The Experience of Spirituality in Recovery

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ISSUE BRIEF #2:
THE EXPERIENCE OF SPIRITUALITY IN RECOVERY

The roots of the substance use disorder (SUD) treatment and recovery fields are firmly planted in stories of human transformation, many with strong spiritual dimensions. Science has won our loyalty through evidence that helps us choose the interventions and approaches that will have the best outcomes for the people we serve. But when we look at the spectrum of empirically supported practices, we see that quite a few either offer, recommend, or connect people with spiritual resources and practices.

The first article in this series cited only a small portion of what White and Laudet (2006) described as the "growing evidence that spirituality can serve as an antidote for substance use disorders."[1] Still, that small portion of the evidence—25 articles' worth—yielded more than 100 different pieces of measurable information, each showing how spirituality, spiritual attitudes, and spiritual activities appear to make a meaningful difference in the success of treatment and/or recovery from SUDs

About This Series

The Southeast Addiction Technology Transfer Center (Southeast ATTC) is repairing an in-depth monograph on the power of spirituality in SUD recovery, scheduled for release in Spring, 2021. Meant for treatment, recovery, and faith audiences, the monograph will offer data on effectiveness, wisdom from history, and an abundance of suggestions for treatment, recovery, and faith leaders. Meanwhile, we are releasing two issue briefs, each offering a look at one facet of the monograph.

- Issue Brief #1, "Evidence of Hope," examined the volume of evidence for the power of spirituality found in the literature of the field.

- This Issue Brief #2 looks beyond the evidence to the human experience of spirituality as it has been described in the science-based literature on substance use disorders and recovery.

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That article offered a structured sampling of the wide array of characteristics and experiences that are considered part of this mysterious thing called spirituality in recovery. But looking at that structure was like looking at an X-ray—just the outline of a skeleton surrounded by whisps and shadows. A faithful X-ray can communicate enough to save a human life, but not enough to tell us about the human being. So this article also reflects the scientific literature of the SUD field but pushes past the data, to the human experience of spirituality that numbers cannot capture.

Mending Morality

As we wonder how spirituality acts as a healing force in recovery, we might first consider the areas of human life most in need of spiritual relief. Many people with SUDs carry a heavy load of trauma and loss, with substances bringing, not just temporary relief from past and present pain, but also the ingredients of a painful future. On top of that load often lies the cumulative moral burden of a life that has stumbled off the path.

It is helpful to consider the concept of "moral injury," once described by psychiatrist/researcher and combat stress and moral injury pioneer William P. Nash, MD as "…damage to a person from experiencing something that violates deeply our moral expectations." [2]

- There is much variation in how individuals, cultures, religions, and philosophies define or delimit morality, goodness, or "what's right." But if we step back from all that, we might see morality as a powerful connective field of shared human responsibility and accountability, rooted in our love of creation and our deepest values and concern for the common good.

- And if morality is a shared, connective field of human responsibility, then— whether the violation is ours or someone else's—we share in the injury.

- Active SUDs can make it easier to break fundamental human norms and values. In active addiction, the brain's desperate, unreasoning sense of need for the drug combines with the drug's organic impairment of judgment and personality. Their synergistic effects can easily overpower the deepest values and the strongest moral convictions of the individual. This can happen without intention—and sometimes without any conscious memory—and all the remorse in the world cannot fully mend those wounds. [3]

- The moral toll might include guilt at having done "bad things" and the toxic shame that leaves people believing they are "bad people."[4] In some cases it includes profound moral injuries that can tear people's sense of connection with their Higher Power, with their fellow human beings, with who they are, and with everything that was ever good in them. [5]

Being Imperfect

How does recovery become a refuge for people who bear these moral wounds— wounds that are often mixed in with trauma and losses that started long before they ever took refuge in addictive substances? One answer comes from Ernest Kurtz's and Katherine Ketcham's 1992 masterpiece, The Spirituality of imperfection: Storytelling and the Journey to Wholeness. The "spirituality of

imperfection" is the authors' name for the fundamental nature of recovery spirituality, a spirituality that they also find reflected in many religious and spiritual traditions.

In their words: "The spirituality of imperfection speaks to those who seek meaning in the absurd, peace within the chaos, light within the darkness, joy within the suffering—without denying the reality and even the necessity of absurdity, chaos, darkness, and suffering. This is not a spirituality for the saints or the gods, but for people who suffer from what the philosopher-psychologist William James called 'torn-to-pieces-hood'." [6]

Recovery holds many opportunities for remembering, storytelling, self-examination, insight, remorse, confession, restorative justice through personal amends, service to others, compassion, forgiveness—sometimes even self-forgiveness—and healing. And if it is peer-based recovery, it takes place in a community of equals—all imperfect, all limited, all injured—joined in mutual support by their common human limitations, imperfections, and injuries. [7]

Past transgressions do not block grace and forgiveness, according to Kurtz and Ketcham. They quoted Jungian analyst Marion Woodman's assertion that "God comes through the wound" [8] and explained that "Our very imperfections—what religion labels our 'sins,' what therapy calls our 'sickness,' what philosophy terms our 'errors'—are precisely what bring us closer to the reality that no matter how hard we try to deny it, we are not the ones in control here. And this realization, inevitably and joyously, brings us closer to 'God'." [9]

Sometimes Quickly, Sometimes Slowly

So, when does all this happen? If the spirituality of recovery is real, why do so many people find it so elusive, so hard-won, and/or so difficult to hold onto? There is no formula that can tell us what sequence of actions and experiences will tip the scale and make lasting recovery a reality for a particular person. The recovery literature describes a full range of spiritual growth processes, from those of the slow "educational variety" to events on the scale of AA co-founder Bill Wilson's intense "white light" conversion experience. [10]

Although the profound relief of recovery is welcome on any timetable, there is something particularly compelling about accounts of sudden, transformative spiritual experiences. "Some experiences measured in moments can forever rend a life into the temporal categories of before and after," wrote White in 2004, "and leave in their psychological wake an essentially new person." [11]

After many years spent co-developing, testing, and teaching Motivational Interviewing—a system of collaborative practices that help people move through stages of change and find their own incentives for life alteration—William R. Miller also turned his attention to a phenomenon he called "quantum change": "sudden, dramatic, and enduring transformations that affect a broad range of personal emotion, cognition, and behavior." [12]

Is quantum change simply the tipping point at the end of a long and largely unconscious change process, is it something fundamentally different, or is it "both/and"? According to White (2004), "Transformational change (TC) experiences constitute the most dramatic but least understood mechanism of human change." [13]

Transformative change can also leave in its wake a heightened sense of mission and purpose. White studied the lives of seven people (Handsome Lake, John Gough, Francis Murphy, Jerry McAuley, Bill Wilson, Marty Mann, and Malcolm X) whose transformative experiences not only lifted them out of active addiction, but also left them burning with purpose and "catalyzed larger abstinence-based mutual aid, advocacy, or religious/cultural revitalization movements." [14]

According to White, the transformation stories of these seven individuals all followed the same three distinct stages: a) unrest and conflict; b) conversion crisis; and c) peace, release, and inner harmony. Those stages were characterized by five common elements: 1) isolation and traumatic discontent, 2) exposure to a message and a messenger of hope, 3) a breakthrough experience, 4) validation of the experience, and 5) entrance into a community of shared experience. For many readers, the most familiar example might be Bill Wilson's "white light" experience.

1. Wilson's conversion crisis took place in the depths of the Great Depression, a time of great <u>unrest and conflict,</u> when his unemployment and financial losses had haunted his family for years and his drinking patterns had driven him into both <u>social and psychological isolation.</u>

2. The visit from his old friend Ebby Thacher brought Wilson a message and a messenger of hope, since Thacher had managed to stay abstinent (so far) on the strength of his religious and spiritual immersion in the Oxford Group. [15]

3. Wilson's breakthrough experience came during his next hospitalization at Towns Hospital, complete with powerful emotions, heightened spiritual perceptions, profound insights, an ecstatic sense of peace and relief, and a realization that he was "a free man." [16]

4. Dr. Silkworth provided compassionate validation of Wilson's transformation by hearing and believing his story, interpreting it as a spiritual experience rather than a clinical symptom, and providing wise counsel: "Whatever you've got now, you'd better hold onto. It's so much better than what you had only a couple of hours ago." [17]

5. The fifth element of transformative change, the community of shared experience, was something Wilson was driven to co-create, simply because he found that helping others who suffered from alcoholism was necessary for his own sobriety. His early, somewhat insistent efforts to induct others into sobriety had succeeded in keeping only Wilson sober. But later, in partnership with his more humble AA co-founder, Dr. Bob Smith, Wilson was able to reach out in ways that seeded a worldwide community of mutual healing among equal, imperfect peers.

Experiences of Spirituality in Recovery

To make sense of the broad spectrum of spiritual qualities that researchers have recorded and studied, we might linger a moment on the experiences of recovery spirituality described by a few lifetime students/teachers of recovery and its literature. Reflecting on the work of psychiatrist George Vaillant, Kelly (2016) wrote that "shining spirituality through a prism uncovers its own multiple constituent parts—the positive emotions, such as gratitude, hope, forgiveness, ecstasy, bliss, compassion, awe and empathy." [18]

In the final section of The Spirituality of Imperfection, Kurtz and Ketcham focused on six recovery experiences that kept showing up in recovery stories told in AA meetings: release, gratitude, humility, tolerance, forgiveness, and being-at-home. [19] "This does not mean that all of [these experiences] are heard in every story," wrote Kurtz and White in 2015. "It does mean that just about every story delineates and describes at least one, and usually two or three of these experiences."[20]

- Release: "a profound sense of being freed: for one who has been addicted, there is no better term to describe the removal of that obsession-compulsion." [21]

- Gratitude: "the experience of thankfulness, the recognition that one has been gift-ed…appreciation for what is recognized as a freely bestowed gift." [22]

- Humility: the recognition and acceptance that one is neither all nor nothing… real humility is simply the acceptance that one is of some value, but not of infinite value: one is 'not God'." [23]

- <u>Tolerance</u>: "of course, flows from 'all of the above.' It is difficult to be self-righteously judgmental when one is aware of one's middling status as a receiver of the gift of a fundamental freeing." [24]

- <u>Forgiveness:</u> "The opposite of resentment is forgiveness, and research on forgiveness verifies its spiritual nature in that it is one of those realities that cannot be 'willed.' As is true of all spiritual realities, forgiveness becomes possible only when will is replaced by willingness: it results not from effort but from openness." [25]

- <u>Being-at-Home:</u> "Everyone needs a sense of 'community'—the deep experience of being in some way at one with some others. Unlike other communities that one may join, 'home' is a place where we belong because it is where our very weaknesses and flaws fit in and are in fact the way we 'fit in'." [26]

Miller's (1998) analysis of recovery experiences also included several of these, plus the experience of acceptance, "which represents a conceptual opposite of trying to take charge and control. It is a long-recognized spiritual paradox that acceptance of the present opens the door to change."[27] He also added an insight that has proved revolutionary for the SUD treatment and recovery field: "There is now persuasive evidence that an accepting, empathic helping style significantly promotes recovery." [28]

Do experiences of spirituality in recovery differ across gender lines? In one study, Biss and Ekmark (2013) found that women were more adept than men at expressing their spiritual thoughts and feelings. They noted that this was in keeping with research that placed women higher in verbal abilities, emotional expression, ability to experience intense emotions, and comfort with emotional experiences. These findings also mirrored differences in experience of religiosity, which women tended to interpret more in terms of thoughts and feelings and men in terms of action. [29] White (2002) also noted that women tend to place greater emphasis on empowerment than on powerlessness (e.g., powerlessness over the substance, the failure of self-will), and on finding power within as well as power outside the self. [30]

Mutuality

Whether one interprets recovery as a secular, spiritual, or religious experience, the concept of "mutuality" is likely to lie close to its heart—a heart that White (2020) might locate in terms of three prepositions: "within," "between," and "beyond." [31] In their review of the countless experiences of spirituality they had encountered in stories told and written in Alcoholics Anonymous meetings

and publications, Kurtz and White summed up what they had learned in terms of those three prepositions: spirituality lying within the self, passing between human beings, and extending beyond the self. And when they analyzed the information they had gathered on secular, spiritual, and religious recovery, the authors found that "between" played a key role in all three: [32]
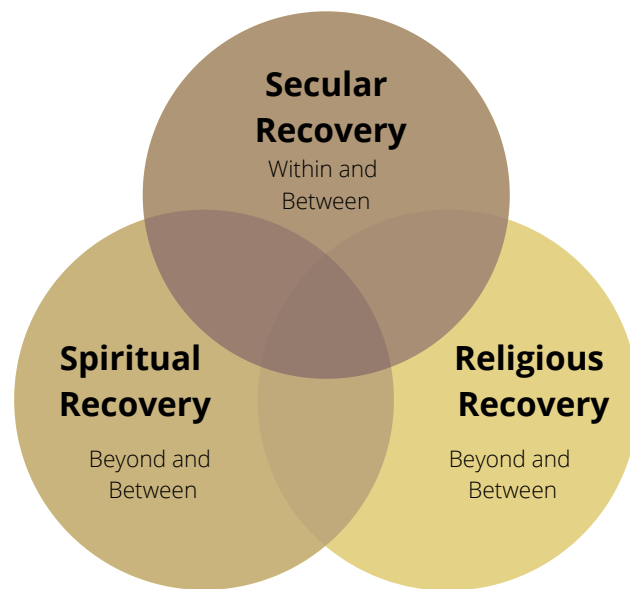
"Beyond awakens and pulls to transcendence," they wrote. "For many ages—for most humans for most of human history—beyond pulled towards the horizon. It implied horizontal movement, an invitation to explore. But just about always for some… beyond points also vertically, pulling upwards, to new heights. At first, most obvious level, beyond the 'self' are others, and between captures the nature of that relationship, the between-ness of equal connection, a connection of equals…[33]

"Fundamental to all living existence is the need for others, in one form or another. This spiritually based human need-for-others, however, has some unique qualities, and one of the most important is the reality of its mutuality. Mutual relationships involve not the giving or getting of competition, nor even the 'giving and getting' of cooperation, but a very real and genuine giving by getting, getting by giving." [34]

To illustrate this concept, Kurtz and White used a pivotal point in Bill Wilson's story, when Wilson stood in an Akron, Ohio hotel lobby, anxious and frustrated by failures that threatened the business venture that had brought him there. Drawn to the music of ice cubes clinking in the hotel bar, Wilson remembered the one thing that had kept him from drinking for the past five months: talking to others who shared his malady. A series of desperate calls in the lobby phone booth yielded the name and number of a local physician who had a problem with alcohol.

When they met the following day, Wilson followed Dr. Silkworth's advice not to "preach," and instead simply told Dr. Bob Smith his story. Dr. Smith listened and said he would be willing to try what Wilson had done. Twenty years later, at AA's "Coming of Age" convention, Wilson told his audience, "You see, our talk was a completely mutual thing. I knew that I needed this alcoholic as much as he needed me. This was it. And this mutual give-and-take is at the very heart of all of A.A.'s Twelfth Step work today." [35]

"We may reach up," wrote Kurtz and White. "We must reach out. The topic here is spirituality, remember—that essentially ineffable reality that is at the core of our human be-ing. The wisdom of the human race—our art, music, literature—all attest to our bonds with each other. Indeed, they bond—bind—us with each other. To look beyond is to look and to seek outside of self—up and around. To look between is to look 'around' and to discover that we are bonded to/with each other." [36]

Endnotes

[1] White and Laudet (2006), Op. cit. Page 57.

[2] Dr. William Nash discusses moral injury beyond the military context. Volunteers of America. (Retrieved 8/26/20 from https://www.voa.org/moral-injury-center/videos/dr-william-nash-discusses-moral-injury-beyond-the-military-context); Litz, B., Stein, N., Delaney, E., Lebowitz, L., Nash, W.P., Silva, C., and Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. Clinical Psychology Review, 29(8), 695-706.

[3] Kurtz, E. (2007). Shame and Guilt. South Bend, IN: Hindsfoot Foundation.

[4] Ibid.

[5] Litz et al. (2009), op. cit.

[6] Kurtz, E. and Ketcham, K. (1993). The spirituality of imperfection: Storytelling and the search for meaning. New York: Bantam. Pp. 2-3.

[7] White, W.L. (2009). Peer-based addiction recovery support: History, theory, practice, and scientific evaluation. Chicago, IL: Great Lakes Addiction Technology Transfer Center and Philadelphia Department of Behavioral Health and Mental Retardation Services.

[8] Woodman, M. (1987). Worshipping illusions. Parabola, 12(2). P. 64.

[9] Kurtz and Ketcham (2009), P. 29.

[10] Alcoholics Anonymous World Services, Inc. (2002). Alcoholics Anonymous. (Fourth Edition). New York: Author.

[11] White, W.L. (2004). Transformational change: A historical review. JCLP/In Session, 60(5), 461-470. P. 461.

[12] Miller, W.R.(2004). The phenomenon of quantum change. Journal of Clinical Psychology, 60(5), 453-460. P. 453.

[13] White (2004), loc. cit.

[14] Ibid.

[15] In this case, as sometimes happens, the messenger who brought life and hope to another continued to struggle with his illness for the rest of his life, but Ebby Thatcher died sober (of emphysema) in 1966.

[16] Alcoholics Anonymous World Services. (1957). Alcoholics Anonymous comes of age: a brief history. New York: Alcoholics Anonymous World Services. P. 64.

[17] Alcoholics Anonymous World Services. (1984). Pass it on: The story of Bill Wilson and how the A.A. message reached the world. New York: Author. PP. 123-124.

[18] Kelly, J.F. (2016). Is Alcoholics Anonymous religious, spiritual, neither? Findings from 25 years of mechanisms of behavior change research. Addiction, 112, 929-936. P. 933.

[19] Kurtz and Ketcham (1993), op. cit.

[20] Kurtz and White (2015), op. cit. P. 68.

[21] Ibid.

[22] Ibid.

[23] Ibid.

[24] Kurtz and White (2015), op. cit. P. 69.

[25] Ibid

Endnotes

[26] Ibid.

[27] Miller, W.R. (1998). Researching the spiritual dimensions of alcohol and other drug problems. Addiction, 93(7), 979-990. P. 986

[28] Miller (1998), loc. cit. P. 987

[29] Bliss, D.L. and Ekmark, S.S. (2013). Gender differences in spirituality in persons in alcohol and drug dependence treatment. Alcoholism Treatment Quarterly, 31(1), 25-37.

[30] White, W.L. (2002). Women and recovery: A historical review. Counselor, 3(4), 52-54.

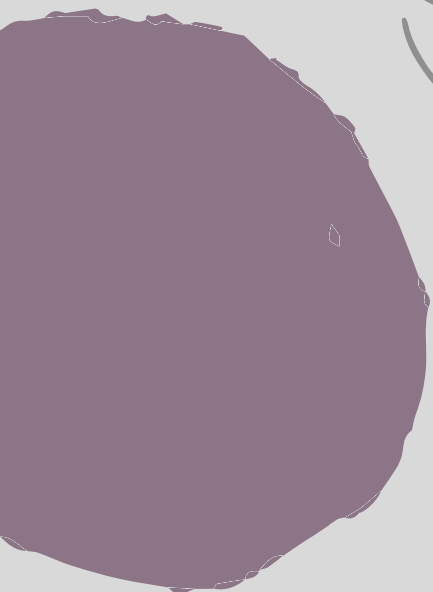[31] White, W.L. (2020). Personal correspondence.

[32] Kurtz and White (2015), op. cit.

[33] Kurtz and White (2015), op. cit. P. 66.

[34] Ibid.

[35] Kurtz and White (2015), op, cit. P. 67.

[36] Ibid.