
ARTICLES

Empirical Research on Spirituality and Alcoholism: A Review of the Literature

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ABSTRACT. The apparent success of Alcoholics Anonymous and its spiritually based program of recovery in 1935 led early researchers to explore how AA worked and ultimately led to more formalized research on alcoholism and spirituality in the latter part of the 20th century. Using Miller's suggested research framework, a review of empirical research was conducted on four roles of spiritual variables in alcohol abuse and recovery. Tentative conclusions about the relationship between alcoholism and spirituality are provided. Limitations of studies are examined and implications for social work research are discussed. doi:10.1300/J160v07n04_02 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press. All rights reserved.]

KEYWORDS. Alcoholism, spirituality, alcohol dependence, alcohol abuse, social work, research

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Journal of Social Work Practice in the Addictions, Vol. 7(4) 2007

Available online at <http://jswpa.haworthpress.com>

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doi:10.1300/J160v07n04_02

INTRODUCTION

The roots of social work involvement in the treatment of alcohol problems run deep. In her seminal work on social diagnosis, Mary Richmond (1917) characterized inebriety as a disease that required a medical diagnosis and a comprehensive treatment approach given the medical, mental, environmental, social, occupational, familial, and ancestral aspects involved in the malady. While social workers have continued to play an important role in the treatment of alcoholism, they have also become more involved in research, administration, policymaking, and program development domains (Straussner, 2001). Given that alcohol abuse and dependence continues to be a serious problem that social workers are confronted with, either as a primary problem or as a contributing factor to such issues as child abuse and neglect, domestic violence, and psychiatric disorders, the profession will continue to be at the forefront of attempts to better understand and ameliorate this problem.

The idea that alcoholism was a "moral failing" was predominant in America until the early part of the 20th century (Morgan, 1999). Morgan notes that numerous factors came together after World War I to suggest that psychological or physiological factors might be more responsible for the cause of the alcoholism than moral issues. One of these factors was the impact of Alcoholics Anonymous (AA), which supported the notion that alcoholism was a disease and emphasized the role of spirituality in recovery from the problem (Miller & Kurtz, 1994). While the philosophy of AA has evolved over time, its assertion that alcoholism was a three-fold illness with physical, mental, and spiritual components (Alcoholics Anonymous World Services, Inc., 2001) promised to have important implications for future research and practice.

The apparent success of the AA program with seemingly hopeless alcoholics sparked the interest of researchers in how AA worked and what was responsible for its effectiveness. Morgan (1999) notes that one of the earliest specialists in addictions, Harry Tiebout, MD, was intrigued with the success of AA with some of his more difficult patients. Subsequent research by Tiebout (1944) explained the transformational process brought about by AA by stating "the central effect, therefore, of Alcoholics Anonymous is to develop in the person a spiritual state which will serve as a direct neutralizing force upon the egocentric elements in the character of the alcoholic" (p. 472). The growing success of AA led Tiebout (1961) to assert that AA should be studied even though

its spiritually based approach did not follow accepted scientific practices.

This early line of inquiry into the role of spirituality in the recovery from alcoholism ultimately led to more formalized and systematic research beginning in the late 1970s (Morgan, 1999). Researchers began to develop conceptualizations of the relationship between spirituality and alcoholism that generally incorporated themes that emphasized either the positive or negative aspects of alcohol use. Examples of positive conceptualizations include seeing alcohol use as a vehicle for transcending the existential dilemmas of life (Gregoire, 1995; Kurtz, 1979) and as a search for spiritual wholeness (Whitfield, 1985). In contrast, examples of negative conceptualizations include seeing the relationship with alcohol as becoming idolatrous in nature (Morgan & Jordan, 1999; Prezioso, 1987; Van Kaam, 1987), framing alcoholism as the antithesis of spirituality (Miller, 1998; Prezioso, 1987), and suggesting alcoholism can be considered a form of spiritual insanity (Doweiko, 1999).

Research interest grew in the 1990s with an increased focus on the relationship between 12-Step spirituality and Alcoholics Anonymous (Morgan, 1999). This led to an increased interest in examining the role that spirituality plays in the development of and recovery from alcoholism (Kaskutas, Turk, Bond, & Weisner, 2003). In addition, the National Institute on Alcohol Abuse and Alcoholism [NIAAA] (2000), in collaboration with the Fetzer Institute, issued a request for applications “intended to support research to better understand the role of religiousness and spirituality in the prevention and treatment of and recovery from alcoholism and alcohol-related diseases” (p. 1). Taking place within the context of a growing global interest in spirituality (Derezotes, 2006), this explicit research interest by such a prominent government organization helped to legitimize the importance of increasing understanding of the multi-faceted relationship between alcoholism and spirituality in the new millennium.

Some years earlier, Miller (1998) stated that more research was needed and suggested four areas where the impact of spiritual/religious variables on addictive disorders such as alcoholism could be examined. These were (1) as risk or protective factors for alcohol use or abuse, (2) as elements of the course of alcoholism such as spiritual or religious practices, (3) as dependent variables affected by alcohol abuse such as spiritual health or spiritual development, and (4) as components of the recovery process (p. 981).

The purpose of this paper is to review the research literature on the relationship between spirituality and alcoholism using the framework suggested by Miller (1998). In addition, the paper will provide tentative conclusions about this relationship and identify limitations in the research literature.

LITERATURE REVIEW

A comprehensive review of the research literature on the relationships between spirituality and alcoholism was conducted with several databases such as EBSCOhost, PsycINFO, ETOH, Academic Search Premier, and Social Work Abstracts using various keyword combinations including spirituality, spiritual functioning, spiritual development, alcohol abuse, alcoholism, and alcohol dependence. Inclusion criteria were studies that: (1) were empirical rather than conceptual in nature, (2) addressed at least one of the four relationship areas suggested by Miller (1998), (3) used adults as participants, (4) were published in peer-reviewed journals, and (5) explicitly focused on alcohol use, abuse, or dependence. Forty-four articles published between 1977 and 2004 that met inclusion criteria were located. Of these, 31 examined spiritual variables as components of the recovery process, five examined spiritual variables as risk or protective factors for alcohol abuse, five examined spiritual variables as elements in the course of alcohol abuse, and three examined spiritual variables as dependent variables affected by alcohol abuse.

Spirituality as Risk or Protective Factors

According to Miller (1998), there is strong evidence that spiritual involvement is a protective factor against alcohol abuse. Yet, most of the studies he cites concern such aspects of religion as religious involvement, membership, and participation, rather than spiritual involvement. He also discusses the potential paradoxical nature of this relationship, since some spiritual variables, such as having a negative conception of God, can also be a risk factor for alcohol abuse.

Five studies were located that examined the role of spirituality as a protective factor against alcohol abuse. However, none were located that examined spirituality as a risk factor. Moreover, while a larger body of research exists on the role of spirituality as a protective factor against alcohol abuse among adolescents and college students, less research is

available on its role among adults. Additionally, most studies focus on the protective factor of religious involvement rather than on spirituality per se.

The five studies reviewed support the notion of the role of spirituality as a protective factor against alcohol use in adults (e.g., Stewart, 2001), although findings suggest that personal characteristics such as age, gender, and race/ethnicity may moderate this relationship (Staton, Webster, Hiller, Rostosky, & Leukefeld, 2003; Wood & Hebert, 2002). Spirituality that was consistent with specific ethnic and cultural worldviews was also found to be a protective factor, in addition to assisting in the recovery of those who already had a problem with alcohol. For example, Hazel and Mohatt (2001) found in their two-part study on the importance of cultural and spiritual coping in sobriety among a variety of Alaska Natives that interventions that incorporate cultural and spiritual dimensions of an Alaskan Native worldview are important for preventing alcohol abuse and in assisting in the recovery of those already afflicted with an alcohol use problem.

Interestingly, only one study was located that identified the importance of the role spirituality might play as a protective factor against relapse once sobriety had been attained. In this case, Jarusiewicz (2000) found that persons who had two years of recovery had significantly higher levels of spirituality compared to persons who continued to relapse.

The Role of Spirituality During the Course of Alcoholism

Miller (1998) argues that spiritual/religious involvement can be a protective factor against alcohol abuse. Therefore, because spirituality is not compatible with alcohol abuse, it logically follows that persons who abuse alcohol should be less spiritually active or involved with religion than those who do not abuse alcohol. However, the correlational nature of this argument does not indicate whether spiritual activity decreases during the course of alcoholism, whether persons who are less spiritually active are more vulnerable to alcoholism to begin with, or some combination of both.

Two studies were located that examined how alcohol abuse affects spiritual/religious practices, yet they primarily examined religious practices rather than spirituality. For example, Curtis-Boles and Jenkins-Monroe (2000) found that women who were abusing substances had lower church involvement at an earlier age and were more likely to cease their religious practices compared to non substance abusing

women. In addition, among the findings in a study by Roland and Kaskutas (2002), the combination of both church involvement and AA involvement were significant predictors of past 30-day sobriety compared to church attendance alone.

Three studies examined how alcohol abuse impacts the sense of meaning and purpose in life. For example, Carroll (1993) found that the practice of some AA-related activities, such as number of meetings attended, is associated with higher purpose in life and length of sobriety. Brown, Ashcroft, and Miller (1998) identified ethnic differences in purpose in life as American Indians were found to have the highest levels compared to Caucasians and Hispanics. Finally, Jacobson, Ritter, and Mueller (1977) found that women tended to have higher purpose in life scores than men after treatment completion, suggesting women may respond differently than men to the treatment experience.

The Influences of Alcohol Abuse on Spirituality

Little research is available on the relationship between spirituality and alcoholism, although it is possible alcoholism can have a negative impact on spirituality in the same vein that it does on physical and psychological health (Miller, 1998). Three studies were located that examined, at least indirectly, aspects of this relationship and the findings do suggest that alcohol abuse can have a negative effect on spirituality. For example, Robinson, Brower, and Kurtz (2003), compared people in treatment for alcohol problems with a non-alcoholic sample on various aspects of spirituality, such as feeling God's presence, finding comfort in religion, desiring to be closer to God, and being touched by the beauty of creation. They found that these were scored higher by the treatment population. These findings were interpreted by the authors "as evidence of what Jung calls *spiritus contra spiritum*, the idea that both alcohol problems and spiritual life may be motivated by similar efforts to resolve suffering" (p. 13). At best, the findings suggest that the impact of alcohol abuse may not be uniformly negative on all aspects of spirituality or that people find spirituality while in treatment.

In a qualitative study of 50 men and women in a hospital alcoholism treatment program, McGovern (1986) identified spirituality as one of three categories of losses (external, internal, and spiritual) commonly associated with alcoholism. Yet, the lack of pretest data or a comparison group of persons without alcoholism makes it impossible to determine the degree of the loss attributable to the alcoholism rather than other fac-

tors and whether these losses were more acute for persons with alcohol problems compared to those without.

Spirituality in the Recovery Process

Miller (1998) poses the logical question whether if spiritual involvement is a protective factor against alcohol abuse and current alcohol abuse is associated with a lack of spiritual involvement, then will spiritual-based interventions promote recovery from alcohol abuse? While Miller recognizes that there is limited empirical evidence to support a predictive relationship between spirituality and recovery, the sizeable research literature examined does allow for some tentative inferences to be made about this relationship.

However, the challenge lies in organizing the large number of studies that were reviewed in a manner that helps to shed more light on this relationship. In order to provide some clarity, the studies in this section were placed under two broad categories—those that examined AA/12-Step spirituality and those that examined spirituality that was not AA/12-Step-related. Of the 31 studies that were examined, 21 primarily addressed AA involvement and/or usage of AA's 12-step program of recovery, while 10 were not explicitly associated with either AA or its 12 steps.

AA/12-Step Involvement

Twenty-one studies (17 quantitative and 4 qualitative) examined various aspects of the impact of AA/12-Step involvement on attaining and maintaining sobriety. These studies tended to fall under three categories: (1) 12-Step practices in traditional AA samples, (2) 12-Step practices in non-traditional AA samples, and (3) comparisons between AA and non-AA samples.

12-Step Practices in Traditional AA Samples. Twelve studies were located that examined different aspects of 12-Step practices emphasized by AA, including attending meetings, having a sponsor, and having a spiritual experience. The samples in these studies tended to focus on primarily White, male, and middle class AA members.

While a large body of the research supports the notion that involvement in AA and its spiritually based program of recovery is associated with increased sobriety and improvement in quality of life (Carter, 1998; Kaskutas, Turk, Bond, & Weisner, 2003; Spalding & Metz, 1997; White, Wampler, & Fischer, 2001), which aspects of the AA program are responsible for these results is less understood. The studies reviewed present contradictory findings on the importance of attending

meetings, having a sponsor, working the steps, and having a spiritual experience in achieving sobriety, although, as a whole, AA's version of spirituality is associated with increased sobriety (Carter, 1998; Kaskutas, Turk, Bond, & Weisner, 2003; Sandoz, 1999; Tonigan, Miller, & Connors, 2000). In addition, correlational research has shown that persons with higher levels of spirituality tend to have improved outcomes, such as greater length of recovery and higher general recovery-oriented behaviors, compared to individuals with lower levels of spirituality (Corrington, 1989; White, Wampler, & Fischer, 2001). However, it is also possible that persons with improved outcomes already had higher levels of spirituality to start with.

Along a different vein, there is support for the notion that the non-spiritual aspects of AA involvement can be more highly valued than the spiritual aspects of the program. For example, in a qualitative study of a 134 men living in an Oxford House, Nealon-Woods, Ferrari, and Jason (1995) found that for over 70% of the participants, weekly attendance at AA was not motivated by the perceived spiritual benefits. Instead, more than half attended AA for the sense of fellowship they received.

12-Step Practices in Non-Traditional AA Samples. A common criticism of research that employs samples of AA members is that AA membership does not necessarily reflect all persons with alcohol problems since AA members tend to be primarily White, male, and middle class. Therefore, any inferences about the role of AA participation in recovery, based on these samples, may not hold true for women, non-White ethnic/racial groups, or other marginalized populations. Seven studies were located that examined the same aspects of AA/12-Step involvement on attaining and maintaining sobriety that were identified above for the traditional AA samples, but in non-traditional samples. These included atheists and agnostics, specialty AA meeting attendees (Magura et al., 2003), women (Rush, 2000), gay men, couples, and non-White ethnic groups.

The role of AA/12-Step involvement is not as clear cut when non-traditional samples of AA members are investigated. For example, Tonigan, Miller, and Schermer (2002) found that atheists and agnostics had significantly less AA attendance compared to persons who considered themselves either spiritual or religious, yet there were no significant differences in days abstinent and drinking intensity among the groups. In contrast, individuals who were unsure of their religious/spiritual status had higher rates of drinking, severity of dependence, and consequences from drinking at intake and showed less abstinence dur-

ing and after treatment compared to the other groups. In another study of a sample of 35 married couples where both partners were members in 12-Step organizations, Hendricks, Caldwell, and Katz (2003) found a "complex set of relationships between spiritual practices, marital satisfaction and length of sobriety" (p. 45).

AA's Protestant-based conceptualization of spirituality can be at odds with other ethnic cultures that have differing worldviews on spiritual and religious matters. For example, Morjaria and Orford (2002) found that recovery for White men in AA consisted of six steps (hit rock bottom, accept powerlessness, hand over will/control, deal with character defects, develop faith, and have a new perspective), while the process of recovery for South Asian men not in AA consisted of three steps (draw upon cultural values, use of prayer and going to temple, and reaffirmation of dormant religious beliefs. In general, recovery for the White men in AA was more spiritual in nature and was very consistent with AA's suggested spiritual program of recovery, while recovery for the South Asian men not only was more religious in nature, but also more consistent with their earlier religious beliefs.

In addition, the meaning of spirituality and religion may differ depending on sexual orientation. For example, a study of gay men in AA by Kus (1992) raised questions about whether a relationship with God or a Higher Power is at the root of spirituality or whether it is a manifestation of spirituality. Kus also noted that by being able to separate the spirituality of AA from their anti-gay religious backgrounds, some of these men were better able to utilize AA in achieving sobriety.

Finally, Horstmann and Tonigan (2000) raised the question whether AA groups differ in their spiritual behaviors and beliefs (i.e., "extent God, spirituality or a Higher power, and/or prayer and meditation were discussed in a typical AA meeting, [p. 76]"). In a sample of two mainstream, nonspeciality AA groups selected from 55 possible groups in a metropolitan area, the researchers found the groups differed significantly in spiritual practices and beliefs.

Comparison Between AA and Non-AA Samples

Only two studies were located that compared the role of AA's spiritually based program of recovery with non-spiritual programs of recovery and spontaneous remitters. While generalizations cannot be made based on such limited research, the findings of Li, Feifer, and Strohm (2000) indicate important differences between AA and a cognitive-behaviorally based program of recovery on five of seven spiritual questions. In this study, the AA

group had significantly higher scores than the spontaneous remitters group on (1) getting strength from religious/spiritual beliefs, (2) believing all good deeds are ultimately rewarded, (3) feeling there is an unseen source that provided strength to face life, (4) not believing prayer is a waste of time, and (5) believing there is life after death. It is unclear however, as to whether these differences resulted from the different treatment approaches or whether the differences existed in the two groups prior to treatment. Perhaps people who attend programs other than AA are not as open to spiritual approaches to treatment and therefore select programs that do not have spirituality as a major component. Yet, in a qualitative study of seven AA members and six spontaneous remitters, Kubicek, Morgan, and Morrison (2002) found that both those who utilized AA and those who quit on their own attributed at least part of their success to some sort of higher power.

Spiritual Practices Other than AA/12-Step Related

While a substantial portion of the literature focuses on AA and its spiritually based program of recovery, ten studies were located that examined the role of spiritual practices in attaining and maintaining sobriety other than those that are AA/12-Step-related. These studies fall under two broad categories: (1) traditional mixed gender samples and (2) non-traditional samples such as women only, African Americans, adult children of alcoholics, and Native Americans.

Traditional Mixed Gender Samples. Three studies were located that examined the role of non-AA spirituality in recovery in the traditional mixed gender samples that tend to reflect the demographic mix of AA as a whole (e.g., primarily male, middle class, Caucasian, Protestant). While a large body of research supports the role of AA/12-Step participation in improved functioning and increased sobriety in traditional samples that are relatively representative of AA as a whole, the same conclusions cannot necessarily be made about the role of non-AA spirituality with similar samples. For example, while Pardini, Plante, Sherman, and Stump (2000) found a positive relationship between level of spirituality and improved life functioning in their sample of 236 persons recovering from substance abuse, Ludwig (1985) found in a qualitative study of 29 spontaneous remitters with relative or absolute abstinence that although spiritual experiences were one of the factors for the decision to initiate recovery, cognitive rather than spiritual factors were cited in the decision to maintain recovery once it had been attained. According to Ludwig "it is fascinating that virtually all of the respondents, regardless of their diverse routes toward recovery, arrived

at a common cognitive destination: mental associations to alcohol with very unpleasant, sickening, humiliating or distasteful experiences of a personal nature” (p. 57).

Non-Traditional Samples. Seven studies were located that examined the role of non-AA spirituality and recovery in non-traditional samples. This included samples comprised of women only, adult children of alcoholics who are also alcoholics, Native Americans, and African American women.

The importance of spirituality in recovery from alcohol problems in these non-traditional samples tends to be supported. First, among the themes that help women remain abstinent from alcohol is one that concerns being connected to and a part of a spiritual dimension (Hammond, 2002). Similarly, Brome, Owens, Allen, and Vevaina (2000), in a study of African American women, found that spirituality is significantly related to positive mental health outcomes. Second, in her study of recovering alcoholics who were also adult children of alcoholics, Carroll (1999) found that persons with higher levels of spirituality and self-actualization tend to have improved life functioning compared to people with lower levels. Third, there may be differences in how important spirituality is in recovery depending on ethnicity. Two studies noted the importance that Native Americans place on spirituality in achieving sobriety (e.g., Moss, Edwards, Edwards, Janzen, & Howell, 1985; Edwards, 2003). However, caution in generalizing these results is called for, given the limited number of studies that were located and diverse conceptualizations of spirituality.

TENTATIVE CONCLUSIONS FROM THE LITERATURE ABOUT THE RELATIONSHIP BETWEEN ALCOHOLISM AND SPIRITUALITY

The limited amount of research on the relationship between spirituality and alcoholism, other than as a component of the recovery process, allows for only tentative conclusions.

1. Spirituality, and its role in recovery from alcoholism, is a multidimensional construct. As such, it can be assessed in many ways and along different dimensions, including meaning and purpose in life, relationship with God or a Deity figure, personal values, locus of control, and spiritual well-being.

2. There is no universally agreed upon definition OF what spirituality is, nor on how it differs from religion. In addition, spirituality and religion are often used synonymously.
3. Spirituality generally can be a protective factor against alcohol abuse in adults, although personal characteristics such as age and ethnicity can moderate this relationship.
4. Higher levels of spirituality are associated with improved functioning in many life areas, in addition to abstinence from alcohol abuse.
5. Alcoholism can have a negative impact on spiritual functioning, although this impact may not be uniformly negative.
6. While alcohol abuse can lead to a reduction in religious practices, such as church attendance, it is less clear whether this is also true for spiritual practices such as engaging in prayer and meditation. Also unclear is what criterion determines whether practices are considered spiritual or religious in nature.
7. Involvement with AA and practicing its spiritually based program of recovery by individuals who are more representative of AA as a whole (White, male, middle class, Protestant) is associated with increased sobriety and improvement in quality of life. There is less clarity about which aspects of AA, such as attending meetings, having a sponsor, and working the steps, are responsible for these outcomes.
8. Non-traditional AA samples (atheists and agnostics, women, gay men, non-Whites) might not receive the same benefits from AA participation as traditional AA samples, although AA affiliation can be associated with improved abstinence and other psychosocial outcomes.
9. People who do not identify as being spiritual or religious do not receive the same benefits from AA affiliation as those who consider themselves either spiritual or religious. Also, AA's conceptualization of spirituality can be at odds with other ethnic worldviews.
10. Spirituality can play an important role in recovery from alcoholism, although not the only role. Social support, religious involvement, relapse prevention skills, stress management skills, lifestyle changes, and cognitive coping skills are also helpful.

LIMITATIONS OF STUDIES

While the body of research on alcoholism and spirituality has grown within the past two decades, this review of the literature identified limitations in the following areas: (1) inconsistent and unclear conceptualizations of spirituality, including confounding spirituality and religion,

(2) limited research focus other than on the role of spirituality in recovery, (3) limited research focus on ethnic differences, and (4) limited research focus on women. Further discussion of these limitations follows.

Inconsistent and Unclear Conceptualizations of Spirituality

One important limitation in the research on alcoholism and spirituality is the lack of consensus on what spirituality is, how it is defined (if it is defined at all), how it is measured, and the tendency to confound it with religion. First, while there does appear to be some agreement in the literature that spirituality involves relationships with self, others, and a greater transcendent reality, little agreement exists about whether this must also involve God or a Deity figure. Adding to this confusion is how more existential concepts such as meaning and purpose in life are discussed as aspects of spirituality. For example, Brown, Ashcroft, and Miller (1998) examined the relationship between the consumption of alcohol and alcohol-related consequences and purpose in life. Robinson, Brower, and Kurtz (2003) examined the experiential aspects of spirituality. White, Wampler, and Fischer (2001) related spirituality to a search for purpose and meaning in life, but also suggested spirituality could be developmental in nature.

Second, compounding the difficulty in understanding what exactly spirituality is, most studies reviewed did not provide an explicit conceptual definition of the term. Those that did tend to differ from each other. For example, Jarusiewicz (2000) defined spirituality as “positive relationships with self, with others, and with God or the universe, as evidenced by tolerance, gratitude, release, and humility” (p. 106). In comparison, White, Wampler, and Fischer (2001) conceptually defined spirituality as “an internal search for meaning and purpose that ultimately enhances the person’s relationship with God or a Higher Power” (p. 21).

Third, consistent with the varying ways spirituality is conceptualized, few studies provided explicit operational definitions of spirituality, while those that did tended to be quite different. For example, Carroll (1993) operationally defined spirituality as the extent of practice of AA’s Steps 11 and 12 as measured by a step questionnaire developed by the researcher. In comparison, Rush (2000) operationally defined spirituality in terms of scores on the Spiritual Orientation Inventory.

Fourth, while studies used a variety of scales to assess spirituality, including the Brief Multidimensional Measure of Religiousness and Spirituality, Spiritual Belief Scale, Spiritual Well-Being Scale, and Spiritual

Orientation Inventory, some studies did not use existing scales at all, but created their own. For example, Magura et al. (2003) measured the importance of spirituality with 11 items they developed. Scores for spiritual well-being (derived from the Spiritual Well-Being Scale) and importance of spirituality were then standardized and combined into an additive index the authors termed "spirituality." Open-ended questions in qualitative studies were also used to operationally define spirituality. For example, Nealon-Woods, Ferrari, and Jason (1995) asked two open-ended questions to assess spirituality—(1) how spiritual aspects of AA assist in recovery attempts and (2) what are the motives for involvement in AA.

Fifth, although spirituality and religion can overlap to some degree, they are different from each other. For example, Curtis-Boles and Jenkins-Monroe (2000) assessed spirituality with four questions that had more to do with religious practices than spirituality (e.g., Are you currently a member of a church or spiritual group? and How do you practice your religion?). Stewart (2001) confounded spirituality and religion by combining influence of spirituality to use substances and religious beliefs into one variable.

Unfortunately, the diversity in how spirituality is defined, measured, and often used synonymously with religion makes it difficult to generalize the results from different studies because the "spirituality" talked about in one study might be quite different from the "spirituality" examined in another.

Limited Research Focus of Existing Research

While the research literature on spirituality and alcoholism has grown substantially in the past two decades, the bulk of the research has focused primarily on the role of spirituality in the recovery from alcoholism. Of the 44 studies identified in the literature review, 31 targeted aspects of this relationship. The limited research interest in other areas, such as how alcoholism affects spiritual development, practices, beliefs, or attitudes may be attributed to the difficulty in assessing these relationships due to problems in being able to access pre-test data. For example, in order to examine how alcoholism affects spiritual development, the researchers need access to data on subjects' spiritual development before they started to drink and then conduct a prospective study. In addition, numerous other factors such as psychiatric disorders, trauma backgrounds, and other addictive disorders such as compulsive gambling or compulsive overeating can also have an impact of spiritual-

ity. The net result, though, is that important research questions are left unaddressed due to the challenges involved in exploring them.

While it might be easier for researchers to continue to conduct research on the role of spirituality in recovery, there are indications that social work researchers are beginning to explore other aspects of the relationship between alcoholism and spirituality. For example, an exploratory study of 180 women and men early in substance abuse treatment conducted by Bliss (2005) investigated how the severity of alcohol dependence affected spiritual well-being. Findings showed that as alcohol dependence becomes more severe, spiritual well-being is reduced after controlling for 11 demographic and alcohol/drug-related variables. The promising results of this recent examination of spirituality as a dependent variable affected by alcohol abuse calls for the need for more focused research on this relationship despite the inherent challenges involved.

Limited Research Focus on Ethnic Differences

The majority of studies either utilized primarily Caucasian samples or did not explicate ethnic differences in their results when more ethnically diverse samples were used. Only 8 of the 44 studies reviewed addressed ethnic differences in their results. Four of these eight studies used ethnically-diverse samples and reported ethnic differences in their results. The other four studies used non-Caucasian samples. For example, Hazel and Mohatt (2001) focused exclusively on a diverse group of Alaska Natives. Moss, Edwards, Edwards, Janzen, and Howell (1985) targeted Native Americans in their study. Brome, Owens, Allen, and Vevaina (2000) and Curtis-Boles and Jenkins-Monroe (2000) used a sample of African American women in their studies.

Limited Research Focus on Women

Women continue to receive a limited research focus as findings from many studies using mixed-gender samples did not explicate any gender differences. For example, of the 44 studies in the literature review, only 6 studies that used mixed-gender samples also reported gender differences in their findings, while 4 studies utilized women-only samples (e.g., Brome, Owens, Allen, & Vevaina, 2000; Curtis-Boles & Jenkins-Monroe, 2000; Hammond, 2002; Rush, 2000).

Yet, given the variability in how spirituality was conceptualized in these studies, caution needs to be exercised in attempts to generalize the

results. While women typically can experience more adverse physiological effects from alcohol use than men (National Institute on Alcohol Abuse and Alcoholism, 1999), the paucity of research that examined gender differences in alcoholism and spirituality does not allow for the same conclusions to be drawn concerning spirituality.

IMPLICATIONS FOR SOCIAL WORK RESEARCH

While the social work profession has long held a person-in-environment perspective that emphasizes the importance of understanding the biopsychosocial functioning of the person, the profession has only recently “rediscovered” spirituality and how it affects individuals and society as a whole (Canda & Furman, 1999). Writers such as Canda, Nakashima, Burgess, Russel, and Barfield (2003) illustrate this growing recognition of the need for inclusion of spirituality by noting the significant expansion of entries in the 2nd edition of their bibliography on spirituality and social work.

The social work profession has taken a leadership role in addressing one of the limitations identified in literature review—inconsistent and unclear conceptualizations of spirituality, including confounding spirituality and religion. For example, social work writers such as Canda and Furman (1999) and Carroll (1998) have begun to address these conceptually based limitations in the literature in their examination of the differences between spirituality and religion and in their providing social work-based conceptualizations of spirituality.

However, the social work profession has yet to tackle the bigger challenge of conducting empirical research on spiritual variables as elements of the course of alcoholism and as dependent variables affected by alcohol abuse or in investigating ethnic differences and gender differences in the relationships between spirituality and alcoholism. For example, social workers were a noticeable omission in the authorship of most of the 44 studies identified in the literature review with only five studies authored by social workers (Carroll, 1997; Carroll, 1999; Corrington, 1989; Moss, Edwards, Edwards, Janzen, & Howell, 1985; Stewart, 2001) and only one was published in a social work journal (this journal) (Staton, Webster, Hiller, Rostosky, & Leukefeld, 2003). The most predominant journals for the remaining 43 studies were *Alcoholism Treatment Quarterly* and *Journal of Studies on Alcohol*.

However, it should be noted that this review of the literature primarily focused on the relationship between spirituality and alcoholism rather than spirituality and drug addiction or other addictive disorders. Given the prominent role that social workers play in the addictions field as a whole, it is likely that social work researchers who do not focus exclusively on alcoholism might have been left out of the review.

CONCLUSION

The trend toward focusing greater research attention on the role of spirituality in the recovery from alcoholism does not appear to be increasing despite the call from Miller (1998) for a broader investigation of the complexity of this relationship. While more is understood about how spirituality impacts recovery efforts, less is known about how alcoholism affects spiritual practices, attitudes, behaviors, and development, especially during the course of the progression from problem drinking to active alcoholism. Given social work's long involvement in treating alcoholism (Straussner, 2001), the paucity of research in these other areas has implications for treatment provision, as more holistic assessments of clients cannot be conducted and interventions that specifically target spirituality cannot be made if spirituality is only superficially or inadequately included.

An important question to be answered, then, is whether the social work profession, given its emerging interest in spirituality as a whole, will become a leader in addressing the limitations in the literature on the multifaceted relationship between alcoholism and spirituality, or continue to remain a follower.

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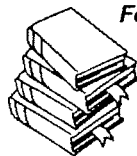
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RECEIVED: 12/15/05
REVISED: 01/18/07
ACCEPTED: 02/15/07

doi:10.1300/J160v07n04_02



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