of us and shared as love. To address the complex, multi-dimensional nature of mental health and substance abuse, it is important to recognize that a solid framework beyond the bio-psychosocial model is indicated. Through the application of integral theory, that refers to the recognition, compilation, and implementation of an integrative, comprehensive, and inclusive approach that is unique to the individual (although spirituality is a critical element within mental health and recovery). The authors believe spiritual transformation consists of personal translation that enhanced and flourishes the stages of spiritual development. The goal of optimum mental health contributing to the spiritual recovery dimension must focus on existential meaning for all involved and engaged in this potentially integrally informed endeavor.

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