

Spirituality in Addiction and Recovery

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Objectives:

Participants in this session will:

- Be able to articulate at least two differences between religion and spirituality,
- Be provided with information regarding the prevalence of Substance Use Disorders in the general population,
- Enhance understanding of both points of tension and common themes of the faith and treatment/recovery communities,
- And Explore potential ways the faith community helps to meet the needs of individuals with substance use disorders.

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Foundational Agreements

- How many of you would say that you disagree with someone in your faith community regarding something you believe?
- How many of you would say that you disagree with someone in your work community regarding something you believe?
- Can we approach our time together with humility enough to listen and compassion enough to express views with kindness and respect?

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Why are we talking about this?

- Many people have religious and cultural beliefs that deeply impact their lives.
- Many people also struggle with substance use.
- These groups are neither entirely inclusive of one another, nor are they mutually exclusive.

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Why are we talking about this?

• According to the National Institutes of Health, it is estimated that 1 in 10 individuals will struggle with a non-alcohol, substance use disorder at some point in their lifetime and 1 in 3 will develop an alcohol use disorder at some point in their lives.

• This means that in a group of 100 at any given place of worship, on average between 30-40 will struggle with a substance use disorder at some point in their life.

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Why are we talking about this?

- Often faith leaders are approached about life issues and concerns before anyone else is.
- Although faith leaders can provide tremendous support, they are often overextended and also want to be certain to operate within their scope of practice.
- Religious and/or spiritual involvement predicts less use of and fewer problems with alcohol, tobacco and illicit drugs (Miller, 1998)

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Why are we talking about this?

- Often clients who are working with a therapist, counselor, recovery coach, or peer support specialist also hold deep religious convictions or else have a deep sense of spirituality.
- Although these professionals can provide tremendous support, they are often overextended as well and also want to connect those they serve to healthy community supports.
- Religious and/or spiritual involvement predicts less use of and fewer problems with alcohol, tobacco and illicit drugs (Miller, 1998)

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"When we are divided, we more closely resemble the disease we are seeking to treat than the recovery we hope to inspire."
~James Campbell

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The Faith Community

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Pray More. Read More. Just Quit.

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As members of a faith community, as we consider how we can best help those in need, let's consider some of the following questions:

- How familiar are we with the treatment services in our communities?
- How well do we know what recovery groups are meeting and the particulars of each?
- What if the individual does not have any insurance?
- Do we know the difference between, for example, an open and a closed meeting?
- What if it is a loved one seeking help for someone else?
- What if the person using substances doesn't want help?
- What if the person needs to detox?
- What if the person needs medication?

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The Recovery Community

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WE HAVE A WORD FOR PEOPLE WHO ARE IN RECOVERY BY THEMSELVES; WE CALL IT "HIGH".



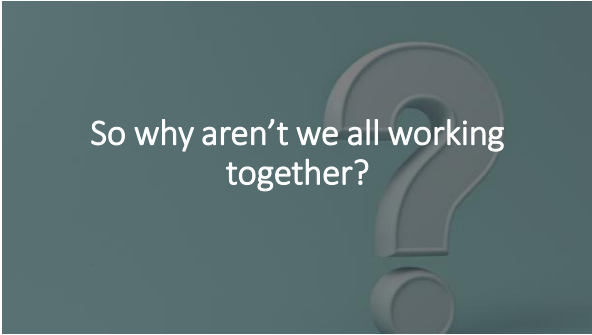
IF THEY ARE TO HEAL, THOSE WE SERVE NEED THE SUPPORT AND COMMUNITY OF HEALTHY POSITIVE PEOPLE.

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- Do we know which faith communities in our area have services or programs to meet physical needs?
- Which faith communities in our area would welcome someone struggling with substance use?
- Which faith communities are likely to shame or condemn someone struggling with substance use?
- Are we aware of which faith communities have either pastoral or other counseling services?
- Do we know the cultural characteristics of the different faith congregations in our area?
- Do we know which faith communities serve which religions and religious denominations?
- Is there a faith-based recovery group or groups in the area, and what are their faith affiliations?

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Challenges

Bias within the faith and recovery communities often runs both ways.

Religious leaders often see psychology as a “godless religion” and view mutual support groups as a substitute for the faith community.

The treatment and recovery communities often view the faith community as having ulterior motives beyond helping others and at times even equate some types of religiosity with psychopathology.

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Common Ground

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Treatment and Recovery Communities

- Are often more open to addressing spirituality than many other areas of human services.
- Need more resources than they have to serve people who are hurting and struggling.
- Often agree that spirituality is a fundamental aspect of sustainable recovery.

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The Faith Community

- Often has significantly more demands on their time than they can meet.
- Often are willing to direct those in their community to community resources and/or professional staff on matters of medical treatment or areas beyond their expertise.
- Are often more aligned with treatment and recovery principles than they may realize.

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Some Common Themes Include:

- A desire to alleviate the suffering of others.
- A desire to demonstrate love and compassion.
- An understanding of the need for support and community.
- That progress and growth are ongoing.

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The beliefs of those
we serve matter.

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Religious teachings include substance use:

Judeo-Christian sacraments involving wine

Judeo-Christian Torah and Bible denounce drunkenness

Islam strictly prohibits the use of alcohol and drugs

Many Native American, Polynesian and African religions have used hallucinogens and other substances to enhance spiritual transcendence

(Miller, 1998)

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Religious teachings also
sometimes include whether to
ask for help and from whom.

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The beliefs of those we serve matter.

Over 90% of Americans believe in God

57% engage in daily prayer

42% attended church in the last week (Bezilla, 1993)

80% believed that religious faith can aid in recovery from illness

63% agreed that doctors should talk to them about spiritual issues (McNichol, 1996)

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A lot can change in over a quarter of a century.

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As of 2014...

Generational Replacement Helping Drive Growth of Unaffiliated, Decline of Mainline Protestantism and Catholicism

	Silent generation (born 1928-1945)	Baby Boomers (born 1946-1964)	Generation X (born 1965-1980)	Older Millennials (born 1981-1996)	Younger Millennials (born 1997-2012)
	%	%	%	%	%
Christian	85	78	70	57	56
Protestant	57	52	45	38	36
Evangelical	30	28	26	22	29
Mainline	22	27	13	10	11
Historically black	6	7	7	6	6
Catholic	24	23	21	18	16
Other Christian groups	3	3	4	3	3
Other faiths	4	5	6	8	9
Unaffiliated	11	17	23	34	36
Don't know/refused	1	1	1	1	1
	100	100	100	100	100

©2014 Religious Landscape Study, conducted June 4-Sept. 30, 2014. Figures may not add to 100%, and nested figures may not add to subtotals indicated, due to rounding.
The "other Christian groups" category includes Mormons, Orthodox Christians, Jehovah's Witnesses and a number of smaller Christian groups.
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People who identified their current religion as atheist, agnostic, or nothing in particular showed a statistically significant increase.

Unaffiliated Make Up Growing Share Across Generations

% of each generation that identifies current religion as atheist, agnostic or nothing in particular

	2007	2014	Change
Silent generation (b. 1928-1945)	9	11	+2
Baby Boomers (b. 1946-1964)	14	17	+3
Generation X (b. 1965-1980)	19	23	+4
Older Millennials (b. 1981-1989)	25	34	+9
Younger Millennials (b. 1990-1996)	n/a	36	n/a

2014 Religious Landscape Study, conducted June 4-Sept. 30, 2014. All changes are statistically significant.

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Religious Affiliation is on the Decline

According to the 2014 Religious Landscape Study conducted between June 4-September 30, 2014, the percentage of people who identified their current religion as atheist, agnostic, or nothing in particular showed a statistically significant increase in all generations since just 2007.

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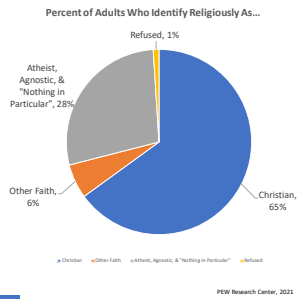
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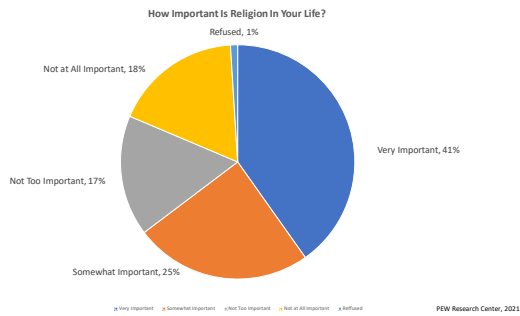
This trend has continued between 2014 and 2021.

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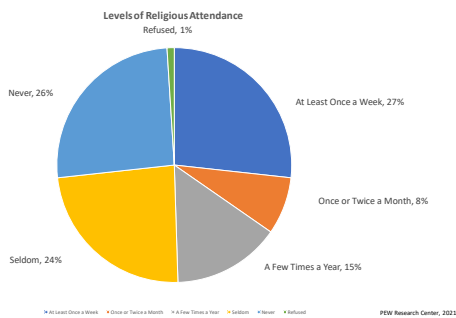
The PEW
Research
Center in a
2021 study
reported:



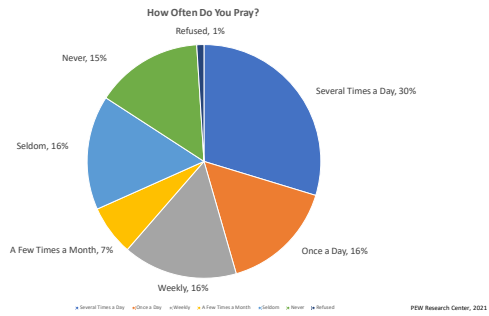
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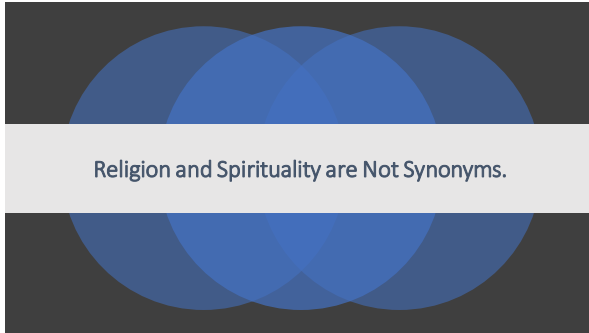
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Does this mean people are less spiritual?

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Does this mean people are less spiritual?

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Religious or Spiritual?

- **Religion**
- Religio - obligation or rule.
- Tells us how to live.
- What constitutes a righteous life.
- Ten commandments, not the ten suggestions
- Often divisive

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Religious or Spiritual?

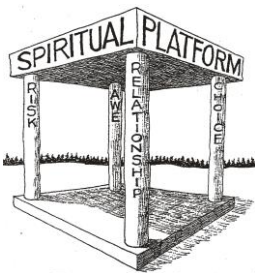
- | | |
|--|---|
| <ul style="list-style-type: none"> • Religion • Religio - obligation or rule. • Tells us how to live. • What constitutes the righteous life. • Ten commandments, not the ten suggestions • Often divisive | <ul style="list-style-type: none"> • Spirituality • Spiritus - breathing. • The essence of life. • What gives life meaning. • What gives human life its unique meaning. • Connecting |
|--|---|

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Spirituality: What is it.

- It is what makes us human and separates us from all other creatures by degree.
- Existential expression.
- Spirituality is a doing thing.
- If we stop "doing" spirituality we lose our humanity.

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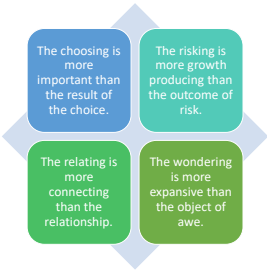
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Spirituality

- Spirituality is not defined by the content of our lives but by the experience of life's process as we live it.

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Spirituality



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Materialism
Left Brain

Spirituality
Right Brain

Content.....	Process
Particulars.....	Gestalt
Ends.....	Means
Outcome.....	Flow
Individual Notes.....	Symphony
Results.....	Context
Fingerings.....	Music
Technique.....	Art
Black-White Thinking.....	Options
Trees.....	Forest
Concrete.....	Abstract

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Choice:
Are We Excusing or
Empowering Ourselves?



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Are Our Risks Growth-Producing or Growth-Reducing?



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Relationship:
Are We Engaged in Relationship Making or Relationship Breaking?



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Awe and Wonder:
Are We Living a Life that is Redundant or Abundant?



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So how do we apply this
clinically?

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We don't, unless we apply it
personally.

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Biology 101

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What Are Your Takeaways
Today?

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What Are Your
Action Steps?

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Evaluation:

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In Conclusion

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