The Role of Religion and Spirituality in Alcohol Use Treatment and Recovery: An Integrative Review

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Abstract

Despite the belief that religion and spirituality considered the most important cultural factors that give meaning to human behaviors and values, religion and spirituality have been equally ignored in the empirical alcohol studies. The purpose of this integrative review paper is to identify the role of religion and spirituality in alcohol use treatment and recovery. An integrative review has been utilized to address the issue. There is a presentation of findings from research examining religion and spirituality and their relationship to alcoholism. Treatment requires awareness of underlying causes to establish effective treatment approaches. Determining these underlying causes requires adequate knowledge of underlying personal beliefs and values that adheres to religions and spirituality. Health professionals across disciplines have an important role in implementing multidisciplinary interventions. Results, controversies, and concerns raised by the reported results are addressed. Implications for future research are delineated.

Keywords: *Alcoholism; Belief System; Religion; Spirituality.*

Introduction

The past few decades witnessed a growing public interest in alcoholism and related method of treatment. Alcohol is a widely used substance throughout all ages, cultural, and ethnic groups[1]. It affects individuals, families, and societies' financial, psychological, and social functions[2]. This evokes attention towards understanding the socio-cultural factors that contribute to alcohol use and its related treatment approaches. Amongst, is religion and spirituality that forms a significant component of any given culture.

Despite the belief that religion and spirituality considered the most important cultural factors that give meaning to human behaviors and values[3], religion and spirituality have been equally ignored in the empirical alcohol studies[4]. The researchers mostly include all questions related to religion and spirituality combined as one factor[5]. The use of alcohol and other drugs is clearly proscribed in some cultural and religious groups and commended in others. Larson and Larson[5] maintained in their review that researchers tend to assess religious affiliation as a measure to religion. This kind of neglect of religion and spirituality was also observed in medical studies. Mueller and his colleagues[6] related that to the researchers' tendencies to use the biomedical model in which physical evidence is paramount. Addressing religion and spirituality as one factor is a questionable issue giving that in many cultures, religion and spirituality are not indicating the same meaning although some common components may exist. The connection between religion, spirituality, and alcohol use required further investigation as alcohol treatment programs depend largely on psychosocial modalities that use the individuals cultural, religious, and spiritual background as major components. Furthermore, mental and medical practitioners are aware of the legal aspects of substance use and treatment; however, recognizing religion and spirituality as core components allows adopting effective approaches to treatment. The *purpose* of this integrative review is to identify the role of religion and spirituality in alcohol use treatment and recovery. The discussion will include a review of studies and treatment approaches that support the efficiency of using the spiritual and religious dimensions in alcohol recovery. Besides, the interrelationship among alcoholism, religion, and

spirituality is also discussed. The paper will emphasize the role of religion and spirituality as an essential and commended approach to deal with the alcohol problem at the individual and society level.

Method

Data Source

The article search was conducted by the first author. EB identified articles by scanning and reviewing all existing literature reviews of Religion, Spirituality, and Alcoholism. Reference lists of these articles were further reviewed for relevant studies. Then literature searches were conducted between January 2010 to Jun 2020 using the online databases: Medline/Pubmed, PsycINFO, Google Scholar, British Nursing Index, Pro-Quest, Elsevier, EBSCOhost, and Cumulative Index to Nursing and Allied Health Literature (CINAHL) Plus using the following search keywords: Alcoholism; Belief System; Religion and Spirituality. Only peer-reviewed papers published in Arabic and English were considered; no geographical limits were used.

Medical subject headings (MeSH) descriptors or appropriate permutations were used to index the content of the databases. The Boolean operators "AND" and "OR" were used as connectors to combine the various search terms and help narrow down the search. Using "AND" ensures that articles with both search terms are retrieved whereas using "OR" ensures the retrieval of articles with either of the search terms. With the aid of these Boolean operators, the search terms were combined as follows: Alcoholism AND Religion OR Spirituality OR Belief System; Alcoholism AND Belief System OR Religion OR Spirituality; and Alcoholism AND Belief System OR Religion OR Spirituality (Table 1).

Table 1. Boolean table showing keywords used for research.

List of search terms:
Alcoholism AND Spirituality OR Religion
Alcoholism AND Spirituality OR Belief System

Inclusion and Exclusion Criteria: The inclusion criteria included articles published in the English language, research studies specifically related to Religion, Spirituality, Alcoholism, and relevant publications regardless of the study design. The inclusion criteria also included articles published from the year 2010 to 2020 to ensure that only current evidence is explored. The exclusion criteria included studies that were not relevant to Religion, Spirituality, Alcoholism, studies published in languages other than English and Arabic, and studies with publications older than 2010.

Religion and Spirituality: The word religion is taken from the Latin word *religare* which means "to bind together" [7]. Religion reflects a set of beliefs and practices that are agreed upon by specific groups of people. The degree to which an individual devote or the quality of being religious refers to religiosity or religious involvement[7]. Spirituality is taken from the word *spiritualitas* which means "breath"[7]. Spirituality can be defined as "*a broad concept that encompasses values, meaning and purposes; one turn inward to the human traits of honesty, love wisdom, caring, imagination, compassion, existence of quality of a higher authority, guiding spirit or transcendence that is mystical; a lowing, dynamic balance that allows and creates healing of body-mind spirit; and may or may not involve organized religion*" [8] p24. Three characteristics of spirituality as posited by Margaret Burkhardt [9] are unfolding mystery, harmonious inter connectedness, and inner strength. Some researchers use the term spiritual wellbeing to refer to spirituality. But these two terms are different. Spiritual wellbeing refers to "*the affirmation of life in relationship with God, self, community, and environment that nurtures and celebrates wholeness*[10]. Spiritual well-being is first emerged by David O. Moberg in 1971 where he defined it as *"wellness or health of the totality of the inner resources of people, the ultimate concerns around which all other values are focused, the central philosophy of life that guide the conduct, the meaning-giving center of human life which influences all individual and social behavior"*[11, p2]). Carson[12] maintained that spiritual wellbeing is not a state but rather an indication of the presence of spiritual health in the person. The features of spirituality include connectedness with others and divine, transcendence (the human is more than simple materials), and values as love and justice[13]. Despite of the growing interest in different professional disciplines to study the impact of spirituality on various aspects of individuals' health, researchers were not able to present a measurable definition of spirituality; Therefore, researchers used to measure religiosity to address spirituality[14]. However, religion and spirituality do not refer to the same things. Canda [15], who has developed a concept of spirituality for social work, maintained that religion involves modeling of the individual's spiritual practices and beliefs into a

social institution. Religion is at the level of individual and has boundaries of specific beliefs, practices, and forms of governance and rituals[16].

The Interrelationship between religion and alcoholism: Most clinical studies and population surveys noted that religiosity and alcohol use are inversely related (e.g.,[17]; [18]). Chang-Lin and his colleagues [19] found that religiously exhibited lower use and initiation of alcohol. In a recent study, the investigators found that religiously-involved students are less likely to abuse alcohol than their nonreligious colleagues[20]. Even in maintaining abstinence, religious individuals show more significant results in terms of longer abstinence periods[21].

A systematic review showed that there is an inverse relationship between attitudes toward alcohol drinking and religiosity[22]. Religion was negatively associated with using alcohol among adolescents sample[23]. These studies show some significant and supportive results toward the effective use of religious beliefs and practices in alcohol sober and abstinence. We need to have these studies replicated in various cultural and religious groups. Despite of the valid results of an existing inverse relationship between alcohol use and religiosity, it very difficult to develop a causal relationship[6].

Spirituality and Alcoholism: The issues of measuring spirituality become one of the main concerns for the workers in the sociocultural and psychosocial disciplines. Therefore, drug and alcohol abuse is considered a symptom of wounded spirituality [24]. This view is not what Royce[25] went for when he called addiction, to alcohol and any other drug, as a spiritual disease. Royce[25] maintained that addiction is simply not functioning with ease regarding the drug. He relied mainly on his understanding of the word disease. He pointed out that "disease" is a "lack of ease"; therefore, alcohol works as a disease by impairing the ability of the body to thinks and feel right about God. The alcoholics and addict resort to drugs and alcohol in an attempt to void and overcome that spiritual emptiness, spirituality is protective factors and function as mechanisms against relapse[26]. Hence, the AA's has a strong belief that addiction, including alcoholism, is a spiritual disease. Researchers[27] presented an interesting idea that relates alcoholism and addiction to spirituality by maintaining that spirituality is the functions of the right hemisphere in which it is the part of the brain that most of the addiction drugs make their effects. Therefore, when the defect in spirituality happiness, such as a feeling of spiritual emptiness, the addicts use alcohol and other drugs for the pharmacological benefits of the drugs in the right hemisphere, where the spiritual process takes place.

Religion, Spirituality and Health: The last few decades witnessed an increased interest in the role of an individual's belief system and spirituality in maintaining and promoting individuals' health. Health practices, in general, and medicine specifically has been historically liked to religion, and religious people were always the resort for individuals' health problems. By time medicine, followed by other health care professions split themselves from religion. In the present time, health professionals are encouraged to consider the spiritual assessment and spiritual care in their process of care of individuals and families [1]. This reflects the importance to deal with the individual as a whole not only from a disease model perspective. Mueller and his colleagues [6] in their review found that patient care was well enhanced by employing and enforcing the patient's spirituality. They indicated that spirituality enhanced patient coping, and quality of life and patients valued their spiritual wellness equal to their physical well-being.

The association between high spirituality and religiosity with physical and psychosocial well-being has been strongly recommended in the literature. Higher levels of spirituality and religion have been found to be negatively associated with rates of alcohol and drug use, suicide, and depression [28]. Spirituality found to associate with an individual's health through reduced loneliness [29]. Further, religious practices are inversely related to the severity of symptoms and hospital use and enhance life satisfaction among psychiatric inpatients [30]. This indicated why many people turned to alternative medicine is because it corresponds with their beliefs, values, and philosophical orientation, and because of dissatisfaction with conventional medicine [31]. However, religion has been reported with some negative consequences on the individual's health behaviors and practices such as obesity [32], obsessive behaviors [33], and adherence to medical regimens [34]. While some of these beliefs may not be accepted by the health care providers and other allied professionals, ethicists suggest that these beliefs must be respected [35].

Therefore, spiritual assessment and exploring religious beliefs have to be part of the patient's holistic management and a core part of the first visit [36]. That includes fears, wishes, values, hopes, and the way they

perceived disease and illness ([37]; [38]). The person should not be seen as an object, rather as a biological, spiritual, physical, and social human being. These considerations should not be limited to patients who attend hospitals and clinics suffering from psychotic-related illness, as found by Hilton and his colleagues [39], but also for all patients. One way to accomplish that is by learning the significance of spiritual assessment outcomes in the process of caring and decisions related to the selection of treatment approaches.

Role of Religion and Spirituality in Alcohol Recovery: The worker and professionals who deal with addiction problems are no more ignoring the role of the spiritual dimension in recovery from alcoholism and addiction. Literature has provided a significant association between alcohol recovery and spiritual awakening (e.g., [40]). Among the dominant treatment initiatives of alcoholism is Alcoholics Anonymous (AA) [41]. In the AA, the individual develops "humanity, inner strength, a sense of meaning and purpose, acceptance, tolerance, and harmony in one's life" ([42], p 209). These entire elements considered to be important components in the individual's spirituality. Therefore, the basic of AA is spiritual growth by practicing certain spiritual principles and traditions [43]. The AA does not provide the definite cure of alcoholism; rather, relieving the alcoholic through practicing the twelve steps and twelve traditions that guide the spiritual growth. Alcoholics Anonymous is not the only alcohol recovery program that is spiritually-related. There are Al-Anon and Alateen, Rational Recovery, SMART Recovery, secular organization for sobriety, men for sobriety, and women for sobriety. All these groups have common agreement on rejecting the disease model of alcoholism, recognize the diversity in treatment, and spirituality is a key element in the recovery [42].

Drinking outcome after treatment is not related to the extent to which the individual attends the AA [44-46]; however, the involvement in AA has been significantly related correlated with drinking outcomes. While studies supported the effect of the spiritual dimension and using meditation on the health outcomes among alcohol and drug addicts (e.g., [47]) the controlled studies revealed a non-significant effect of using meditation on alcohol consumption [48]. One of the major supportive results that related the use of spirituality in alcohol recovery is reported by the project MATCH, where individuals who have AA involvement and spiritual/religious involvement groups have better outcomes on the abstinence measures compared with others in the cognitive/behavioral skills group and motivational enhancement group. Although spiritual/religious involvement may be an important protective factor against alcohol/drug abuse, and Individuals currently suffering from these problems are found to have a low level of religious involvement and spirituality [49-50], the spiritual-focused intervention is still a debated issue and not well-proven due to the limited empirical evidence [16].

Implication and research issues: The reviewed studies on alcoholism and its relationship to religion and spirituality acknowledge the role of religious/ spiritual affiliation as a protective factor against alcohol use and abuse. Although some studies revealed a positive relationship between the religious/spiritual involvement and recovery from alcohol; however, the limited empirical evidence limits the ability to establish a predictive relationship. Nevertheless, the roles of religion and spiritual beliefs have been strongly addressed as one major components for alcohol recovery and sobriety. This is dependent upon personal rather than selected model of treatment. Therefore, mental and addiction health practitioners need to assess and investigate sources of internal power and strengths of individuals with alcohol use problems. legal aspects of alcohol use although considered significant factors, the medical and mental health practitioners need to develop their intervention using the power of personal belief and accommodate their plans to cultural factors. This reflects the importance of including the spiritual dimension as an essential part of the process of caring.

The evidence of religious and spiritual practices in protecting against addiction logically implies that these practices can be used effectively in the process of recovery. This require psychiatric and addiction practitioners to gain more understanding of the spirituality and religious affiliation of individuals with alcohol use problems and disorders. Further, the health care providers are urged to include the outcomes of spiritual assessment planning and interventional processes. The researchers need to investigate more the relationship between alcohol recovery and spiritual/religious involvement and include the spiritual variables in the treatment studies. Recognizing that the main barrier to research is lack of interest of researchers in studying religious and spiritual concepts, there is a need to integrate these concepts while addressing alcohol use recovery and treatment research and interventions. The mental health professionals probably lack the appropriate knowledge to use tools

and method of measuring religiously and spiritual beliefs inferring the need to have the researchers and mental health and addictions specialists to communicate and cooperate to improve the excellence of the produced studies in the field of alcoholism.

There is a need to deal with the individual as a whole system and applying the holistic approach of care including the biological, social, psychological, physical, and spiritual processes. Religion has been linked to medicine and health, why not to regain this relationship, and present it in a scientific way. It's time to build the holistic model of health care that recognizes individuals' spirituality and religious affiliation.

Conclusion

There has been growing interest in studying the relationship between alcoholism and spiritual/religious involvement. Studies have acknowledged the role of an individual's spirituality and religious beliefs in physical and psychosocial well-being and alcohol recovery. This paper presented a discussion of the relationship between spirituality and religiosity and alcoholism. The paper presented a discussion that shows the significant role of spiritual/religious involvement as a protective factor against alcohol use problems and disorder as a supportive element in the process of recovery. Controversial findings related to the nature of this relationship also presented. Further, the paper delineated how individuals' spirituality and religiosity may differ and how can they be linked. Implications and research concerns with suggestions presented and discussed for implementation in the research, education, and clinical settings.

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