# The Meaning of Suffering in Drug Addiction and Recovery from the Perspective of Existentialism, Buddhism and the 12-Step Program

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**Abstract**—The aim of the current article was to examine the meaning of suffering in drug addiction and in the recovery process. Negative emotions may cause primary suffering that can drive an individual toward substance abuse. At the same time, drugs only provide temporary relief, and over time, the pathological effects of the addiction worsen causing secondary suffering, which is a motivation for treatment. The 12-Step program offers a practical way to cope with suffering through a process of surrender. The act of surrender sets in motion a conversion experience, which involves a self-change including reorganization of one's identity and meaning in life. This article is another step toward understanding one of the several factors that contribute to the addict's motivation for treatment. This knowledge may be helpful for tailoring treatment that addresses suffering as a factor that initiates treatment motivation and, in turn, treatment success.

**Keywords**—12-Step program, drug addiction, meaning in life, motivation, suffering

To live is to suffer, to survive is to find meaning in the suffering.
—Allport (in Frankl 1965)

The question of what motivates addicts to recover from drug addiction is an essential issue in drug addiction recovery. One answer is that addicts recover when their lives become unbearable. Drug addiction is a lifestyle accompanied by physical, mental and spiritual suffering for the addicts, their families and society (Gray 2003; DuPont & McGovern 1992). It is a state that is difficult to bear, to share and to understand. Suffering is not limited solely to the addict and does not end even when the addict recovers and remains abstinent (DuPont & McGovern 1992).

The perception of suffering is a subject of ongoing debate among researchers. Some claim that suffering is destructive and negative. For example, Weil (1977) argued that suffering causes pain, has a negative effect on one's sense of self, crushes the sufferer's spirit and leads to humiliation and despair. Similarly, the existential philosopher Levinas (1988) argued that suffering is useless, meaningless, causes self-alienation, and destroys one's sense of self and ability to enjoy life. Other researchers relate to the ambivalence of suffering, claiming that it should not be considered only as destructive and damaging, but that it should also be viewed as a positive factor that could potentially initiate a positive process of self-change. For example, Wieman (1946) believed that although suffering may rob an individual of

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his/her sense of being, it may also prove to be creative and useful, depending on the sufferer's response. Similarly, Williams (1969) referred to the ambivalence of suffering, claiming that although it may destroy an individual's creativity, it may also constitute a source of personal growth.

Philosophy and religion have been addressing suffering from the very earliest time in an attempt to understand its meaning, while psychological research has only been addressing human suffering for the past six decades. In 1946, psychiatrist Victor Frankl began to explore the meaning of suffering from a psychological aspect. Frankl, a Holocaust survivor, viewed suffering as a unique and unavoidable life experience. In his book *Man's Search for Meaning* (1965), he claimed that individuals may be able to alleviate suffering by searching for the meaning therein.

The aim of this article is to examine the meaning of suffering in drug addiction and recovery from the perspective of existentialism, Buddhism and the 12-Step program. Both existentialism and Buddhism view suffering as a spiritual phenomenon associated with the meaning of life. Similarly, the 12-Step program suggests practical ways to cope with addiction suffering through spiritual recovery which is closely associated with meaning in life. Acknowledgement of the value of life's meaning and spiritual growth in eliminating human suffering is already expressed in Step 12: "Having had a spiritual awakening as the result of these steps, we tried to carry this message to other addicts and, to practice these principles in all our affairs" (NA 1987). The meaning-centred approach, which includes freedom, choice and responsibility, is deeply rooted in existentialism, Buddhist philosophy, and also in the 12-Step program and offers an alternative approach to coping with suffering.

This article is divided into five sections and a discussion. The first deals with the definition of suffering as a multidimensional spiritual phenomenon; the second deals with spirituality; the third presents suffering as a spiritual phenomenon in existential and Buddhist philosophies; the fourth presents suffering as one of the causes of drug addiction and as a motivation for recovery; and the final section describes the drug addiction recovery process through a spiritual recovery program (the 12-Step program).

## SUFFERING

Suffering is a universal phenomenon and part of the human experience (Starck & McGovern 1992; Schopenhauer 1958). It is multidimensional and affects all aspects of one's physical, emotional and social existence (Starck & McGovern 1992). Since the very earliest times the concept of suffering has been related to justice. One of the prevailing perceptions regards suffering as a punishment from God for inappropriate actions or behaviors. According to this perception suffering is a negative, unavoidable condition determined by God as punishment in order to return those who have sinned to the path of good (Heitman 1992). The theological approach regards suffering as a religious issue.

Bowker (1982) claimed that all religions consider pain and suffering to be a central aspect of human existence. Attitudes toward pain and suffering reflect religious perceptions of reality and the purpose of human existence. According to traditional hermeneutics, pain and suffering serve multiple purposes: they restrain us from committing evil; remind us of our weaknesses; teach us about ourselves, our values and our choices; teach us about God, our fear of God and his love for us; and they test our beliefs and values. The existence of pain and suffering is a process of purification—we grow through pain and suffering and our self-esteem is improved (Morse 2001: 209-210).

Suffering is defined as "a psychological reaction to a state of distress caused by a threat to the intactness of the individual's sense of self; 'bodies do not suffer, people do'" (Cassell 1992: 3). Pain is defined as an unpleasant sensory or emotional experience associated with actual or potential damage accompanied by physical or emotional symptoms (Merskey 1986). Pain is an unpleasant physical sensation that causes an emotional response while suffering is not necessarily accompanied by physical symptoms. An example of this would be the anguish caused by witnessing the suffering of someone we care about.

Several researchers use the concepts of suffering and pain interchangeably (Van Hooft 2000; Frankl 1965), while others claim that suffering and pain are two distinctly separate concepts (Cassell 1992, 1991; Stratton 1992) and that each may exist independently. Those who espouse Aristotle's nondualistic approach claim that body and soul are one, there are reciprocal influences between pain and suffering, therefore pain and suffering cannot be separated (Van Hooft 2000). According to Van Hooft (2000) physical pain impacts the human soul just as emotional suffering is reflected in physiological symptoms accompanied by physical pain and distress. Similarly, Frankl (1988, 1965) argued that suffering is multidimensional and may be related to physical pain as well as to emotional or spiritual pain—the suffering of the human spirit.

On the other hand, those who distinguish between pain and suffering espouse Plato's dualistic approach that views body and soul as two separate entities. Pain relates to the body while suffering relates to the soul. Similarly, Cassell (1991) argued that suffering should not be regarded as the equivalent of pain, particularly because pain is generally perceived in physiological or medical terms, while suffering is related to a threat to an individual's intactness.

Several researchers note the problematic nature of researching and defining suffering (Frank 2001). This has led to numerous theological, philosophical and medical definitions. According to Frank (2001: 355), "Suffering is the unspeakable, as opposed to what can be spoken; it is what remains concealed, impossible to reveal; it remains in darkness, eluding illumination." In his opinion the core of

suffering is a sense of dread about something in our lives that is irreparable. Suffering resists defining as it is the reality of what is not. This reality is what you cannot "come to grips with"; it is described as "a wound that does not kill but cannot be healed" (Frank 2001: 355). The American theologian, Daniel Day Williams, defined suffering as "an anguish experienced as a threat to our composure, our integrity, and the fulfillment of our intentions" (Reich 1987: 117).

According to Cassell (1991: 33) suffering may be defined as "the state of severe distress associated with events that threaten the intactness of the person." Based on the work of Cassell, suffering is defined by Kahn and Steeves (1986) as an individual's experience of a threat on his/her self-intactness that derives from the meaning s/he attributes to events such as pain and loss. Dupont and McGovern (1992) also claimed that the occurrence of suffering requires the individual's attribution of meaning to the threat, since without such attribution, although an individual may indeed feel pain, he will not suffer. Human suffering is inextricably associated with meaning imbued by the sufferer in his/her experience of suffering.

Several researchers relate to suffering as a multidimensional spiritual phenomenon. Interaction exists between the various dimensions and suffering plays a part in all aspects of the human experience. Cassell (1992) referred to suffering dimensions as being physical, psychological, social and spiritual, and claimed that they are inseparable—that suffering is experienced wholly by one's senses, rather than merely through his/her physical or emotional senses. The three dimensions of human suffering are *distress*, *alienation* and *despair* (Cassell 1992; Kahn & Steeves 1986):

- Distress: Suffering is the result of distress that may derive from pain, loss or fear.
- Alienation: Sufferers usually withdraw and lose their relationships with others, especially their significant others, as well as with family members, friends and therapists. The empathy they receive serves to intensify their sense of alienation, as these "others" do not truly understand their suffering.
- Despair: Suffering is accompanied by a constant sense of despair from which sufferers find it impossible to escape, leaving them feeling trapped and alone. They no longer expect their lives to improve or to find effective assistance. Sufferers who seek professional help regard that help as unsatisfactory or nonexistent, thereby intensifying their sense of hopelessness and powerlessness (Lazare 1987). An individual with intense physical pain will not suffer if s/he believes the pain is treatable, is not a threat to his/her intactness, is not cause for alienation by others, and that help is available.

Several researchers view suffering as a subjective issue, while others view it as objective. Cassell (1992) focused on the subjective aspect, claiming that suffering is a personal matter, and that its existence, and therefore the degree of suffering are known only to the sufferer. On the other hand, Van Hooft (1998) stressed the objective aspect, claiming that individuals suffer even when they are unaware of their suffering. According to Van Hooft, human existence comprises four dimensions: the *biological*—which refers to an individual's physical needs; the *appetitive*—which refers to urges and the individual's desire and willingness to form interpersonal relationships; the *deliberative*—which refers to an individual's rational attempts to find his/her way in the world; and the *contemplative*—a spiritual dimension that relates to the meaning of life. Van Hooft (1998) maintained that suffering is a type of frustration resulting from the inability to fulfill the goal (telos) of each of those four dimensions, and that suffering is one of the most disturbing human experiences that threatens happiness and hope. Suffering does not only refer to illness, pain and obstacles; it involves crises and threats accompanied by humiliation and a sense of self-alienation. According to Van Hooft, (2000, 1998) the meaning of individual suffering is connected primarily to the meaning of life. Like Frankl, Van Hooft regarded suffering as a spiritual phenomenon, which constitutes the contemplative aspect of human existence relating to the meaning of life. Only in recent decades has therapeutic intervention begun to consider *spirituality and meaning of life* as personal resources for coping with emotional and existential suffering (Breitbart et al. 2004).

## SPIRITUALITY

Spirituality in general is about responding to the deepest questions prompted by an individual's existence. Several researchers have offered various definitions of spirituality and most relate to it as a multidimensional concept characterized by relatedness to self, to the environment, to the existence of a "Higher Power" (that is not necessarily associated with God) and to the meaning in life that enables self-transcendence (Breitbart et al. 2004; Puchalski & Romer 2000; Prezioso 1987). Researchers from the addiction/health fields have grappled with a scientific conception of spirituality. Miller (2003) summarized these findings into two assumptions: (a) spirituality is not interchangeable with religion, and (b) spirituality is multidimensional, including behavior, beliefs, motivations, values, and subjective experience. According to Miller (2003) the assessment of spirituality has to do with understanding an individual's position among the multiple dimensions. A recent review of spirituality and substance abuse in literature over the past 25 years or more found great diversity and lack of clarity among the definitions when referring to spirituality (Cook 2004). According to Cook (2004: 539) spirituality is a key variable in the etiology and treatment of addictive disorder. Cook's (2004: 543) analysis identified thirteen conceptual components of the definitions and descriptions of spirituality including: *Relatedness* (interpersonal relationships); *transcendence* (recognition of a transcendent dimension to life);

*humanity* (the distinctiveness of humanity); *core/force/soul* (the inner core/force/soul of a person); *meaning/purpose in life*; *authenticity/truth*; *values*; *nonmateriality*; *nonreligiousness*; *wholeness* (holistic wellness, wholeness or health); *self knowledge/actualization*; *creativity*; *consciousness* and *awareness*. Researchers note the problematic nature of defining, measuring and researching spirituality (Cook 2004; Miller 1998). Cook (2004: 547) espouses that "Spirituality should be approached from a multidimensional perspective." Although conceptualizations of spirituality vary among theorists, some common conceptualizations do exist. These include a sense of meaning in life (Chen 2001; Caroll 1993), values (Cook 2004; Diarmuid 1994) and connectedness to oneself, to the environment, or to a Higher Power (Adams & Bezner 2000).

Empirical studies found that spirituality plays a crucial role in increasing sense of coherence and meaning in life, and in decreasing the intensity of negative emotions among addicts (Chen 2006; Carroll 1993). In addition, studies indicate that emotional and spiritual wellbeing and a sense of meaning in life significantly alleviate emotional suffering and distress among terminal patients (Breitbart et al. 2004). Brady and colleagues (1999) found that cancer patients who reported a higher degree of meaning in life were better able to bear severe physical pain than those reporting lower scores. Patients with a higher degree of meaning in life reported greater satisfaction with their lives despite pain and fatigue as compared to patients with lower scores. In recent years, healthcare professionals have begun to recognize the influence of spiritual suffering such as depression and despair on terminal patients as well as the need to utilize therapeutic intervention strategies that provide support and assistance for finding meaning in life.

The source of the search-for-meaning approach as a coping strategy for spiritual and existential suffering is rooted in existential and Buddhist philosophies (Breitbart et al. 2004). Both philosophies view suffering as a spiritual phenomenon associated with the meaning of life.

## SUFFERING IN EXISTENTIAL PHILOSOPHY

The view of suffering as a spiritual phenomenon associated with the meaning of life is grounded in existential philosophy. Existentialists are extremely occupied with finding meaning in human existence, as well as explaining the need to define themselves relative to an absurd universe because in the end, we all die. Sisyphus, in Camus' (1955) essay, "The Myth of Sisyphus," knew that his efforts were absurd and in vain but he struggles on regardless, because such struggles are what it means to be fulfilled as a human being.

Meaning in life fulfills a central role for individuals and may be found in all human experiences, including unavoidable experiences that involve suffering. Existentialists believed that meaning in life may be discovered by revealing the positive in that which is negative, and by finding meaning in suffering by exposing one's inner powers. According to this view, the responsibility of all human beings is to make our lives meaningful. For Nietzsche, man stands by himself, "God is dead," human existence has no meaning, and individuals must give meaning to their own existence (Beck 1944: 128).

Existential philosophy addresses the kind of existence we have and the nature of this existence. For the existentialist, human beings define themselves, give themselves meaning, and establish their own essence through existence by doing, and by choosing how to live (Barash 2000: 1012; Heidegger 1927/1962). According to existentialists we become individuals through our unavoidable choices and actions, therefore for existentialists, the concept of choice is especially important. In addition, all existentialists view human beings as uniquely free, as Sartre (1948) claimed, "we are condemned to be free"—we have freedom, choice and responsibility. We are forced to make choices and in so doing, define ourselves.

Existentialism deals with the individual's existence on a subjective dimension whereby suffering is a subjective experience unique to the individual, ranging from discomfort to excruciating pain, despair and total apathy (Cassell 1992; Starck & McGovern 1992; Starck 1992). Existentialists believe that an individual's subjective self-perception of his/her spiritual world is a crucial factor in understanding their being and their world. Questions raised by existentialism relate to "Who am I?", "For whom do I exist?: and "What gives meaning to my life?" Or, as Nietzsche (1973) wrote, "He who has the why to live, can bear with almost any how"; he noted that it is not suffering that is impossible to bear, but rather meaningless suffering. Nietzsche's concepts of the "will to power" and "overcoming" formed the basis of Frankl's (1965) concepts of "the will to meaning" and "self-transcendence."

Frankl (1965) claimed that suffering has meaning if it generates change in the sufferer, as opposed to despair, which is meaningless suffering. He believed that the will to meaning is the primary motivation for living and goes deeper than the will to pleasure (Freud 1926) or the will to power (Adler 1932). Frankl (1988, 1965) regarded meaning in life as self-transcendence that is reflected in one's ability to be useful. He believed that meaning in life exists within an individual's spiritual dimension and may therefore be future-oriented, reflecting the individual's struggle to achieve a spiritual or social goal, or it may be present-oriented, whereby the individual attributes meaning to actual things and occurrences. The spiritual dimension grants the individual freedom to act responsibly according to free choice, and to overcome personal life crises.

Frankl referred to his transcendental philosophy as Logotherapy, the basic foundations of which are: belief in meaning, readiness to find meaning, and the freedom to search for it (Fabry 1988). According to Frankl, an individual

who has no meaning in life, or as Nietzsche argued, an individual without "something to live for" (Van Hooft 2000: 8), is in an existential vacuum. No degree of suffering can subdue individuals if they are willing to search for meaning in their suffering. Every loss is alleviated if at least one meaning can be associated with it. He believed that an individual may find meaning in life even on his/her deathbed, and proposed that those who find meaning in suffering create an optimistic change, turning despair into victory (Frankl 1988). Frankl's "tragic triad"—suffering, guilt and death—becomes less threatening when one searches for the inherent meaning therein. In Frankl's opinion, (1988, 1965), although an individual may not have control over various facets of suffering, s/he still has the freedom to choose his/her attitude. One may face the inevitable with anger or serenity, providing either an admirable response or a humiliating one. The way in which we bear our suffering and relate to it determines its value. A heroic attitude may transform suffering into an achievement. Similarly, Cassell (1992) argued that the degree of suffering is not a function of the pain we feel; rather it is a function of one's perspective of the event and the meaning s/he attributes to that event. According to Cassell (1992) meaning has two dimensions: significance—what things imply; and importance—their value or importance to the individual. These two dimensions are partly social and therefore are reinforced by the social isolation that sufferers are compelled to endure.

Frankl (1965) enumerated three dimensions of meaning: creativity, experience and attitude. Meaning in life can be found through creating something, performing a mission, having a positive experience (e.g. a meaningful relationship) or experiencing beauty (e.g. viewing a sunset, listening to music). The attitude one adopts in response to a life crisis may provide him/her with meaning in life. As Kahlil Gibran (2003) claimed, "Your living is determined not so much by what life brings to you, as by the attitude you bring to life; not so much by what happens to you, as by the way your mind looks at what happens."

This view of suffering as a spiritual phenomenon associated with the meaning of life is also grounded in Buddhist philosophy.

## SUFFERING IN BUDDHIST PHILOSOPHY

Similar to existentialism, Buddhism regards suffering as a spiritual phenomenon, an integral part of an individual's daily existence (*samsara*) that has no beginning and no end. According to early Buddhism, all (normal) sentient life is *dukkha* (suffering) and there will always be a nagging anxiety at the core of one's existence (Groves & Farmer, 1994; Holder 2007). *Dukkha* is traditionally related to misery—a physical and mental pain, to change—a potential suffering of future displeasure, or to existence in general, which may be considered existential dissatisfaction (Groves & Farmer 1994: 184).

Buddhist philosophy views suffering as an emotional condition rooted in two primary causes; attachment (*upadana*) and craving (*trsna*). Attachment is an emotional state that leads to craving, and results from the desire to achieve the object craved (Burton 2002). Craving is an attitude of possessiveness, an emotional clinging and inability to accept change as reality. Craving occurs (a) when one perceives the object of craving to be worth possessing, (b) when one fails to understand the objects' impermanence (*anicca*) and, (c) when one fails to recognize that life is a process of constant change. Buddhism stresses impermanence (*anicca*) and the inevitable changes that all things must undergo (Burton 2002). Sometimes individuals cling to the notion of a permanent state of ego and self, which leads to suffering (Dorrell & Berguno 2004: 163-164). Craving is a form of materialism, a dependence on feelings (*vedana*) that can be either pleasant (euphoric or celebratory), unpleasant (depression or anger), or neutral (apathy or boredom). Craving may result when one yearns to continue a pleasant experience based on possession of some object, and is unable to acquire that object, resulting in frustration (Groves & Farmer 1994).

Coping is possible when an individual relinquishes craving and all forms of attachment resulting from lack of knowledge about the impermanence of objects (*avidya*). Cessation of suffering comes about when one is able to eliminate the craving and subsequently feels liberated from it. At that moment we achieve *nirvana* (liberation from suffering and despair). The idea that *nirvana* is a refuge from suffering is significant in that it suggests an alternative to suffering. We can be free from craving and suffering, and liberation is attainable through faith (*sraddha*) (Groves & Farmer 1994).

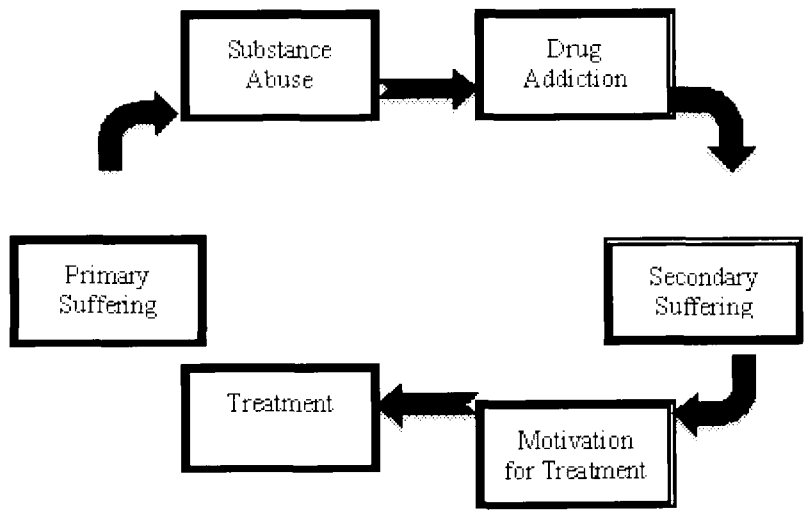
Buddhism presents an optimistic, spiritual approach to coping with suffering and may provide the answer to the existential dilemma of suffering. Individuals are perceived as having the ability to choose and take responsibility for their actions. Similarly, fundamental existentialism attributes great significance to free choice and responsibility as crucial elements of an authentic existence. Both Buddhism and fundamental existentialism may contain the answers for the existential dilemma of suffering, despair and death.

## SUFFERING AS BOTH A CAUSE OF DRUG ADDICTION AND A MOTIVATION IN RECOVERY

In this article, suffering is defined as "psychological distress that threatens an individual's intactness and deprives him of self-transcendence." Figure 1 presents the conceptual model for this article.

According to this model, *primary suffering* is defined as the range of an individual's emotional deficiencies, needs and stresses that motivate him toward substance abuse. *Secondary suffering* is defined as the unbearable suffering

**FIGURE 1**
**Suffering as a Motivation for Treatment: A Conceptual Model**




of drug addiction e.g., the "hitting bottom" that forces one to reassess his/her life, face helplessness and seek help.

Emotional deficiencies, which cause primary suffering, may motivate individuals to seek solace through substance abuse as a form of self-treatment. This assumption is based on the self-medication hypothesis (Khantzian 1990, 1985). Khantzian argued that individuals intentionally use drugs to treat psychological suffering and they choose specific drugs to help them cope with a particular problem. At this stage, relying only upon oneself, individuals reject assistance from others and attempt to find their own way to alleviate psychological suffering. Over time, the destructive aspects of addiction cause secondary suffering—a multidimensional phenomenon that affects all aspects of an addict's physical, emotional and social existence. Studies have shown that upon reaching this stage of unbearable suffering, individuals tend to seek external help (Fiorentine & Anglin 1994; Shufman, Witztum & Bar-El 1991). Thus, studies have shown that motivation for recovery is related to the degree to which the addict is suffering (Nwakeze, Magura & Rosenblum 2002; Whitt & Meile 1985). Based on these studies it can be assumed that at this stage, addicts realize that (a) using drugs exacerbates, rather than balances their deficiencies through emotional regulation; (b) their suffering becomes unbearable and, (c) they are powerless and cannot cope with their suffering alone. Therefore, the assumption can be made that secondary suffering may motivate addicts to seek external assistance through a recovery program.

## Primary Suffering

Negative emotions (anxiety, depression and hostility) and the inability to cope with life's demands cause primary suffering that may lead to eventual substance abuse. Drug addiction serves an addict's situational, emotional, interpersonal and social needs (Chen 2001; Meharbian 2001; Greer & Walls 1997). Drug addiction is a form of self-medication used to alleviate suffering, reduce anxiety and depression and balance deficiencies in emotional regulation (McCormick 2000; Khantzian 1990, 1985). According to Lukas (1986), people become addicted for two reasons: suffering and boredom. They long to either forget the misery of their seemingly inescapable fate, or fill an inner emptiness that has become unbearable. DuPont and McGovern (1992) claimed that drugs do provide the addict with enjoyment (euphoria), serenity and pleasure, but primarily they offer a sense of relief and freedom from discomfort. Drugs block pain, loneliness, anxiety and fear. The combination of enjoyment and the removal of pain give drug addicts the courage to face life's demands. Drugs provide a sense of wholeness and the strength to take risks that the addict may not have ventured to take otherwise. Drug addicts report mood-altering behavior that enhances positive emotions while eliminating the negative, and enables them to more effectively address life's demands. On the other hand, drugs only provide temporary relief, and over time, the pathological effects of the addiction worsen and become the primary problem, causing unbearable secondary suffering (Chen 2001; DuPont & McGovern 1992).

## Secondary Suffering

As drug addiction becomes the driving force in an addicts' life, they lose control of their addictive behavior. The unbearable suffering that occurs when a drug addict "hits bottom" is considered to be secondary suffering. The

suffering caused by drug addiction is difficult to share and to understand (DuPont & McGovern 1992). The suffering extends to affect not only the addict, but also his/her friends and family, and continues even after the addict is "clean and sober."

According to DuPont and McGovern (1992), drug addiction occurs in three stages: In the first stage, or 'fooling around' stage, the addict enjoys the drugs' effects—specifically, the elimination of distress, discomfort, anxiety and pain. During the second stage the addict loses control and becomes addicted to the emotions created as a result of the drugs. It is during this stage that severe problems arise. The seemingly positive aspects of addiction diminish, and the addictive behavior, now a means of survival, becomes more compulsive. Typically addicts receive no support from their community and continue to delude themselves regarding the severity of their addiction-related problems. In the third stage, the addict "hits bottom" causing secondary suffering. S/he recognizes the loss of control—control not only over the addictive behavior, but also over his/her life. Hitting bottom may result in a family or occupational crisis, or in a confrontation with the criminal justice system. Several studies have examined events in an addict's life that may be defined as secondary suffering, including repeated arrests (Anglin & Speckart, 1991), family and social rejection (Means et al. 1989) and loss of livelihood (Cassell 1992).

Secondary suffering is a multidimensional phenomenon and includes physiological, emotional, familial, social, economic and criminal implications (Levinson 1993).

- Physiological aspect: The damaging effect of drug use on the body is cumulative depending upon usage patterns as well as the type and amount of drugs used (Sheehan, Oppenheimer & Taylor 1986).
- Emotional aspect: Confusion and embarrassment are associated with advanced stages of drug addiction. During this stage addicts may experience severe isolation, powerlessness and despair as they sometimes see their lives disintegrating before their very eyes (Chen 2001). Typically, they are not able to admit to having a severe problem, nor are they able to acknowledge the loss of control they feel over their addictive behavior (DuPont & McGovern 1992). Frequently, they feel desperate and are unable to imagine an end to their suffering. Addicts may suffer from emotional distress, feeling alone and beyond redemption. The moral dimension that accompanies that loss of control can intensify the distress. Often, addicts live immoral lives that shatter their set of values, turning their lives into a web of lies. Hitting bottom may leave them with an extreme sense of alienation, a feeling of being disconnected from the past, the future, and from all significant relationships.
- Familial aspect: There is a high likelihood that addicts are spurned by their disrupted family and find themselves alone and rejected.
- Social aspect: Frequently, the addict is socially isolated. Addiction is accompanied by a social stigma and the resulting shame of that stigma causes the addict great suffering. The feeling of shame is sometimes compounded by a sense of alienation, guilt, impotence and unworthiness, and prevents him/her from seeking help (Chen 2001). According to Cassell (1992), social alienation is one of the main sources of the addict's suffering. Suffering distances them from their social environment, and damages all aspects of their interpersonal relationships.
- Economic aspect: Drug addiction entails considerable financial expense. Drug addicts may finance their addictions by selling their assets and accumulating debt, which often results in bankruptcy (Levinson 1993).
- Criminal aspect: There is a high incidence of addicts becoming involved in criminal activities to finance their addiction. Involvement in crime leads to arrests and incarceration, which may compound their suffering (Lurigio 2000; Anglin & Speckart 1991).

Secondary suffering derived from hitting bottom is a motivation for addiction recovery. Motivation for treatment is an important factor in the initiation of and involvement in treatment as well as in determining its outcome (Webster et al. 2006; Riehman, Hser & Zeller 2000). Studies have shown that motivation for treatment predicts retention (Simpson & Joe 1993) and length of treatment (Knight et al. 2000). Addiction recovery is contingent upon the addict's motivation to self-change and it cannot be imposed on addicts. According to this perception, motivation is a self-change approach expressed in: (a) the knowledge that drug addiction is a severe problem, (b) the readiness to seek help, and (c) the willingness to participate in treatment (Nwakeze, Magura & Rosenblum 2002; Riehman, Hser & Zeller 2000). A self-change approach shatters the addicts' denial of their addiction, which in turn perpetuates suffering (DuPont & McGovern 1992). The assumption is that the inner will to self-change, more than external pressure imposed by family, is critical for making the decision to participate in and successfully complete treatment (De Leon 1996). Simpson (1992) claimed that motivation is a kind of continuum that begins with recognition and self-awareness of the drug problem that leads to readiness to seek help, peaking when the addict willingly participates in treatment. Nwakeze, Magura and Rosenblum (2002) examined factors that influenced motivation for drug treatment in a sample of 500 drug addicts. They found that the intensity and frequency of drug use and the recognition of drug use as a problem influenced addicts' readiness to seek treatment. They also determined that physical pain and readiness to receive treatment predicted willingness to be treated. Another study conducted by Shufman, Witztum and Bar-El (1991) examined the motivation for recovery among 300 drug addicts. Findings indicated that motivation for recovery is associated with the severity of the addiction and the extent

to which the addict is suffering. Similarly, Fiorentine and Anglin (1994) found that the severity of suffering caused by addiction is one of the predictors of willingness to enter into treatment. Hiller and colleagues (2009) found a variety of factors that can be defined as suffering, such as emotional, health-related and physical distress, family disruptions and employment difficulties that influence motivation for treatment. Furthermore, they found that the higher the degree of emotional distress, the more addicts tended to report motivation to engage in substance abuse treatment. Levinson (1993) found that recovery from addiction is associated with the length of drug use, which is the main predictor of treatment success. It is only when things get bad enough or, according to Narcotics Anonymous (NA), "when the suffering becomes unbearable," that the individual has the will to change (Ronel 1997: 99). Levinson (1993) also claimed that suffering, which influences all aspects of the addict's life, is the central factor in addiction recovery. According to Levinson, suffering causes addicts to reassess their lives. In a study conducted on 239 alcoholics, it was found that the most important treatment initiation predictors were: (a) the recognition of suffering caused by alcoholism and, (b) the addict's perception of his/her current life as being uncontrollable (Wolfgang, Wilhelm & Brenk-Schulte 1991).

Secondary suffering, or "hitting bottom," may be regarded as a positive outcome of addiction (Dupont & McGovern 1992). Hitting bottom causes addicts to reassess their lives, face their sense of powerlessness, and seek help. Prior to hitting bottom, addicts may reject assistance from others, attempting to find their own path to recovery. At first they may try to control their addiction without renouncing the use of drugs. As attempts to control their addiction fail, their unbearable suffering causes them to seek external assistance (Dupont & McGovern 1992).

Self-help programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), known as the 12-Step program, constitute a spirituality model for understanding the experience of addiction suffering and recovery (DuPont & McGovern 1992).

## RECOVERY FROM ADDICTION SUFFERING THROUGH SPIRITUAL PROGRAM

"Your pain is the breaking of the shell that encloses your understanding" according to Kahlil Gibran (2003: 43).

Suffering is regarded as a spiritual phenomenon that requires spiritual coping strategies. DuPont and McGovern (1992) claimed that a spiritual dimension exists in both the addictive and the recovery process. Drug addiction is perceived as a spiritual disorder of the self that is manifested by self-centeredness, absence of meaning in life and nonfulfillment of spiritual needs (Diarmuid 1994; Kurtz & Ketcham 1992). The self-centeredness that forms the core of addiction causes spiritual powerlessness, lack of free will and a sense of an existential vacuum to which the emotional reaction is existential frustration, which may, in turn, lead to drug addiction (Frankl 1988, 1965). The sense of inner emptiness is characterized by depression, aggression and drug/alcohol addiction, which produce an illusion of genuine meaning in life (Smith et al. 1993). Fraser (1970) believed that drug addicts' problems derive from neglect of the human spirit. He claimed that the existential vacuum derives from spiritual suffering and lack of self-actualization, which motivates the addict to seek refuge in drugs. In his opinion, drug addicts suffer from a spiritual disease, and they need help in finding meaning in life to fulfill their inner emptiness. Meaning in life is a spiritual dimension of an individual's sense of wholeness, and the loss of meaning in life has a negative impact on their health and sense of wellbeing (Trice 1990).

Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) offer a spiritual program (The 12-Step program) as a solution for drug and alcohol addiction; as Jung (1933) claimed, "Spiritus contra spiritum": the abuse of alcohol, which is called spirits (spiritus in Latin) is incompatible with spirituality (spiritum). According to NA, addiction is also perceived to be a spiritual disease resulting from self-centeredness (Dupont & McGovern 1994; Kurtz 1979). Egotism leads the addict down the path of suffering and self-destruction. Similarly, Miller (1998: 981) argued that spirituality is a solution for drug addiction: "Spirituality drives out the possessive spirits of addiction."

The 12-Step program describes drug addiction as loss of control over a behavior that causes continued suffering to the addict and others. It represents the spiritual foundation of the belief that drug addiction recovery is a spiritual journey and that the 12-Steps are the means to achieve spiritual growth. Spirituality is the primary focus of the program that differentiates it from other intervention programs (McGee 2000). The 12-Step program expresses the individual's goals, which include cessation of drug use, development of belief in a Higher Power—in "God as we understand Him"—and a spiritual awakening. The 12-Step program represents a holistic approach according to which addiction, like any other behavioral disorder, is manifested on three levels: physical, emotional and spiritual. On a physical level, substance abuse causes addiction; on an emotional level, which is the motivation for behavior, the individual believes that drugs solve problems and remove inner threats and the dread that surfaces in various situations (Ronel 1995); and on a spiritual level, the individual is beset by a sense of inner emptiness that leads to the need for the external satisfaction that drugs provide. Emptiness, a spiritual disorder and the cause of addiction, derives from self-centeredness (Smith et al. 1993). The goal of self-work in the 12-Step program is to counter self-centeredness: " . . . program's principles before personalities" (the twelfth tradition). Self-work is based on choice and humility as a way of life, as opposed to the pride that characterizes addictive behavior (Kurtz & Ketcham 1992). It is also based upon self-transcendence and on giving without expecting reward, which helps the

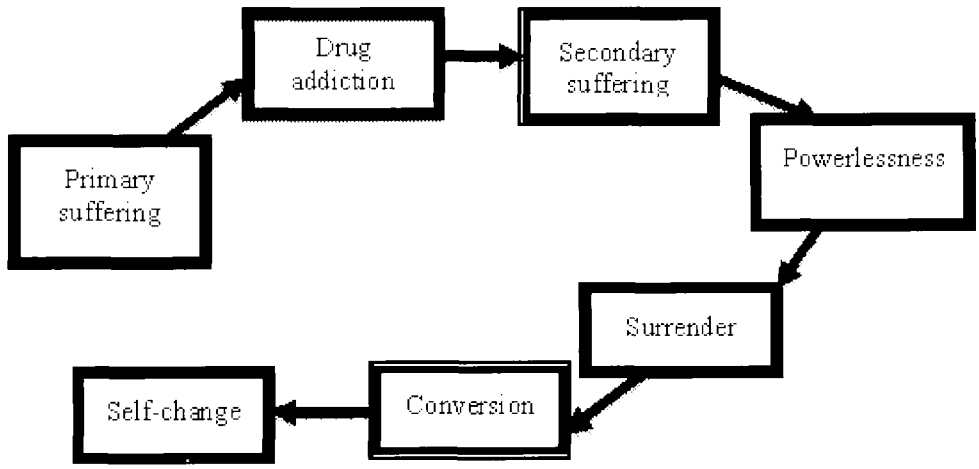
addict to overcome feelings of isolation, alienation and lack of meaning in life.

The 12-Step program recognizes the importance of an individual's experience of suffering and surrender and regards both as crucial for recovery. The recognition of suffering is a starting point in program assimilation (Ronel 1995). The only requirement for NA membership is the cessation of drug use, a requirement that derives from the desire to recover and put an end to the suffering. Suffering is considered a powerful motivation for change when it "becomes unbearable" (Ronel 1995: 99). The 12-Step program is based on the acknowledgement that human suffering leads to self-change (DiClemente 1993).

Frankl (1988, 1965) also regards suffering as a key factor for spiritual recovery. He claimed that suffering has meaning if it changes the sufferer for the better, as opposed to suffering that has no true meaning or purpose. Nietzsche (1973) also related to suffering as a means for growth and development of the human order. According to him, the hardship lies not in bearing suffering, but in bearing meaningless suffering. The experience of suffering is universal and therefore the desire to end it is also universal (Gantt 2000). According to this perception, when suffering is deep enough, the will to end it crosses all boundaries—cultural, religious, and societal (Ronel 1997). The NA program focuses on individual suffering as a universal psychology and offers practical ways to eliminate it (Ronel 1997). Acknowledgement of human suffering is already expressed in Step 1: "We admitted we were powerless over our addiction, that our lives had become unmanageable" (NA 1987). Step 1 focuses on the addict's suffering and his/her sense of helplessness. Powerlessness is at the core of addiction and recovery. Powerlessness is manifested in the loss of one's ability to control his/her drug habit, and admission is an essential step for recovery, replacing the addict's omnipotent self-perception with acknowledgement and acceptance of his/her powerlessness, a predictor of one's ability to avoid drug use (Gilbert 1991). The spiritual principles of the first step are *honesty*, *acceptance*, *surrender* and *humility*. Honesty begins with the addict's admission of his/her addiction and sense of helplessness. This admission leads to self-acceptance. Honesty and acceptance lead the addict to surrender, which forces him/her to acknowledge the fact that s/he is afflicted with the disease of addiction. Recovery is an outcome of humility, which entails the addict's recognition of his/her personal limitations and need for assistance (Chen 2001; Ronel 1995). Step 2 is characterized by the spiritual principles of *openness* and *hope*. Openness is formed by the addiction suffering, by defeat and hitting bottom, while hope is a door to recovery. In Step 2, when the addict has already acknowledged that s/he is powerless and cannot cope alone, s/he is encouraged to believe "that a Power greater than ourselves could restore us to sanity" (NA 1987). The appeal to a Higher Power is in the form of a prayer similar to the serenity prayer (Ronel 1995). Step 3 represents the decision to choose either spiritual recovery or a descent into disease. Step 4 is the process of examining moral inventory that includes seeing the damage created by addiction. Step 5 is about sharing insights gained in Step 4 with another human being. Steps 6 and 7 involve advice on further spiritual growth, particularly in terms of recognizing stumbling blocks to spiritual progress. Steps 8 and 9 are restitution steps involving the recovering addict's willingness to name and make amends to those who might have been harmed as a result of past behaviors. Steps 10, 11, and 12 are referred to as the maintenance steps. Focused on the present, these steps emphasize continuous spiritual practices and reliance on a Higher Power. Step 12 is primarily about the spiritual awakening that follows implementation of the preceding steps and sharing the message with other suffering addicts. Sharing the message is an expression of meaning in life and spiritual growth (Chen 2001). A study conducted by Carroll (1993) found a correlation between meaning in life and Steps 11 and 12.

The NA program offers addicts a practical way of coping with suffering through *surrender*. The powerlessness caused by addiction requires the individual to surrender. The act of surrendering, upon which the recovery process is based, derives from secondary suffering and hitting bottom (Chen 2001). It is associated with the removal of subconscious grandiosity that leaves the individual more open to reality. It is an active acceptance of reality reflected in an individual's ability to work and function within that reality and to fulfill his/her obligations from a sense of choice. Surrender is the ability to shape reality without a sense of obligation or lack of choice. It is a positive process accompanied by positive thinking that creates a genuine readiness for acceptance, without which no changes may occur. Dr. Harry Tiebout (1953), an early pioneer in integrating the philosophy of AA with psychiatric knowledge of alcoholism, saw surrender as both a positive and creative state. In his opinion, the act of surrender sets in motion the conversion switch from negative to positive thinking and feeling irrespective of any religious component (Tiebout 1953: 59). According to Tiebout, the surrender reaction consists of both the act and state of surrender. He described the act of surrender as the moment when the addict's subconscious forces of defiance and sense of grandiosity cease to function effectively. The state of surrender relates to the ego, characterized by immaturity and self-centeredness that places obstacles in the recovery process. Tiebout (1954) referred to surrender as an emotional condition in which the ego acknowledges that it is no longer superior. Instead of continuing to struggle against life, the addict learns to accept it. The result is greater openness toward reality on a subconscious level. Surrender creates a sense of unity, peace and tranquility that releases the individual from the compulsion to use drugs. According to Tiebout's approach, "Alcoholics may hit bottom many times, but unless they surrender, nothing significant takes place" (Reinert 1992: 45). In a study conducted by Reinert

**Figure 2**
**Self-Change in Addiction Recovery: A Conceptual Model**




(1997), it was found that surrender increased over the course of treatment for inpatients at a Minnesota Model center. In addition, surrender scores at the end of treatment were predictive of ongoing sobriety. Speer and Reinert (1998) conducted another study on 29 recovering alcoholics, and found that successful recovery was associated with greater readiness to surrender. And finally, Samuel (1995), in his study of six addicts who recovered from severe and chronic chemical dependence, reported that participants attributed their sobriety and satisfaction with life to the spiritual process of surrender. They viewed surrender as the primary psychological and spiritual force for achieving abstinence, preventing relapse, increasing their self-esteem and maintaining a serene lifestyle.

The act of surrender sets in motion a conversion experience that involves a radical self-change. Researchers have argued over the definition and conceptualization of conversion. Definitions have ranged from: a change in the habitual center of personal energy through which a religious idea holds a central place (James 1902/1961); a rapid personal change (Snow & Machalek 1984); a reorientation of the soul (Nock 1933/1998); and a sudden change of awareness which can transform a person's identity and perception of reality (Downton 1980). Although there exists a disagreement over the definition and conceptualization, most agree that it involves a radical self-change sometimes occurring as a response to emotional and lasting stress (Snow & Machalek 1984). Although different views exist regarding the effects of the conversion process on the self, most agree that the effects are related to a change in one's beliefs, values, attitudes and behaviors (Galanter 1982; Travisano 1970; Shibutani 1961).

In this article, conversion is related to a spiritual experience, sometimes occurring as a response to enduring addiction suffering, which involves self-change in emotions, attitudes and behaviors.

Miller (1998) termed self-change experiences as "quantum change" experiences whereby the personality undergoes a drastic, positive change that suddenly and completely alters one's prior pattern of drug use. Quantum change is described as a surprising, self-contained encounter between the self and an invisible external force not mediated by others. Drastic changes of this type are key to the spiritual process that causes significant life changes.

Several studies show that drug addicts underwent significant personal changes through spirituality-based recovery programs such as the 12-Step program (Chen 2006; Green, Fullilove & Fullilove 1998). A study by Chen (2006) indicated a gradual increase of meaning in life among drug addicts who participate in the 12-Step program. The search for meaning in life crosses the limited boundaries of ego. Empowerment of the ego provides the individual with a sense of strength and capability that enables him/her to neutralize the negative influences of suffering. Mathew, Georgi, Wilson and Mathew (1996) found that heightened spiritual awareness and involvement in the 12-Step program increases meaning in life and gives meaning to suffering.

## DISCUSSION

The aim of the current article was to examine the meaning of suffering in drug addiction and in the recovery process from the perspective of existentialism, Buddhism and the 12-Step program.

According to the conceptual model of the current article (see Figure 1) primary suffering caused by negative emotions motivates an individual toward substance abuse. Secondary suffering, or hitting bottom, is the result of drug

addiction. Hitting bottom is multidimensional suffering that has physiological, emotional, familial, social, economic and criminal implications (Anglin & Speckart 1991). Secondary suffering which is unbearable may be a motivation for treatment as well as a key factor in recovery.

Research literature refers to suffering as a spiritual phenomenon, related to belief in a Higher Power and meaning in life. The attribution of positive meaning to suffering may initiate a process of self-change (Frankl 1988, 1965). The 12-Step program demonstrates the importance of spirituality in the addiction recovery process. The program is a means of achieving self-change through spiritual principles. Self-Change in Addiction Recovery: A Conceptual Model is presented in Figure 2.

According to this model, drug addiction causes secondary suffering, which is characterized by despair, hopelessness and powerlessness (Step 1). Powerlessness represents lack of control over drug addiction, and the admission of powerlessness is an essential step in the recovery process that leads to a change in the addict's omnipotent self-image. Surrender, which may be the foundation of the recovery process, refers to eliminating the individual's subconscious feelings of grandiosity that cause him/her to resist recovery (Tiebout 1953). The act of surrender sets in motion a conversion experience which involves a self-change including reorganization of one's identity and meaning in life (Travisano 1970; Shibutani 1961).

The 12-Step program may provide an answer to the suffering which, according to Cassell (1991), includes three dimensions: distress, alienation and despair. The 12-Step program helps the addict overcome *distress* derived from pain, loss and fear by attending social meetings that provide him with social support. Social support has gained widespread recognition for its contribution to one's sense of wellbeing and its effect on the drug addiction recovery process (Chen 2006), decreasing the need for substance abuse and strengthening drug abstinence (Bishop et al. 2000). The social aspect of meetings, including the circle of friends found at NA, help individuals overcome a sense of social *alienation* and loneliness by providing them with a sense of belonging (Chen 2006). Sharing the message with another suffering addict (Step 12) gives the messenger meaning in life and helps him/her overcome feelings of *despair* and a sense of meaninglessness (Chen 2006; Carroll 1993).

This study has some limitations: first, the present research has focused on the 12-Step program, which provides a pragmatic approach to coping with suffering through spirituality recovery. Despite reported empirical successes, the 12-Step program is not a panacea, nor does it work for everyone. Approximately 60% of clients receiving substance abuse treatment consider the religious aspect of 12-Step groups as an obstacle to participation (Laudet 2003). Any spiritual program directly emphasizing personal suffering and offering practical ways to end suffering may be appropriate. Buddhism for example, provides an optimistic approach to cope with suffering—a pragmatic, spiritual, nontheistic alternative through meditation. Second, the explicit mechanism of spirituality underlying self-change in the 12-Step program is still unclear. In this research I refer to spirituality in a comprehensive and inclusive way, while understanding that the mechanism underlying spiritual change is critical in comprehending the effectiveness of substance abuse treatment in general, whether programs are spiritually oriented or not.

The contributions of this article may include presenting suffering as an internal motivation for treatment. A better understanding of the internal factors that influence one's motivation for drug addiction treatment is needed since studies indicate that individuals who are more motivated for treatment are more likely to experience success (Knight et al. 2000). Another contribution may be that it presents a different perception of suffering as a catalyst for self-change. This perception of suffering may encourage addicts to become active participants in their own lives rather than perceiving themselves as passive victims of life's circumstances.

Based on this article a number of recommendations may be offered for addiction practitioners: (a) Patient's suffering as a motivation to recovery should be routinely assessed and addressed in the recovery process; (b) Drug addiction recovery requires a more holistic approach that integrates the spiritual, psychosocial and physiological dimensions of the human entity; (c) The role of spiritual growth should be a cornerstone of clinical approaches in addiction recovery; (d) A spiritual program directly emphasizing personal suffering and offering practical ways to end suffering may be appropriate for therapeutic intervention.

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