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Ethnic Differences in Spirituality in a Sample of Men and Women in Diverse Substance Abuse Treatment Settings: Implications for Practitioners

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There has been a growing recognition of the need to understand the role of spirituality in ethnically diverse populations in social work and other helping professions. Although researchers are increasingly examining ethnic variations in prevalence rates, treatment utilization, and treatment outcomes for individuals with substance abuse problems, limited research attention has been focused on the relationship between spirituality and ethnicity in the substance abuse field. The current study addressed this gap in the literature by comparing three ethnically diverse groups in terms of multiple aspects of spirituality. Findings showed that African Americans scored significantly higher in spiritual well-being, religiousness, and cognitive orientation toward spirituality compared to Whites, whereas Whites scored significantly higher in existential well-being compared to African Americans. Hispanics scored significantly lower in experiential/phenomenological dimension of spirituality compared to Whites and African Americans. Implications for practitioners are discussed.

KEYWORDS ethnically sensitive practice, ethnicity, social work, spirituality, substance abuse

INTRODUCTION

The past decade has witnessed a growing global interest in spirituality (Derezotes, 2006). Within this larger context, social work and other helping professions have begun to explicitly include spirituality as a component of a
person-in-environment assessment (Canda & Furman, 1999; Hodge, 2003). Additionally, the largest health care accrediting body in the United States, the Joint Commission on Accreditation of Healthcare Organizations, now requires that spirituality be assessed in a variety of settings, including some types of behavioral health care organizations such as those that provide addiction services (Hodge, 2006).

The acknowledgement that spirituality is a dimension of the human condition has begun to also highlight the importance of assessing spirituality among ethnic groups because “most indigenous peoples and those residing in Asia, Africa, and Latin America believe that spirituality is a life force that undergirds our existence in the universe” (Sue, Bingham, Porche-Burke, & Vasquez, 1999, p. 1064). However, Cervantes and Parham (2005) noted that “the intersection of cultural diversity and spirituality is a relationship that has not been well described in the mainstream literature” (p. 70).

Although a growing body of research has examined the association between ethnic identity and numerous psychosocial factors such as self-esteem, minimal research has examined the relationship between ethnicity and one’s spirituality (Chae, Kelly, Brown, & Bolden, 2004). For instance, in their study of Latino American, African American, Asian American, and Caucasian college students \(N=198\), the authors found ethnic differences in the relationship between ethnic identity and spiritual development. These findings indicate that more research should be developed in this area.

In terms of substance abuse literature, researchers are increasingly examining ethnic and cultural variations in prevalence rates, treatment utilization, and treatment outcomes for individuals with substance abuse problems (De La Rosa, Holleran, Rugh, & MacMaster, 2005; Myers, 2002). One area of particular concern has been the disparities found in the provision of treatment services among different ethnic groups. Citing a report by the Institute of Medicine, Schmidt, Greenfield, and Mulia (2006) noted that “this report cites a large body of published research revealing that, compared with Whites, minorities tend to receive services of inferior quality, are less likely to receive even routine medical services, and ultimately experience poorer outcomes of care” (p. 49). At the same time, the authors write that treatment can be beneficial for minorities and Whites, despite these disparities.

Ma and Shive (2000) contended that studies on substance abuse and spirituality tend to focus on the use of specific substances in unique populations rather than examining ethnic differences. In response to this limitation, these authors examined the perceived risks and prevalence of alcohol, tobacco, and illicit drug use among White, African American, and Hispanic ethnic groups using data from the 1996 and 1997 National Household Survey on Drug Abuse. Their findings indicated that there were differences among the ethnic groups in terms of perceived risks, reported use, and preferences for particular drugs. Such differences have implications for ethnically sensitive practice in substance abuse treatment settings.
As minority and other disempowered groups continue to enter treatment programs and join recovery groups in the United States, some authors posited that our understanding of substance abuse needs to be broadened to include the social conditions that are implicated in causing substance abuse problems by utilizing a socio-spiritual approach that incorporates spiritual and political worldviews (Morell, 1996). Cervantes and Parham (2005) reiterated this assertion by noting the importance of spirituality in the cultural tradition of people of color. They incorporated this political worldview notion by stating “an assumption is made that these experiences of racism and discrimination have molded a spirituality of survival that has affected belief systems, sense of justice, prayer life, religious expectations, and so forth” (Cervantes & Parham, 2005, p. 73).

In a review of the empirical research on the relationship between spirituality and substance abuse, Bliss (2007) found 44 articles published between 1977 and 2004—the vast majority of which either used primarily White samples or did not present ethnic differences in their results when more ethnically diverse samples were used. Only 11% of the studies explicitly reported ethnic differences in their results. In a study about ethnic differences in purpose in life using a group of alcohol dependent males \((N=100)\), Brown, Ashcroft, and Miller (1998) found that American Indians had higher purpose in life scores after controlling for four alcohol-related severity covariates when compared to Whites and Hispanics. Similarly, Wood and Hebert (2002) reported ethnic differences in their study on spiritual meaning and substance use among college students because African American students were found to have significantly higher spirituality scores compared to White students. In a study that examined the impact of spirituality and religiousness and involvement in Alcoholics Anonymous on sobriety in a sample of African Americans, Whites, and Hispanics in substance abuse treatment, Roland and Kaskutas (2002) reported ethnic differences in spirituality in the sample. In a qualitative study on the role of religion and spirituality in the recovery from alcohol use problems in a sample composed of members drawn from Alcoholics Anonymous and South Asian men, Morjaria and Orford (2002) reported differences in the process of recovery, conceptualizations of God or a Higher Power, and the role of abstinence between the two ethnic groups. Finally, in a study on spiritual well-being, religiosity, and drug use among a sample of incarcerated men \((N=661)\), Staton, Webster, Hiller, Rostosky, and Leukefeld (2003) found significant positive associations between ethnicity and religiosity, existential well-being, and religious well-being. Unfortunately, these authors did not provide results on ethnic differences in these relationships as they conceptualized ethnicity as being either Caucasian or non-Caucasian.

Compounding this limited empirical research is the dearth of studies that compare more than two ethnic groups; the review by Bliss (2007) found that only two of the five studies that examined ethnic differences in
substance abuse and spirituality explicitly compared three ethnic groups. For example, Brown, Ashcroft, and Miller (1998) studied a sample consisting of White, Hispanic, and Native American men, and Roland and Kaskutas (2002) studied three subgroups, namely African American, White, and Hispanic men and women.

The preceding literature serves as a rationale for this study, which uses three ethnic groups and examines their differences in multiple areas of spirituality. This study is anchored in two main research questions: (1) Are there differences in spirituality between Whites, African Americans, and Hispanics? and (2) If there are differences, can they be explained by other socio-demographic and alcohol dependence severity factors or might they reflect intrinsic ethnic differences in spirituality? The implications of this study are directed toward the need for more ethnically sensitive assessment and interventions by practitioners in the substance abuse field.

**METHOD**

Research Design and Sample

A cross-sectional design was used for this study (Bliss, 2005). Potential substance abuse treatment programs were identified using the Substance Abuse Treatment Facility Locator provided by the Substance Abuse and Mental Health Services Administration (2004). Four programs located in the Baltimore, Maryland, and Washington, DC, metropolitan areas that offered an array of services, such as detoxification, inpatient, outpatient, methadone maintenance, day treatment, and residential treatment, agreed to participate in this study.

Convenience sampling was used to identify potential participants. Inclusion criteria for participants were men and non-pregnant women; age 18 years or older; currently in a substance abuse treatment program; had an alcohol use disorder; and had fewer than 12 months of sobriety from alcohol use disorders. Exclusion criteria were women or men in acute alcohol withdrawal and those who were experiencing psychiatric symptoms that impaired their ability to comprehend and/or respond to study questions. Potential participants were pre-screened by treatment staff to determine whether they were too intoxicated or in acute withdrawal to participate in the study. This study was approved in 2005 by the Institutional Review Board at the University of Maryland Baltimore. All participants signed an informed consent form that was approved by the Institutional Review Board.

This study involved the author going on-site to these treatment centers and administering a survey in groups ranging from 5 to 20 clients (N= 180), which took approximately 30 minutes to complete. Clients received a $10 honorarium for participating in the study (Bliss, 2005).
Measures

The paper-and-pencil survey included demographic questions, alcohol and drug-related variables, and three standardized measures (one on severity of alcohol dependence and two on multiple dimensions of spirituality).

ALCOHOL DEPENDENCE SCALE (ADS)

Severity of alcohol dependence was assessed using the unidimensional ADS (Skinner & Allen, 1982), a 25-item questionnaire used in a wide variety of clinical and research settings for screening and assessing alcohol dependence. Scores range from 0 to 47, with higher scores reflecting more severe levels of alcohol dependence and a score of 0 indicating no alcohol dependence. The ADS can also be scored using quartiles; for example, a first quartile score (between 1 and 13) indicates a low level of alcohol dependence, a second quartile score (between 14 and 21) indicates an intermediate level of alcohol dependence, a third quartile score (between 22 and 30) indicates a substantial level of alcohol dependence, and a fourth quartile score (between 31 and 47) indicates a severe level of alcohol dependence (National Institute on Alcohol Abuse and Alcoholism, n.d.). The ADS has been found to be reliable (test–retest and internal consistency) and valid (content, criterion, and construct) in addition to having excellent predictive validity with respect to DSM psychiatric diagnosis (Allen & Wilson, 2003).

SPIRITUAL WELL-BEING SCALE (SWB SCALE)

The SWB Scale (Ellison, 1983) has 20 items and is comprised of two 10-item subscales that assess religious and existential well-being. Five-point Likert-type scoring is used, with scoring ranging from strongly agree to strongly disagree. For the composite SWB Scale, scores between 20 and 40 indicate low spiritual well-being, between 41 and 99 indicate moderate spiritual well-being, and between 100 and 120 indicate high spiritual well-being. For the religious well-being subscale, scores between 10 and 20 indicate a basically unsatisfactory relationship with God, between 21 and 49 indicate a moderate religious well-being, and between 50 and 60 indicate a positive view of a person’s relationship with God. For the existential well-being subscale, scores between 10 and 20 indicate a low satisfaction with life and a lack of clarity about purpose in life, between 21 and 49 indicate a moderate level of life satisfaction and purpose, and between 50 and 60 indicate a high level of satisfaction with life and a clear sense of purpose (Life Advance, n.d.). Paloutzian and Ellison (1982) reported that the SWB Scale and its two subscales have high reliability and internal consistency.
The ESI-R (MacDonald, 2000) is a 5-dimension (six items per dimension), 30-item self-administered measure of experiences, attitudes, beliefs, and lifestyle practices concerning spirituality. It is scored using a 5-point, Likert-type scale ranging from 0 (strongly disagree) to 4 (strongly agree) and is individually scored, with higher scores generally reflecting greater expression of the dimension. There is no composite ESI-R score. The five dimensions of the ESI-R are: (1) cognitive orientation toward spirituality, (2) experiential phenomenological dimension of spirituality, (3) existential well-being, (4) paranormal beliefs, and (5) religiousness. The ESI-R is revised, shorter version of the original 98-item Expressions of Spirituality Inventory. Although MacDonald stated that the 30-item ESI-R has similar psychometric properties and correlated to those of the 98-item version, no other psychometric research on the ESI-R has been noted.

RESULTS

Sample Demographic Characteristics

A sample of 180 women and men in various types of substance abuse treatment settings completed the surveys. The sample was comprised of slightly more men than women. The mean age was 39.6 years (standard deviation $[SD] = 10.4$ years). Slightly less than two-thirds of participants stated they were African Americans and slightly less than one-third stated they were White. Slightly more than half stated their income for the previous year was less than $10,000. Mean years of education was 12.0 years ($SD = 2.12$ years). Slightly more than half reported being single or never married, with slightly less than one-third stating they were separated or divorced. Outpatient treatment was the most common type of substance abuse program setting participants were in, followed by detox, and inpatient treatment. The mean length of current sobriety was 71.97 days ($SD = 77.98$ days). The mean number of years of problem drinking was 12.1 years ($SD = 10.68$ years). The mean number of affirmative responses on an alcohol/drug screening instrument was 3.6 out of 4 ($SD = .79$). The mean longest period of sobriety was 30.9 months ($SD = 38.59$ months). The mean alcohol dependence severity score was 14.4 ($SD = 10.12$). See Table 1 for additional information on sample demographic characteristics.

Statistical Analyses

RESEARCH QUESTION 1

Research Question 1 assessed whether there were differences in spirituality between Whites, African Americans, and Hispanics. One-way analysis of
variance (ANOVA) tested between-group ethnic differences on multiple aspects of spirituality. Levene’s test for equality of variance was used. When it was significant, a correction to the $p$ value was determined depending on whether the test was deemed liberal or conservative by Levene’s benchmarks. Tukey HSD was used for all post hoc comparisons. Given that two scales were used to assess spirituality, separate ANOVA’s were performed—one for spiritual well-being and one for each of the 5 dimensions of expressions of spirituality—for a total of 6 dependent variables.

**SPIRITUAL WELL-BEING: DEPENDENT VARIABLE 1**

There were significant differences in spiritual well-being between Whites, African Americans, and Hispanics ($F = 8.83$, $df = 3$, $p = .000$). Tukey HSD post hoc analyses indicated that African Americans scored significantly in spiritual well-being when compared to Whites ($p = .000$). On average, this difference was 14.15 points higher.
EXISTENTIAL WELL-BEING DIMENSION OF EXPRESSIONS OF SPIRITUALITY: DEPENDENT VARIABLE 2
There were significant differences in existential well-being between Whites, African Americans, and Hispanics ($F = 5.29$, $df = 3$, $p = .002$). Tukey HSD post hoc analyses indicated that Whites scored significantly higher in existential well-being when compared to African Americans ($p = .001$). On average, this difference was 3.16 points higher.

RELIGIOUSNESS: DEPENDENT VARIABLE 3
There were significant differences in religiousness between Whites, African Americans, and Hispanics ($F = 3.56$, $df = 3$, $p = .015$). Tukey HSD post hoc analyses indicated that African Americans scored significantly higher in religiousness when compared to Whites ($p = .015$). On average, this difference was 2.32 points higher.

COGNITIVE ORIENTATION TOWARD SPIRITUALITY DIMENSION: DEPENDENT VARIABLE 4
There were significant differences in cognitive orientation towards spirituality between Whites, African Americans, and Hispanics ($F = 5.47$, $df = 3$, $p = .001$). Tukey HSD post hoc analyses indicated that African Americans scored significantly higher in cognitive orientation toward spirituality when compared to Whites ($p = .002$). On average, this difference was 2.93 points higher.

EXPERIENTIAL/PHENOMENOLOGICAL DIMENSION OF SPIRITUALITY: DEPENDENT VARIABLE 5
There were significant differences in the experiential/phenomenological dimension of spirituality between Whites, African Americans, and Hispanics ($F = 5.56$, $df = 3$, $p = .001$). Tukey HSD post hoc analyses indicated that Hispanics scored significantly lower in experiential/phenomenological dimension of spirituality when compared to Whites ($p = .022$) and African Americans ($p = .002$). On average, this difference was 5.96 points lower compared to Whites and 7.39 points lower compared to African Americans. This was the first subgroup analysis showing an inverse difference in score change.

PARANORMAL BELIEFS DIMENSION: DEPENDENT VARIABLE 6
Finally, there were no significant differences in paranormal beliefs between Whites, African Americans, and Hispanics ($F = 2.50$, $df = 3$, $p = .061$).

RESEARCH QUESTION 2
Research Question 2 tested whether ethnic differences in spirituality might be explained by other socio-demographic and alcohol dependence severity factors or reflect intrinsic ethnic differences in spirituality.
ANOVA was used to test whether there were significant differences among the ethnic groups in relation to key demographic characteristics of the sample. Significant differences between groups were found for age ($F=5.69$, $df=3$, $p=.001$) and years of education ($F=5.80$, $df=3$, $p=.001$). Tukey HSD post hoc analyses indicated that African Americans were, on average, 5.65 years older than Whites ($p=.004$) and Whites had, on average, 2.71 more years of education than Hispanics ($p=.006$). See Table 2 for additional information on ethnic differences in key demographic variables.

**TABLE 2** Ethnic Differences in Demographic Characteristics Between Three Ethnic Groups ($N=168^{a}$)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Caucasian</th>
<th>African American</th>
<th>Hispanic</th>
<th>Sig.* **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>NS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>32</td>
<td>52</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>24</td>
<td>53</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Age (mean)</td>
<td>36.23</td>
<td>41.89</td>
<td>31.00</td>
<td>S</td>
</tr>
<tr>
<td>Income Previous Year</td>
<td>NS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 10,000</td>
<td>23</td>
<td>69</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>10,000 to 19,999</td>
<td>8</td>
<td>14</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>20,000 to 29,999</td>
<td>16</td>
<td>11</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>30,000 to 39,999</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>40,000 to 49,999</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>50,000 or more</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Years of Education (mean)</td>
<td>12.57</td>
<td>11.76</td>
<td>9.86</td>
<td>S</td>
</tr>
<tr>
<td>Marital Status</td>
<td>NS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>5</td>
<td>8</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Separated/divorced</td>
<td>22</td>
<td>33</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Living with someone</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Single/never married</td>
<td>24</td>
<td>59</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Type of program in</td>
<td>NS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detox</td>
<td>8</td>
<td>27</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td>20</td>
<td>25</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Women’s</td>
<td>4</td>
<td>16</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Day support</td>
<td>1</td>
<td>13</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>13</td>
<td>17</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Halfway house</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Methadone maintenance</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Days of current sobriety (mean)</td>
<td>85.79</td>
<td>65.49</td>
<td>82.14</td>
<td>NS</td>
</tr>
<tr>
<td>Drug problem</td>
<td>NS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>55</td>
<td>105</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Years problem drinking (mean)</td>
<td>12.25</td>
<td>12.67</td>
<td>8.27</td>
<td>NS</td>
</tr>
<tr>
<td>Longest sobriety (mean mo.)</td>
<td>24.43</td>
<td>34.05</td>
<td>10.11</td>
<td>NS</td>
</tr>
<tr>
<td>Severity of alcohol dependency (mean)</td>
<td>16.18</td>
<td>13.08</td>
<td>21.29</td>
<td>NS</td>
</tr>
</tbody>
</table>

*a12 participants not included due to race being coded as "Other."
**$P < .05$. 
ANOVA was used also used to examine differences in the severity of alcohol dependence among the three ethnic groups. There were no significant differences in severity of alcohol dependence between Whites, African Americans, and Hispanics ($F = 2.38, df = 3, p = .072$).

**DISCUSSION**

Although the research literature that examines the relationship between spirituality and substance abuse has grown since the late 1970s (Morgan, 1999), the review by Bliss (2007) found great diversity in how spirituality has been conceptualized and operationalized. The net result is that the “spirituality” examined in one study may be very different from the “spirituality” examined in another. This lack of consensus about what spirituality entails is compounded by the tendency of some studies to confound spirituality and religion. This study addressed this limitation in the literature by examining a broad range of dimensions of spirituality, including spiritual well-being, existential well-being, religiousness, paranormal beliefs, cognitive orientation towards spirituality, and an experiential/phenomenological dimension of spirituality.

In addition, the social work and other helping profession’s emphasis on the importance of culturally competent practice highlights the need to conduct research that reflects ethnic diversity (Lum, 2007). This study addressed this need by examining differences in multiple aspects of spirituality among three ethnic groups.

**Research Question 1**

Research Question 1 examined whether there were differences in spirituality between Whites, African Americans, and Hispanics. The results indicated that African Americans had significantly higher scores in spiritual well-being, religiousness, and cognitive orientation toward spirituality compared to Whites, whereas Whites had significantly higher scores in existential well-being compared to African Americans. In addition, Hispanics were significantly lower in experiential/phenomenological dimension of spirituality compared to Whites and African Americans.

To understand the practical meaning of these findings, it is important to understand how these various aspects of spirituality are conceptualized. For example, Ellison (1983) conceptualized spiritual well-being in the following way:

As [being] two-faceted, with both vertical and horizontal components. The vertical dimension refers to our sense of well-being in relation to God. The horizontal dimension refers to a sense of life purpose and life satisfaction, with no reference to anything specifically religious. (p. 331)
Spiritual well-being can also be considered as an indicator of spiritual health. Ellison (1983) suggested that spiritual well-being is an expression of spiritual health “much like the color of one’s complexion and pulse rate are expressions of good health” (p. 332).

Spiritual well-being scores between 41 and 99 indicate a moderate level of spiritual well-being, whereas scores between 100 and 120 indicate a high level of spiritual well-being (Life Advance, n.d.). Although the mean spiritual well-being scores for Whites and African Americans were both in the moderate range, the mean score of 96.72 for African Americans, which began to approach the high level range of spiritual well-being, was 14 points higher than the mean score for Whites. These findings then suggest that African Americans had significantly higher levels of spiritual health, as indicated by their higher level of spiritual well-being.

MacDonald (2000) conceptualized the religiousness dimension as the expression of spirituality through religious means. Specifically, religiousness is related to Judeo-Christian forms of religious belief and practice and included not only religious beliefs and attitudes, but also religious behavior and practice. Given that religious well-being is one of the two dimensions of spiritual well-being, the findings that African Americans scored significantly higher than Whites in religiousness are consistent with the findings that they also scored significantly higher than Whites in spiritual well-being. However, there are questions as to the practical or clinical significance of these differences given that African Americans had a mean religiousness score that was only 2 points higher than the mean score for Whites.

Cognitive orientation toward spirituality pertains to expressions of spirituality that encompass beliefs, attitudes, and perceptions regarding the nature and significance of spirituality in addition to the perception of spirituality as being a relevant and important part of personal functioning. Although cognitive orientation toward spirituality does not overtly involve religiousness or the expression of beliefs through religious means, it does appear to be highly related to them (MacDonald, 2000). Although African Americans scored significantly higher in cognitive orientation toward spirituality than Whites, there are questions as to the practical or clinical significance of these differences given that African Americans had a mean cognitive orientation toward spirituality score that was only approximately 3 points higher than the mean score for Whites.

Findings that Whites scored higher in existential well-being (as measured by the ESI-R) compared to African Americans appear to be at odds with the spiritual well-being findings because existential well-being was also one dimension of spiritual well-being (as measured by the SWB Scale). This raises the question of how African Americans might score higher in one “type” of existential well-being compared to Whites and also score lower in a different “type.” The significant negative correlation ($r = -.65, p < .01$) between these two measures of existential well-being suggests that although...
there is some overlap between the two scales, they are not necessarily
tapping into the same constructs. When the content of the individual items
of the two measures of existential well-being were compared, it was appar-
ent that although both scales used the term “existential well-being,” their
content differed because the ESI-R existential well-being dimension primarily
addressed the sense of confidence in the ability to cope with difficulties in
life, whereas the content in the existential well-being subscale of the SWB
Scale primarily addressed issues surrounding meaning and purpose in life.
It would then appear that the “existential well-being” of both scales were
different from each other.

The experiential/phenomenological dimension of spirituality concerns
the experiential expressions of spirituality. Included within the rubric of
“experiential” are experiences that are described as spiritual, religious,
mystical, peak, transcendental, and transpersonal (MacDonald, 2000). In con-
trast to the other findings on ethnic differences in spirituality, Hispanics scored
5.9 points lower than Whites and 7.4 points lower than African Americans in
experiential/phenomenological aspects of spirituality. Less clear is why this
might be so, although perhaps the predominance of prescribed Catholic
religious beliefs, practices, and rituals in the Hispanic culture inhibits the types
of mystical and transcendental experiences that the experiential/phenomeno-
logical dimension of spirituality entails. However, this interpretation is tentative
at best given the lack of research in this area and calls for further exploration.

Research Question 2

Although the findings for Research Question 1 indicated there are significant
ethnic differences in multiple aspects of spirituality, Research Question 2 may
be the more important question to address because it examined whether
there were ethnic differences in spirituality that could they be explained
by other socio-demographic and alcohol dependence severity factors or
whether they reflect intrinsic ethnic differences in spirituality. Statistical
analyses of the study demographic and other alcohol-related variables found
no significant differences between ethnic groups in all variables except age
and years of education, with African Americans an average of 5.6 years older
than Whites ($p = .004$) and Whites having an average of 2.7 years more of
education than Hispanics ($p = .006$).

As such, the higher spirituality scores in African Americans compared to
Whites might be due to the greater maturity of African Americans, although
the mean age of African Americans of 41.9 years and the mean age of Whites
of 36.2 years appear to be developmentally similar. Although higher levels of
spirituality are thought to be associated with increased age (Sadler & Biggs,
2006; Thomas & Cohen, 2006), it is not clear in regard to this study that the
slightly more than 5 years age difference between African Americans and
Whites can adequately explain the higher spiritual well-being, religiousness,
and cognitive orientation toward spirituality scores of African Americans compared to Whites.

However, it is possible that these higher spirituality scores for African Americans may also be due to the salience of spirituality and religion in the African American culture (see Haight, 1998; Johnson, Larson, De Li, & Jang, 2000; Watson et al., 2003). Although Taylor, Chatters, and Jackson (2007) noted that studies have shown that African Americans have significantly higher levels of religious involvement compared to Whites, the authors also emphasized the need to recognize the growing within-group ethnic variation in the African American population, primarily from recent growth in Black immigrant populations from Caribbean counties. Although Taylor et al. (2007) suggested that there might be some level of comparability in religious involvement between African Americans and Caribbean Blacks, they also stated these two groups “are clearly distinctive from one another with regard to national background, historical contexts, and life experiences” (p. S239). Thus, any conclusions about the African American population need to recognize this is not a homogeneous group.

In addition, the terms “religion” and “spirituality” are often used synonymously in research on the African American population without any distinction being made between the two terms. The tendency to confound these two variables is common in the research literature concerning other ethnic groups as well (Bliss, 2007). However, clear conceptual distinctions between the two terms have been articulated. For example, Miller (1998) noted:

Spirituality is typically understood at the level of the individual. As with personality, there are nomothetic dimensions that can be meaningfully compared across people, but spirituality is fundamentally an idiographic aspect of the person. Religion, in contrast, is a social phenomenon, an organized structure with many purposes, one of which historically has been the development of spirituality in its members. Individuals can, of course, be characterized in terms of their religiosity, the extent to which they are engaged in religious belief and practice. (p. 980)

At the same time, less is known about the importance of spirituality versus religiosity in substance abuse among African Americans. In a longitudinal study on the role of four constructs of spirituality in alcohol treatment retention and outcomes among 158 African American patients in outpatient treatment, Pringle, Emptage, and Barbetti (2007) found that spirituality was weakly related to retention and outcomes.

Still, the findings from the current study suggested there may be intrinsic ethnic differences in spirituality between African Americans and Whites because the former had significantly higher spiritual well-being, religiousness, and cognitive orientation toward spirituality scores. Although this conclusion is tentative at best, it does identify additional questions as to whether these
potentially intrinsic differences serve as protective factors for African Americans or as resources that assist them in the recovery process as religion has been found to do (see Haight, 1998; Johnson et al., 2000; Watson et al., 2003). Although future research is needed to make a firmer determination of this notion, these findings can have important prevention and treatment implications for African Americans.

Less clear is whether the findings that the significantly lower experiential/phenomenological dimension of spirituality scores that Hispanics had compared to Whites and African Americans reflect intrinsic ethnic differences in this domain of spirituality because Whites had, on average, approximately 3 years more of education than Hispanics. As with increased age, perhaps higher levels of spirituality are associated with increased levels of education. However, African Americans also had significantly higher experiential/phenomenological dimension of spirituality scores than Hispanics but did not significantly differ in years of education. Unfortunately, although substance abuse has been a major problem in the Hispanic population, our understanding of the sociocultural context of substance abuse is limited (Ruiz & Langrod, 2005). Although research has identified the importance of religion within the Hispanic population, as with African Americans less is known about the role of spirituality, especially as it relates to substance abuse.

Study Limitations

Although this study adds to our understanding of ethnic differences in the relationship between spirituality and substance abuse, limitations in the study suggest the need to be cautious in interpreting the results. First, the small number of Hispanic participants in this study compared to African American and Caucasian participants calls for caution in interpreting study results. Second, spirituality is a multi-dimensional construct that can be assessed in a variety of ways. Although this study examined six aspects of spirituality, it is possible that other measures of spirituality could lead to different results. Third, although the results of this study suggest there may be intrinsic ethnic differences in some aspects of spirituality, many other biopsychosocial factors such as co-occurring psychiatric disorders, types of substances used, and trauma/abuse backgrounds may have influenced these differences. Because this study did not examine these factors, any firm conclusions that ethnic differences are intrinsic in nature require further research validation.

Implications for Practice

The trend toward the increased ethnic diversity in substance abuse treatment utilization promises to increase as the population of the United States continues to become more ethnically diverse. As researchers have begun to
examine ethnic differences in prevalence rates, treatment utilization, and treatment outcomes for persons with substance abuse problems (De La Rosa, Holleran, Rugh, & MacMaster, 2005; Myers, 2002), practitioners will increasingly be required to translate these research findings into ethnically diverse practice models to improve treatment outcomes. However, practitioners must also practice ethnoculturally competent treatment that takes “into account the client’s ethnocultural beliefs, customs, and values, particularly as they relate to AOD issues, as well as the social conditions that have an impact on the client’s ethnocultural group” (Straussner, 2001. p. 12).

Although one of the important factors that should be taken into consideration as part of an ethnoculturally competent assessment is religious identification (Straussner, 2001), there is an increasing recognition by practitioners that spirituality be included as well. The increased emphasis on including spirituality in the assessment (Hodge, 2003) and treatment (Boorstein, 2000) processes will require practitioners to become much more sensitive to incorporating this important, yet often neglected, aspect of human functioning in their work with ethnically diverse populations.

The findings from this study can help shed light on how practitioners might go about engaging in this important endeavor. Essentially, this is a study of differences. However, for research to have relevance it has to have a practical “hook” to grab the attention of practitioners in the hope that they will begin to translate these findings into new practice models that reflect the increasingly ethnically diverse nature of individuals who enter substance abuse treatment. Therefore, rather than providing definitive answers on how provide treatment services in an ethnically sensitive manner, Holosko (2006) reminded us of the importance of asking the right questions when faced with degrees of empirical uncertainty because “the art of asking the right questions, the right way, because in every field, the question we ask will determine the answer we get” (p. 426). In this light, the following questions are offered for practitioners in the substance abuse field to consider as part of engaging in more ethnically sensitive practice:

1. How can practitioners focus on client individuality when many treatment professionals are oriented to treatment infrastructures that are more group and people-processing oriented in nature?
2. What is the best way to ask individuals in screening and assessment protocols about their ethnicity and its uniqueness?
3. Would it be possible for practitioners to talk and listen to different cohorts of individuals who come for treatment to help understand the extent and nature of such differences?
4. Could the treatment protocols used in substance abuse treatment programs reflect group differences as it relates to treatment planning?
5. What investment do administrators and boards have in these differences that trickle down to their clients?
6. How can in any small way practitioners celebrate differences about individuals in treatment rather than having a “one size fits all” approach?
7. Can practitioners be open to asking clients their thoughts on differences between religion and spirituality?
8. Can practitioners then ask clients how their spirituality was impacted by their substance abuse disorder and what practitioners and treatment programs can do to help ameliorate damage done to their spirituality?

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