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COMMENTARY

Spiritual Guidance, Addiction Treatment and Long-term Recovery

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Introduction

The potential role of spirituality in the resolution of severe alcohol and other drug problems is a foundational premise within the history of addiction treatment and recovery in the United States. The cultural dominance of spiritually-oriented treatment and recovery support societies has spawned professional and public debate, secular recovery support alternatives, and efforts to scientifically evaluate the role of spirituality in addiction recovery (White, 1998).

Early studies suggested that degree of spiritual orientation and spiritual experience exert a potent influence on the etiology, course and outcome of substance use disorders (Miller, 1998; Mathew, Georgi, Wilson, & Mathew, 1996). Spiritually-based professional treatment and recovery support groups were found to be acceptable to most individuals (Arnold, Avants, Margolin, & Marcotte, 2002; Winzelberg & Humphreys, 1999), and evaluation of spiritually-oriented treatment revealed long-term recovery

outcomes equal to or superior to secular, evidence-based clinical protocols (Project MATCH Research Group, 1998).

The two studies of spiritual guidance during and following addiction treatment that were conducted by Miller, Forcechimes, O'Leary, and LaNoue (2008) and published in this issue of the *Journal of Substance Abuse Treatment* constitute the most methodologically rigorous and elegant attempts to date to scientifically evaluate a spiritually-grounded intervention within addiction treatment.

The Spiritual Guidance Clinical Trials

Miller and colleagues conducted two clinical trials (one following and one during inpatient treatment) of a 12-session, manual-guided spiritual guidance (SG) intervention. Each trial compared the SG intervention and standard treatment to a standard treatment only condition. Both studies failed to support the hypothesis that SG would increase post-treatment sobriety via increased daily

spiritual practices, increased meaning in life, and an increase in private religious practices. These studies are historically noteworthy because of the rigor of their design and execution and because their findings will be widely used (and potentially misused) within the debates between professional and lay advocates of religious, spiritual, and secular frameworks of addiction recovery. Some will mistakenly declare that “the science is in” and that the alleged role of spirituality in addiction recovery is nothing more than a myth. In an era in which far more abstracts and popular press summaries are read than scientific reports, much of the subtle nuances of Miller and colleagues’ discussion of their findings risks being lost. This potential justifies multiple professional commentaries on these studies and an assertive response to any misrepresentation of study findings.

The Miller et al. SG studies constitute a rigorous evaluation of one approach to spiritual guidance offered as a component of acute care in one addiction treatment setting; they do not constitute an evaluation of the role of spirituality in long-term addiction recovery. The current SG studies mark the beginning of a new era of research on spiritual guidance, not the final statement on spirituality and addiction recovery.

Unanswered Questions

The SG studies raise many questions that will benefit future studies of spirituality, addiction treatment, and addiction recovery.

- How are the following defined and delineated: *spirituality*, *spiritual awakening*, *spiritual orientation*, *spiritual practices*, and *spiritual guidance*? What is the relationship between *spirituality*, *life meaning and purpose*, and *quality of life*?
- Does the essence of spiritual experience get lost in efforts to artificially define and replicate it within a professional treatment intervention? Are the ingredients of spiritually-oriented professional interventions the same as THE ingredients that people in long-term

recovery self-report as transformative?

- Will individuals entering or leaving treatment voluntarily participate in a spiritually-based intervention? It is unclear in the two SG studies whether the low participation rates (means of 2.9 and 4.8 sessions attended of 12 sessions) were a function of the characteristics of study subjects, the design and content of the intervention offered, or were influenced by staff or organizational factors.
- Are there dose, duration, and timing effects of spiritually-oriented interventions? Would different outcomes of the SG studies have been achieved if the dose (number of sessions attended) had been larger or if SG had been delivered as a program for treatment alumni with at least one year of sobriety? Are the effects of spirituality and SG different across the long-term stages of recovery?
- What is the role of choice in the spirituality experience and the SG process? Does the “having had a spiritual awakening” effect of AA’s Twelve Steps result from the individual ingredients of the steps, the cumulative effects of such ingredients, or the sequence in which these actions were taken? Are there greater effects from a focused exposure to a single spiritual philosophy/practice or, as with the SG studies, self-choosing exposure to multiple spiritual practices?
- Is there an ecology of spiritual experience? The milieu of the SG studies (addiction treatment institution) is markedly different than the milieu of Twelve Step and alternative recovery support groups (community of shared experience). What effects do physical and cultural environment exert on spiritual experience?
- Does the relational context matter? There is considerable difference

between the professional-client relationship with professionals not having prior experience working with addicted and recovering people (as in the SG studies) and relationships in recovery support groups that are characterized by moral equality, mutual vulnerability, mutual support, and long continuity of relationships.

- Are there potential iatrogenic effects of SG as suggested by the slowed improvement of depression and anxiety when compared to controls in the first SG study? Could mild iatrogenic effects occur in an early stage of an SG intervention that could be followed by substantial improvements (e.g., increased anxiety and depression while going through Steps Four and Five of Alcoholics Anonymous with significant improvements in emotional health following completion of these steps)?

The publication of scientific studies that do not find potent effects of interventions are as important as those that do find such effects, and it is the incremental nature of scientific knowledge that the former often lead to the latter. The recently published studies on spiritual guidance raise many important questions that will inform studies of the future. This is science at its best.

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