

THE ROLE OF RELIGION AND SPIRITUALITY IN RECOVERY FROM DRINK PROBLEMS: A QUALITITATIVE STUDY OF ALCOHOLICS ANONYMOUS MEMBERS AND SOUTH ASIAN MEN

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Aim: The purpose of this study was to explore the spiritual aspect of recovery for people with drink problems through carrying out a comparative analysis of South Asian men recovering from drink problems and White members of AA. **Method:** In-depth semi-structured interviews were carried out with participants to explore significant factors that assisted recovery. Interviews were analysed using grounded theory. **Participants:** Ten participants in total were interviewed, five were South Asian men receiving individual and/or group counselling with South Asian therapists either in an NHS or non-statutory specialist alcohol treatment service, five were white members of AA. **Findings and Conclusions:** Models of recovery for the two groups were developed and are presented. Spirituality and religion played an important role in the experiences of recovery described by AA and South Asian participants respectively. For AA participants their experiences reflected those described in AA's Big Book although concepts such as that of a Higher Power were complex and multi-layered, with spirituality just one, albeit significant, aspect. South Asian participants generally underwent a re-affirmation of existing beliefs rather than the conversion type of experience described by AA participants. The findings are discussed in relation to implications for service delivery and development and directions for future research.

Keywords: Alcohol problems; recovery experiences; religion; spirituality; South Asian; Alcoholics Anonymous

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INTRODUCTION

The relationship between addiction and spirituality

Increasingly the relationship between spirituality, religion and addiction is being acknowledged in the addiction field. Empirical studies have shown an inverse relationship to exist between religious involvement and drug use, suggesting that spiritual and religious involvement may act as a protective mechanism against developing addictions (Gorsuch and Butler, 1976; Miller, 1997; 1998; Benson, 1992). Though Miller (1998) stresses that further research exploring this relationship is necessary before any firm conclusions can be made, he notes that possible protective mechanisms may include avoidance of drugs; social support advocating abstinence or moderation; time-occupying activities that are incompatible with drug use; the promotion of pro-social values by the religious affiliation that includes leading a drug free life. If religious and spiritual involvement can act as a protective factor it should come as no surprise that it could act as a means to rid oneself of an addiction.

AA and the Twelve Steps

The existence of Alcoholics Anonymous (AA) and other Twelve Step Fellowships supports the notion of the relationship between addiction and spirituality as described above. AA has spirituality at the core of its programme, viewing "alcoholism" as a physical, mental and spiritual disease, needing treatment in all three domains. The Twelve Steps are the basic tenets of AA, a series of stages providing a working guide towards recovery. Seven of the steps refer to a "Higher Power" or a spiritual awakening, defined in AA's "Big Book" (Alcoholics Anonymous World Services, 1976) as a "creative intelligence, a spirit of the Universe underlying the totality of all things" (AA 1976, p. 46). AA groups exist world-wide, mostly in the USA and Europe but also reaching non-western countries including the Indian Subcontinent; Mäkelä (1991) notes that in 1986, 131 groups were reported to be functioning in the subcontinent (India, Pakistan and Sri Lanka; in Bangladesh no groups were reported).

Though empirical research on the efficacy of AA is limited, current literature has examined the AA approach's similarities to other

psychological therapies (Hanna, 1992; McCrady and Irvine, 1989; McCrady, 1994) and how the spiritual aspect operates within AA recovery (Sparks, 1987; Small, 1987; Warfield and Goldstein, 1996; Whitfield, 1984a,b,c). Jung, in correspondence with one of the founders of AA, Bill Wilson, expressed the view that craving for alcohol was akin to the spiritual thirst for wholeness (Wilson and Jung, 1963, cited in Grof, 1987a). Jung explained that the Latin word for alcohol – “spiritus” – is the same word used to describe a higher consciousness (expressed in the principle “*spiritus contra spiritum*”, Jung 1963 cited in Grof, 1987a, p. 21) suggesting that alcohol problems have underlying them the issue of spirituality and that to overcome such problems a spiritual approach needs to be used. Earlier, William James said, “the best cure for dipsomania is religiomania” (James, 1961, cited in Grof, 1987a, p. 7), suggesting that the two cannot exist together, but may be inter-changeable. So what is it that makes addiction and spirituality (as opposed to *some* drug use which may facilitate a spiritual encounter) so incompatible?

Addiction as a form of idolatry

Other writers have expressed similar ideas to those of Jung and James. Wilber (1981, cited in Whitfield, 1984a) said that we all want transcendence, and ultimate wholeness, but that because we fear the loss of our separate self (ego) we seek transcendence in substitute forms, (such as through alcohol, sex, drugs, money, etc.) thinking that we will attain happiness and fulfilment. Whitfield (1984a) views these things as actually taking us away from transcendence, leading to functioning only at the lower levels of consciousness (e.g., survival, passion). Transpersonalist definitions of addiction are relevant here. May (1988) argues that the underlying motive for being addicted is the search for God because this is what ultimately gives us meaning in life, thus viewing addiction as a deep-seated form of idolatry. Similarly, Grof (1987b) defines addiction as “a dependence on various aspects of the external world as exclusive sources of satisfaction” (p. 3). He argues that in the Western world individuals have become severed from their “inner life” because we (in the West) have become too materialistic, believing that this will bring us happiness. In contrast to this, Eastern philosophies place greater emphasis on the individual’s state of consciousness from which

happiness can be gained. He claims that this applies also to the "alcoholic", who may escape from dependency through some form of profound mystical experience (ego death) before reaching a turning point in life.

Processes of change

Despite the complex relationship between religion/spirituality and addiction/recovery the leading paradigm in change processes in addiction, the Stages and Processes of Change (Prochaska and DiClemente, 1986; Prochaska, DiClemente and Norcross, 1992) does not address the spiritual element of change in recovery from addictions even though it is claimed to be a "trans-theoretical" model. Orford (2001) suggests that the change model has tended to focus on change occurring through expert treatment whilst limiting its exploration of self-change behaviour. He argues that the change model fails to fully account for the processes underlying addictive behaviour change by neglecting three significant aspects of change including the spiritual element of change. In a study testing the applicability of the change model to AA members, Snow, Prochaska and Rossi (1994) stated that spirituality was difficult to conceptualise within their model, indicating a need for development of this model if it is to encompass the spiritual/religious element of change in the recovery process.

Defining religion and spirituality

In exploring how the change process is influenced by religiosity and spirituality it is necessary briefly to consider definitions of these terms. Pargament (1997) is critical of contemporary views of religion, which has been narrowly viewed by restricting its meaning to institutionalised dogma whereas spirituality has been viewed more favourably as an individual search for connectedness with the transcendent. He defined spirituality as a search for the sacred and views this as the central function of religion, defining religion as "a search for significance in ways related to the sacred" (p. 32) including ultimate life concerns, (e.g., purpose in life). The distinction between the two concepts may appear unclear. Zinnauber, Pargament and Scott (1999) attempt to clarify, "whereas religion encompasses the search for many sacred and nonsacred objects of significance, spirituality focuses specifically and

directly on the search for the sacred" (p. 909). The sacred concerns concepts of God, the divine and transcendent and also sacred objects, time and places, practices such as prayer, people including saints.

Christianity, Hinduism and Sikhism

A brief overview of some of the core beliefs underlying these three religions is presented here in order to give the reader some basic understanding of the religious background of participants in the study.

Christianity

The underlying belief in Christianity is in the unity of God and in the trinity (Father, Son and Holy Spirit). A central concept is that Jesus died for the sins of mankind and that suffering in life is the result of sin. One can remove sin by seeking salvation through penance, confession, absolution and forgiveness. Catholicism and Protestantism are two principal branches of Christianity.

Hinduism

Hindus believe in one divine conscious power from which the whole universe emanates. This power manifests itself in many (God) forms representing different aspects of the whole, the sole reality of the Universe. This is essentially made up of *Brahma* – the Creator, *Vishnu* – the Preserver and *Shiva* – the Destroyer. Hindus believe in *atman* – the eternal soul. The ultimate goal is to attain *moksha* (liberation) which is prevented through karma and reincarnation. This moral law of cause and effect determines the form in which a person is born into in a next life. It is thought that living a life according to one's *dharma* (true purpose) releases one from the cycle of death and rebirth. Most Hindus observe the caste system which is believed to be inherited by birth.

Sikhism

Sikhism combines aspects of Islam and Hinduism and was founded by Guru Nanak. Born a high caste Hindu himself, Guru Nanak rejected the notion of the caste system and also challenged the dogmatic

practises of Islam. Sikhism therefore developed through a rejection of division on the basis of religion, caste and social status, advocating instead on the oneness of God and equality among humankind. Guru Nanak preached that deliverance from the cycles of death and re-birth was the birthright of all, irrespective of caste, and that this could be attained simply through virtuous living.

Aim of the present study

There is relatively little empirical research exploring the relationship between spirituality and addiction, particularly in terms of recovery. That which does exist has tended to concentrate solely on the Twelve Step movement and recovery within this framework, i.e., the recovery experiences of white US AA members, with a few exceptions (Watts and Gutierrez, 1997; Brady, 1995). The purpose of the current study was to develop an understanding of the spiritual aspect of the recovery process for South Asian men and white Alcoholics Anonymous members and make comparisons between the two as the first stage of a broader project which aimed to investigate the spiritual aspect of recovery for South Asian men specifically. The rationale for making this comparison was that the Twelve Step philosophy (even though AA ideology is strongly rooted in Christianity and in particular in the Protestant tradition (Mäkelä, 1991)) it seems to have many parallels to concepts in Eastern thought and tradition, for example, the notion of surrendering oneself to a Higher Power. It seems ironic however that in Western countries AA groups appear to be little used by South Asian communities. The few AA groups in the Indian Subcontinent have tended to be adapted to suit the cultural and religious traditions of the AA members, for example, participating in value-based story-telling sessions using the holy scriptures that corresponded with one's religious background (Ranganathan, 1994).

METHOD

Semi-structured interviews were used in gathering data. This method seemed most suitable for gaining detailed personal accounts of participants' experiences, beliefs and views relating to their recovery.

TABLE I*

<i>Name of participant</i>	<i>Age</i>	<i>Religious background</i>	<i>Practising/ Non practising</i>	<i>Length of problematic alcohol use</i>	<i>Length of time since successful treatment</i>
John	43	Catholic	Non practising	10 years	5 years
Jack	57	Catholic	Non practising	14 years	20 years
Mark	47	Catholic	Non practising	36 years	14 months
Michael	40	Catholic	Non practising	26 years	1 year
Adam	36	Catholic	Non practising	9 years	8 months
Jasdeep	36	Sikh	Practising	8 years	2 years
Baljit	44	Sikh	Practising	11 years	3 years
Hitesh	39	Hindu	Practising	6 years	14 months
Deepak	49	Hindu	Practising	12 years	10 months
Raj	42	Hindu	Practising	2 years	2 months

* All names of participants have been changed to maintain anonymity.

Participants

Ten male participants were interviewed – five were South Asian men receiving individual and/or group counselling with South Asian therapists either in an NHS or non-statutory specialist alcohol treatment service; five were white members of AA. Table I above gives demographic details of the participants.

Interview format

Participants were asked to talk about their experience of recovery from drink problems. If they described spirituality/religion as an important factor this was explored in greater detail, (e.g., “in what ways has it helped?”). Additional areas explored included:

1. How the experience of recovery had impacted upon one's purpose in life?
2. Had treatment involved any discussion of spiritual aspects of life and if so how?
3. Participants' beliefs concerning spirituality/religion and how these beliefs had impacted upon recovery.

Frequently occurring themes in earlier interviews were explored in greater detail in subsequent interviews, for example, the notion of powerlessness (both AA and South Asian) and “rock bottom” (AA).

Interviews lasted from 90 minutes to 3 hours, were recorded and transcribed. A detailed summary of the interview was also written up based on notes taken during the interview as soon as the interview was completed.

Method of analysis

The grounded theory approach (Strauss and Corbin, 1998) was used to analyse the data. Pidgeon (1996) describe this as a useful approach to study interactions and meanings in their social context. It aims to obtain participants' own personal accounts of events and their reality, the emphasis being on the "insider's view" (Orford, 1995) of the phenomena being explored. The term "grounded" is critical in this approach because the local theory that is generated should be grounded in the qualitative data and therefore should "fit" the original material. Grounded theory is a useful method for generating theory when existing theory is incomplete or non-existent. The boundaries between data collection, analysis and interpretation are not rigid, the process involving fluidity and movement between these stages. The process involves applying codes to the transcript material (through asking oneself "what is going on here?"); generating more focused codes (through refining and merging codes); formation of categories and core categories, i.e., central concepts that emerge from the analysis. Through defining the properties and dimensions of these theoretical concepts one is able to map out the relationships between them. This process led to the development of two models of the spiritual dimension of recovery, one for South Asian participants, the other for AA participants, which were then checked and verified against the individual summaries of the interviews.

THE PROCESS OF RECOVERY FROM DRINK PROBLEMS – AA PARTICIPANTS

There was a high degree of commonality in the way AA participants described the process of recovery. A model (Figure 1) was therefore created incorporating the common elements of the spiritual process of

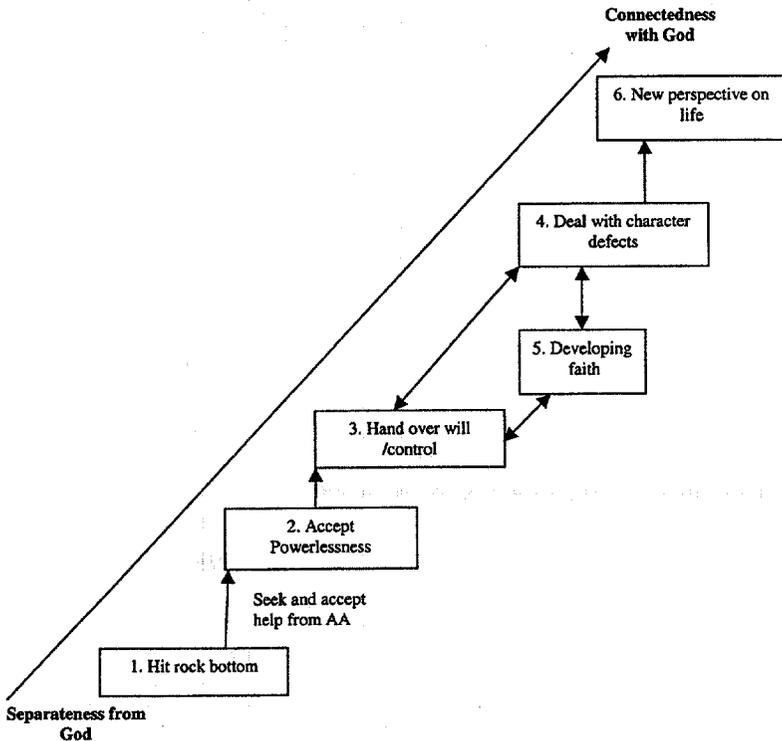


FIGURE 1 AA participants process of recovery.

recovery for this group. Text in boxes describes core categories, representing the essentials of the recovery process.

“Hitting rock bottom” (Figure 1 – Box 1)

Recovery began when participants “hit rock bottom”. At this point they felt that their drinking must stop. Common experiences were a sense of a deep, profound despair and feeling defeated:

The conflict and turmoil that I’d lived for all of these years had a cumulative effect on me and finally broke me down at the age of 32, when I had in AA’s term ‘hit a rock bottom’. That’s where really in AA recovery begins . . . in other words they’ve come to a stage in their

lives where they're defeated, and the ego is crushed up and only then are we teachable. (Jack)

Experiencing "rock bottom" led participants to contact AA. Once in AA, participants spoke of it being necessary to start to build a defence against alcohol. This entailed developing faith in something greater than oneself. Participants felt that this required them to accept and live by the principles of AA, beginning with accepting one's powerlessness over life.

Accepting powerlessness (Figure 1 – Box 2)

Accepting powerlessness involves admitting defeat and acknowledging that life has become unmanageable. Participants explained that they felt unable to help themselves because they had no control, having lost control over their lives:

Funnily enough that was the first morning that I knew that alcohol had taken over my life...I knew that alcohol was in control of me. (Adam)

This stage begins from the specific premise of being powerless over alcohol. This then extends to a general sense of powerlessness, over everything in life:

That principle of powerlessness and unmanageability later on will extend to every area of my life. I'll begin to realise as time goes on that not only am I powerless over alcohol, but I'm powerless over drugs, I'm powerless over people, I'm powerless over the postman coming late, I'm powerless over every area of my life. (John)

Participants explained that their "illness" (alcoholism) was something over which they had no control, and therefore no choice:

It wasn't really my fault 'cos it is an illness, and you've got no control over it. It sounds like a cop out to a lot

of people but it is an illness I'm in no doubt about that.
I have no control, I have no choice, I had to drink.
(Michael)

This outlook seems almost paradoxical because participants maintained the necessity of accepting responsibility for themselves, i.e., taking responsibility for their actions, including drinking, which they apparently had no control over.

Handing over will/control (Figure 1 – Box 3)

Accepting powerlessness is an antecedent for handing over one's will/control to a Higher Power, through which participants reach a point of finding life more manageable. This also appears somewhat paradoxical, in that handing over one's will leads participants to feel more in control of their life, and participants still accept total responsibility for themselves even though it is now God¹ who is managing their life. Interestingly, participants seemed to accept these paradoxes without question.

Participants reach a point where they make a decision to turn their lives over to a "Higher Power". Mark uses this metaphor to explain why this is necessary:

Well if you take the scenario, I'm driving my own car, and I smashed up you know what I mean? So now I have to hand that control over to somebody else – and that's where other people come in. (Mark)

There is a sense of having tried to manage one's own life but experiencing failure and thus it becoming necessary to hand over.

¹ All participants used the expressions "Higher Power" and "God" interchangeably, though the latter was not used in the conventional sense of a deity. For example John described it as "I don't picture it as Jesus Christ or something in the clouds... it's a universal force of love and stuff". And "God works through other people, we all have a little piece of God in us, whatever God is... we're all like little sparks of light and together we make a big beam". (Mark)

“Handing over” occurs at several levels, firstly, the inter-personal level (handing over to others); secondly at the “institutional” level (handing over to AA):

I believed in AA as a power greater than myself to begin with, that’s how I started off in my belief. (Adam)

It seems only then did participants gradually become more comfortable with handing over at a spiritual level. Handing over can then occur simultaneously across levels:

Yeah, well there’s two levels of it [*handing over*], I do it with people and I also do it through prayer and meditation. (Mark)

Handing over encourages participants to increase their dependence and develop their relationship with God, thus developing faith in a Higher Power. This process lays the foundation for the next stage – dealing with character defects.

Dealing with character defects (Figure 1 – Box 4)

At this stage participants are open to allowing God to deal with their character defects. The boundaries between handing over will, dealing with character defects and developing faith is somewhat indistinct because the three processes are closely interconnected, interacting in a pattern of mutual influence. Handing over will helps in dealing with character defects, which in turn facilitates the process of handing over will – both facilitating the development of faith.

Character defects consisted primarily of being selfish, or self centred, and having resentments against people. All AA participants talked about these two character defects at length. Additional “defects”, mentioned less frequently, were excessive fear and pride.

Resentments

Resentment towards others was seen as a major reason for heavy drinking:

... resentments make you angry, bitter and it leads to drinking, because intense emotion is dangerous for an alcoholic, because those are the things they used to drink on. You have to deal with your feelings. If you don't, you end up drinking on them, they fester. (John)

Talking openly and honestly about one's resentments, being aware of them, and praying about them (i.e., handing over) were key ways of dealing with resentments. Acknowledging the resentments one carried meant that feelings of animosity were not allowed to fester, thus lessening the likelihood of returning to drink.

Self centredness

Selfishness and self-centredness were used synonymously by AA participants to mean concern with one's own needs and inability to see things from another's perspective. Participants hoped, by dealing with this problem, to release themselves from attachment to their own way of seeing things, and to see others' points of view, making resentments less likely:

I suppose I never used to look at my part in it, you know when I would blame somebody else all I was doing was looking at what they'd done and I wouldn't consider anything that I'd done 'cos I always thought I was right. But now, I stop and I look at my part in it and I look to see if I have got any blame for it and 9 times out of 10 I have. And that's the bit I reflect on. (Michael)

One way of tackling self-centredness was through giving "unconditional love and support" (John) within AA. These acts of giving were regarded as spiritual in that they enabled members to look beyond themselves:

Spirituality starts with just helping in the meeting, helping wipe up the ashtrays, helping to make the tea... and giving something of myself to help the group. In that

way, there's the aspect of what people give of themselves. (John)

Another spiritual aspect of dealing with self-centredness (and resentments) was that participants believed that belief in a power greater than oneself must come before problems such as resentments and self-centredness can be removed by this Higher Power.

This ties in with "handing over control/will" because participants felt unable to deal with their defects and therefore needed to look towards God to help with this. This in turn links to gradually developing greater faith in a Higher Power.

A more subtle aspect of self-centredness/selfishness that participants talked about was labelled in the analysis "re-evaluation of one's material values". This refers to a process whereby participants experienced a transition from being materialistic and concerned with accumulating wealth and possessions (when addicted), to placing less importance on these things and developing more concern for humanity:

I think that what has happened to me has enabled me to begin to find some sort of faith, which I think will give me some sort of meaning to my life. I think it's helped to begin to see that life isn't all about possessions. (Mark)

Making amends

This involves acknowledging responsibility for wrongful actions and making amends with people they had in some way "harmed". This process was ongoing, in that participants made amends for their past, and maintained an awareness that this was something that needed to be done routinely to "keep a check" (Adam) on oneself.

Developing faith (Figure 1 – Box 5)

"Developing faith" initially operates on an institutional level (developing faith in AA and the programme), and the inter-personal level (developing faith and trust in others):

As one works through the programme you begin with a belief in the group or just a belief in the programme of recovery, but I think as one goes on in the programme one starts to develop faith or starts to challenge one's ideas, or challenge what is good to believe in and question it, re-evaluate it and undergo a process of re-discovery I suppose. (Jack)

Later, this extends to developing faith on personal and spiritual levels. The latter involves trusting, and relating to, something metaphysical, unseen, outside the self, and the former is about developing a relationship with one's "inner self":

This finding faith is somehow finding a way to trust myself again, to trust my intuition, to trust something inside myself, which I'd lost or which had become separated from me in my active addiction. (John)

Developing faith in a power greater than oneself, e.g., God, requires that one is comfortable with depending on and learning to trust this Higher Power which comes about through working the steps. Adam explains this process of developing faith in relation to dealing with one's character defects:

I think that [making a moral inventory] is a very important part of our therapy, and this is part of the spiritual development because it's at that period of time that God comes closest to us, in other words we develop a conscious contact with God. Because we feel we have been forgiven and we also feel we are able to forgive those who had harmed us. Now although some of us might have suspected there was a God we actually know there's a God because that step does clear away whatever pride may be left in the individual, if the person's really honest about it. There's a tremendous unburdening in that sense and of course that brings us closer to God because without God's strength we couldn't have taken that step. (Adam)

Having a new perspective on life (Figure 1 – Box 6)

Developing faith through working the programme led to abstinence and to taking on a new perspective on life. Participants felt able to welcome adversity in their lives, including conflict and pain, which could be a positive learning experience:

Life is a painful experience. Pain doesn't necessarily have to be a bad thing, it can be good, it can be good for growth. Pain is like a lesson well learnt, and if you learn that lesson well, then you don't need to go through that pain again. (Michael)

Mark described this as "looking for the silver lining"....

Instead of going into self-pity. I look for the silver lining, generally a negative situation is a challenge. I will look for the positive in a negative situation, whereas before I would just go out and get pissed, generally in a negative situation you learn from them. (Mark)

With this came a sense of hopefulness for the future.

This new perspective includes having a new perception of the problem, i.e., seeing addiction as an illness about which one has no choice. It also encompasses new understanding of the materialistic realm of existence, as described above in dealing with self-centredness.

From separateness to connectedness

Recovery for AA participants began with "hitting rock bottom", through which participants began to spiral through a process of recovery leading to a holistic change to their being, incorporating the physical, emotional and spiritual aspects of life. This reflects the perception of participants of their alcohol problem as a physical, emotional and spiritual illness, which necessitated a re-assessment at all levels. The focus of this analysis was on the spiritual dimension, although the analysis shows that these levels were not necessarily seen as separate and distinct from one another. Rather they formed

a complex relationship of inter-connected processes that aided recovery of the self:

As alcoholics or addicts we've lost ourselves, and this programme is designed for us to help us find ourselves. (Jack)

This process underlying recovery involved a gradual shift from "separateness to God" to "connectedness with God", as depicted in Figure 1.

Recovery as a life-long process

Participants emphasised that recovery does not stop at abstinence. Jack, for instance, had been abstinent for 20 years yet still attended AA and still felt he was recovering.

It is possible that the purpose of remaining in AA after achieving abstinence is to remind participants that they have an "incurable" illness. This seems to act as a protection or "defence" as participants referred to it, to deter them from becoming complacent about their recovery. The impression given by participants was that complacency could not only result in relapse, but also loss of connection with oneself, and ultimately God.

THE PROCESS OF RECOVERY FROM DRINK PROBLEMS – SOUTH ASIAN PARTICIPANTS

This model focuses on the influence of spirituality within recovery from drink problems, rather than attempting to offer a complete account of the recovery process which would incorporate, for example, the role of counselling in the recovery experience of participants. Generally, the counselling aspect of recovery seemed to be viewed as quite distinct from the spiritual dimension, with the exception of one participant's account (Deepak) where there was a clear link between the counselling sessions he attended and his involvement in religious activities. Deepak's counsellor had introduced him to the priest at the local Hindu temple which subsequently led to him spending a great deal of time there doing voluntary work in the temple. This kept Deepak busy and reduced the time available to him for drinking. In

addition, the disincentive to drink operated on two levels. Firstly, meeting members of the religious community had a deterrent effect, in that their expressed disapproval of his drinking made him want to abstain, and secondly Deepak had begun reading the holy scriptures which prohibits alcohol consumption:

I mean, it says in our holy book that we shouldn't drink, so we shouldn't be drinking anyway. (Deepak)

The model's core themes are shown in boxes in Figure 2. This model is applicable to the recovery experience of all South Asian participants in relation to the spiritual and religious dimension.

Drawing upon cultural values (Figure 2 – Box 1)

Cultural values, of which religious beliefs formed an intrinsic part, were referred to by participants for guidance. Reliance on one's

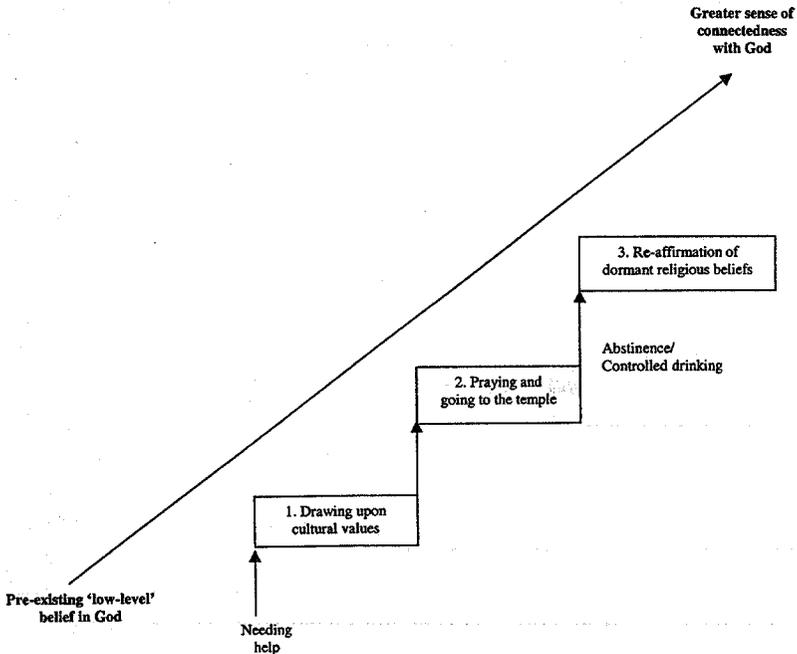


FIGURE 2 South Asian participants process of recovery.

cultural values was independent of counselling for the majority of participants, partly because these values were already present in some form, but were now being deliberately accessed as a response to a crisis. For Raj, cultural influences were implicitly related to religious beliefs with which he already had some familiarity, and he intentionally sought out these beliefs to help him in recovery. After having exhausted all other available resources he looked towards his cultural/religious beliefs:

I've looked towards religious means because I tried everything else and it didn't work. To me my religious means helped me. (Raj)

The majority of South Asian participants were unable to describe their relationship with God in detail when asked. South Asian participants said they had been brought up to believe in God and it was something that was almost taken for granted, indicating that there was an unchallenged acceptance of a God as a "fact", which may account for the difficulty in talking about their relationship with God. Participants referred to God as omnipresent, i.e., being everywhere, inside and outside oneself, accompanied by a sense of knowing there was an entity one could trust and rely upon. Cultural values were strongly linked with the influence of upbringing and with it came the internalising of particular religious beliefs. This was spoken of as something that is taught from an early age, involving not only having a belief in God, but actively praying to God and having a sense of Him being there to depend on during times of need. For example, when Hitesh was asked for further detail on his ideas of spirituality and his concept of God, he replied:

"We all believe it. We learn to pray and believe in God from a very young age" [*his mother taught him to*] "ask God for help and He will help". (Hitesh)

Karmic influences

An aspect of cultural values being drawn upon was the notion of karma which can be interpreted as having an outlook on life that all

things are pre-destined and are as a result of past life/lives actions. South Asian participants expressed this belief explicitly, saying that their karma was “bad” and that it was something that could not be helped.

Hitesh saw the problems in his life as something that was planned out for him, meant to be, inevitable. He said that problems in life are man-made but that it’s God that helps us to face these problems. Hitesh said that his kismet (destiny) and nasib (karma) was bad and that’s just the way it happens.

“Only God really knows why these things happen”, *he said, commenting that* “He does only good things for us”.
(Hitesh)

Belief in karma, was not overtly perceived as an opportunity for change or transformation. Participants generally appeared to be rather fatalistic in their idea of karma, viewing it as something that was out of their hands and beyond their control, though they did acknowledge that God could help.

God will takes his own out on whoever he wants to take it out on. See, if I deserve it I will get my fruits, if I don’t I won’t. (Jasdeep)

Praying and the role of the temple (Figure 2 – Box 2)

Drawing upon cultural values led those participants who prayed to God to do so with greater conviction than previously, whilst participants who had not previously engaged in prayer began to do so. Prayer was regarded as a highly personal act of worship, taking place usually at home or the local temple. Not only did participants go to the temple to worship, but also for three participants it was an important way to occupy their time and to keep their mind off drink:

There was a void in my life which was filled up with drink, going to the temple fills that void, it keeps me busy. (Jasdeep)

Functions of praying

Unlike the AA members, South Asian participants did not express the need to find out to whom one was praying, because the belief of God's existence was already present; in a sense, the fact that they had stopped drinking was taken as confirmation of God's existence and influence. Praying had different functions for the South Asian participants, although all were asking for help and guidance. For example:

I pray to God, say 'God help me, to stop drinking'.
(Baljit)

Two participants said they sought answers from God asking why their lives had turned out the way that they had:

I ask a simple question: 'Why? Why is this happening?'
And then I seek some answers. (Raj)

The above quotes demonstrate parallels with the experience of AA participants in that South Asian participants also seem to be indicating feelings of powerlessness to change one's situation by oneself.

Fear as a positive experience

Having a "fear of God" was associated with having respect for the Almighty, who had ultimate power. This fear was not necessarily viewed as something negative, but as something that could help one to stop drinking:

When you pray to God, you think, 'I believe in the God, God will be angry with me', so I don't go do anything wrong now, I don't drink. (Deepak)

Jasdeep expressed a kind of hopelessness in that he feared that he would fail if he did not have his religion to rely on:

I could turn around now and say 'nothing's there, I'm doing it myself' but I'm not going to do that because

I'm too scared to do that you see, cause it could all fall flat on my face, and I don't think I'll get another chance you see. (Jasdeep)

The different functions of praying (asking for help; seeking answers; expressing gratitude), having a fear of God, going to the temple to pray and the role of the temple as an “institutional” deterrent from drinking can be described as spiritual/religious sources of change. The spiritual aspect of recovery enabled participants, in their view, to reach a point where they were no longer experiencing drink problems.

Re-affirmation of dormant religious beliefs (Figure 2 – Box 3)

Figure 2 illustrates the transition underlying the spiritual aspect of recovery, starting with “pre-existing low-level belief in God”. When participants talked about the recovery process and the influence of spirituality within this they said that belief in God had previously played a minimal role in their lives. On the whole, participants did have a pre-existing belief in God, but their relationship with God was not “activated”. A “greater sense of connectedness” with God came about during the process of recovery. Participants came to have greater faith in God, their belief in God having been strengthened through the very fact of overcoming their drink problem, which participants believed was achieved through God’s influence. This process has been labelled “re-affirmation of dormant religious beliefs” because these beliefs were already present in South Asian participants – having been brought up with these beliefs, but that they were dormant until activated, providing a tool to aid recovery:

I believe in God more now because God helped me a lot. He helped to stop drinking. When I go to the temple and meet people, I believe God helped me not to drink, and to go more on this [*the religious*] side you know. (Deepak)

The above quote appears to be illustrating the concept of having, and then re-affirming one’s faith through having been helped by God in dealing with one’s drink problem.

Accompanying this re-affirmation of beliefs is a sense of hopefulness where participants expressed a feeling of optimism about the future and felt reassured, believing that God would be there to help them in the future if this was needed.

A COMPARISON OF THE SOUTH ASIAN AND AA EXPERIENCES

In making this comparison it is important to note that the process of recovery for AA participants has an explicit spiritual underpinning. In contrast, the South Asian participants went through more mainstream therapeutic channels, which did not necessarily consider the spiritual dimension of recovery.

The concept of faith seems very different for South Asian and AA participants. The notion of "having faith" fits well with South Asian participants, whereas the notion of "developing faith" was more characteristic of AA participants. Having faith concerns the common experience of South Asian participants of having an existing set of cultural values to draw upon. Most AA participants had no spiritual beliefs prior to contact with AA, or had rejected such beliefs because they clashed with their addictive lifestyle. They acquired a set of beliefs in recovery that were relatively new to them. In comparison, South Asian participants had already a pre-existing low level belief in God (before and throughout their drinking career), even though it may have conflicted with their pre-recovery lifestyle.

Perceptions of spirituality were very different; South Asian participants had a monotheistic faith where notions of God were more fixed and concrete, whereas AA participants were more expansive in their notion of spirituality which operated on several levels, with God being perceived "as we understand Him" (Jack).

Acceptance of a belief/value system was common to both groups, but in somewhat different ways. For AA participants it was necessary to accept the programme and the concept of a Higher Power, whereas for South Asian participants, accepting religious beliefs and values was taken for granted, and was not something to be questioned.

The notion of "sense of powerlessness" was also common to both groups. For AA participants this had to be accepted as a step towards recovery. South Asian participants did not talk about the experience of powerlessness as explicitly, although the concept did have some relevance to them in relation to their belief in karma. For example, the notion of not having control over one's destiny was, to some extent, taken for granted by South Asian participants.

Interesting differences between the two recovery experiences were the ideas attached to feelings of pride and fear, concepts which seemed to have different meanings for the two groups. Whereas South Asian participants generally viewed these concepts as positives, where fear was used to help to maintain a relatively strict adherence to religious doctrine thus encouraging abstinence, AA participants viewed both fear and pride as negative, i.e., spiritual manifestations of the illness which should be "removed" (John).

However, AA participants expressed something similar to the South Asian participants' view of fear in that if they did not "work the programme", they would suffer. There is a parallel here between the sense of helplessness described by AA participants and South Asian participants' regard for fear in that both helped achieve and maintain abstinence through fear, either implicit (AA) or explicit (South Asian), of the consequences of not working the programme (i.e., AA) and going against God/religion (i.e., South Asian) respectively.

Some South Asian participants went to the temple, which can be compared with AA participants going to AA meetings, because on some levels both serve similar functions. The South Asian participants used the temple as a means to fill their time. For one participant, it provided a social life through having involvement in community activities – something that he did not have prior to recovery. His experience can be linked to that of Adam who saw his membership of AA as bringing him closer to the wider community. In this way "going to AA meetings" and "going to the temple" served to "rehabilitate" these participants back into the community:

AA as a community is a bridge to normal living, so by being part of that small community you can then branch out and become part of the wider community.
(Adam)

Differing perceptions of recovery

Differences also are apparent between groups in perceptions of recovery. For AA participants abstinence, the physical goal, was one of many goals. For South Asian participants the main goal was abstinence/controlled drinking. Also the notion that recovery has an end is implicit for South Asian participants whereas for AA participants' recovery is life-long. This highlights the difference in the perception that each group of participants had in relation to drink problems. AA participants clearly viewed this as an illness, of which they could not be cured. South Asian participants however did not view their problem as an illness which necessitated re-assessment of all aspects of their life.

DISCUSSION

The spiritual dimension of recovery

The aim of the study was to explore the role of spirituality in recovery for members of AA, and South Asian men accessing mainstream alcohol services. It is important to reiterate that the study focused on the spiritual aspect of recovery alone and did not explore in detail other factors in the recovery process which may be equally or more significant than spirituality.

Although both groups of participants shifted towards having a deeper or more complex sense of connectedness with God the central difference between the two is that South Asian participants had a pre-existing foundation of belief (i.e., "having faith") whereas AA participants had little or no such foundation (i.e., "developing faith"). This does not necessarily mean that South Asian participants had a less developed notion of spirituality. It may be that they had already undergone a process of "developing faith" or that it was not necessary for them to do so, or perhaps that their sense of spirituality was internalised to the extent that they felt no need to give explanations of their spirituality.

Analysis of the interview material showed that the spiritual aspect of recovery appeared to take a more "religious" form for South Asian than for AA participants. This may suggest that South Asian

participants were more religiously oriented than the AA participants, although such assumptions must be treated with caution because it is difficult to compare levels of religiousness or spirituality within the bounds of the analysis. It is likely that South Asian participants expressed their spirituality through more traditionally religious means, partly because their religious beliefs were to some extent culturally embedded within their worldview. In contrast, identifying the spiritual aspect of oneself was a more selective and deliberate process for AA participants who adopted a new belief system as an intrinsic part of the recovery process.

"Re-affirmation" vs. "Conversion"

The process of re-affirmation of religious beliefs experienced by South Asians through recovery can be contrasted with AA participants experiencing a "conversion". James (cited in Alcoholics Anonymous World Services Inc., 1976) refers to this type of conversion experience as the "educational variety", implying that something new is learnt and internalised, taking place over a period of time as opposed to the more typical conversion experiences which are spontaneous and dramatic, leading to almost immediate personal transformation within the individual.

The notion that South Asian participants may have been more overtly religious (than AA participants) may be supported by the fact that at least two South Asian participants went to the temple on a regular basis and some adhered to religious doctrine. Cochrane and Bal's research (1990) is relevant here as they found that South Asian men who attended a place of worship were less likely to drink, indicating that the two are at some level incompatible.

Substitute dependencies

The notion of a substitute dependency put forward by Vaillant (1988) is also relevant here. Vaillant (1983, cited in Vaillant, 1988) found that people recovering from drink or drug problems who maintained abstinence were more likely to be involved in community interventions such as inspirational group membership (e.g., AA). New relationships (he cites the example of AA's "twelfth stepping" that can lead to new relationships) providing social support, and the use of substitute

dependencies were also associated with maintaining abstinence. He argued that these community interventions gave addicts a structure which interfered with their drug-seeking behaviour by competing and interfering with drug use, so, for example, it became easier to disassociate from old drinking friends.

Both groups of participants in the present study expressed a sense of needing something to depend on, that could be trusted and was there for them always. AA participants also attended AA meetings, on average twice weekly, and at least two South Asian participants attended the temple regularly. Though this does not necessarily indicate dependence, it does have some relevance to the ideas presented by Vaillant (1988). For instance, at least one South Asian participant said that he drank from boredom when he had time on his hands, but now that he spent much of his time engaged in activities through the temple, he did not find it necessary, and lacked the time to drink. Vaillant (1988) argues that AA functions as a substitute dependency, by providing a busy schedule for members involving social and AA service activities which are incompatible with drug and alcohol use. Also AA participants invested a lot of time into AA, from carrying out AA duties and maintaining a close ongoing contact with AA even after sobriety had been achieved. For example, one AA participant had been a member of AA for 20 years and his continual involvement in AA played a fulfilling role in his life.

In this sense it could be argued that dependency on an organisation and/or belief system is healthier than a chemical dependence, although Bewley's (1993) line of reasoning from a psychosynthesis (a school within the transpersonal psychologies) point of view might contradict this. She considers AA to be something of a limiting factor in recovery, precisely because of the dependence which it encourages through a formation of an attachment to the "recovering subpersonality". Bewley (1993) sees the Fellowship as potentially instilling in members a self fulfilling prophecy, whereby members are strongly encouraged to stay in the Fellowship through the threat that leaving may lead to relapse. AA's "Big Book" (AA, World Services, 1976) does indeed stress the crucial importance of following the prescribed process of recovery – stating that the consequences of not doing so may be fatal. In the interviews, AA participants expressed something resembling the "learnt helplessness" described by Bufe (1998) in relation to AA

members, through being over-reliant on AA, perhaps supporting Bewley's criticism. Bufe considers that this leads to personal irresponsibility, but this contrasts with stated AA philosophy which places great importance upon accepting personal responsibility for oneself, both before and after recovery. This is consistent with the current study, where it appeared that AA participants were taking more responsibility for themselves than they had prior to recovery.

The current study bears some relation to that by Manik *et al.* (1997) who compared South Asian and White indigenous groups who had recovered from drink problems either without formal treatment, or who had recovered but did not believe formal treatment had aided their recovery. For South Asian participants, resolution was more likely to be maintained by religious re-affiliation than for the White group. Manik *et al.* say that this was a "re-affiliation" of existing religious beliefs. Unfortunately this study did not expand upon this notion of re-affiliation, which is presumably similar to the re-affirmation of religious beliefs by South Asian participants in the current study.

Limitations of the study

The sample used in this study was relatively small. With a larger sample it is possible that the spiritual dimension of the recovery process could have been explored in greater detail, particularly for South Asian men, where it was felt that the point of "saturation" (a grounded theory term to refer to the point when further interviews elicit no additional codes or categories to those already identified) was not reached in the analysis. In addition the sampling procedure is likely to have affected the outcome of the analysis. This is because spirituality played a central role in the recovery of AA participants from their first contact with AA, whilst South Asian participants went through mainstream services where spirituality did not feature prominently, if at all, in therapy. Whilst it was useful to compare the respective spiritual processes underlying recovery, there is a question as to how comparable the two groups were, bearing in mind their different approaches to recovery. Furthermore, the AA sample were atypical in that they all were from a background of Catholicism which is a less prevalent form of Christianity in England than other forms.

Interestingly though, all AA participants described themselves as non-practising and had largely rejected Catholicism. The South Asian sample all identified with the Hindu or Sikh religion in which they were brought up and described themselves as practising Hindu/Sikh.

A relating sampling issue concerns the appropriateness of the AA approach for South Asian people dealing with a drink problem. The first author (AM) attended several AA meetings in different areas of Birmingham that were occupied by diverse ethnic communities, including South Asian communities. Observations and discussions held with AA members at these meetings and during participant interviews led to the impression that South Asian people with drink problems did not generally make use of AA. Of the South Asian participants only one (Jasdeep Singh) had been to any AA meetings. Although other AA members spoke of similar experiences to his, Jasdeep felt rather depressed after going to the meetings because members would talk about and reflect on their lives in the past. Jasdeep expressed that he did not want to be reminded of his past but wanted to look forward towards the future. He felt the meetings were unhelpful because of this, leaving him feeling rather depressed. As a result of this he stopped attending the meetings after several sessions. Of course this is the experience of only one participant and does not rule out the appropriateness of AA to South Asian people. In light of these issues, the more specific question of the extent to which South Asian people with drink problems use AA might usefully be addressed. If there are South Asian members of AA then it would be useful to see how, if at all, their concepts of spirituality, Higher Power, working the programme etc., fit with that of AA. It would also be useful to explore if any specific South Asian AA groups exist in the UK, and if so whether (and how) they have been culturally adapted to be made more appropriate to its members.

Also, in relation to the models developed from the interviews, it would have been useful to report the results back to the participants in order to gain respondent validation. Unfortunately it was not possible to do this due to time constraints.

Summary and conclusions

This was the initial exploratory phase of a qualitative research study which aimed to gain an understanding of the religious/spiritual aspects

of the processes of recovery for South Asian men and White members of AA recovering from drink problems. Clearly, spirituality and religion played an important role in the experiences of recovery described by both groups of participants. South Asian participants' experiences were more diverse than those of AA participants which may partly reflect the fact that the latter were associated with an organisation which takes a particular view of recovery and the role of spirituality in recovery. Further exploration of the process of re-affirmation of existing religious beliefs would give this concept greater authenticity leading to a more comprehensive account of its role in the spiritual aspect of recovery for South Asian people. Current work in progress examines this process more thoroughly by exploring how South Asian men have deliberately used religious and spiritual mechanisms to facilitate recovery from a drink problem. This is particularly interesting because it leads us to examine the process of recovery for people who have not accessed mainstream services in dealing with their drink problem. This holds great potential in terms of enhancing our understanding of more "natural" (i.e., culturally embedded) recovery processes, particularly for those people from South Asian communities whose recovery experiences at present remain relatively unexplored. It may also hold potential value to those involved in service development and delivery in terms of implementing more culturally appropriate/relevant strategies into services with a clear emphasis on the spiritual dimension of one's well being in recovery. Acknowledging and understanding these "natural" recovery experiences within their cultural contexts is an important step forward in this process.

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References

- Alcoholics Anonymous World Services Inc. (1976). Alcoholics Anonymous.
Benson, P. L. (1992). In Schumaker (Ed.), *Religion and Substance Use* (Ch. 16, pp. 211–220).
Bewley, A. R. (1993). Addiction and meta-recovery: Wellness beyond the limits of Alcoholics Anonymous. *Alcoholism Treatment Quarterly*, 10(1/2), 1–22.

- Brady, M. (1995). Culture in treatment, Culture as treatment. A critical appraisal of developments in addictions programs for indigenous North Americans and Australians. *Social Science and Medicine*, **41**, 1487-1498.
- Bufe, C. (1998). *Alcoholics Anonymous: Cult or cure?* (2nd edition). Arizona: See Sharp Press.
- Cochrane, R. and Bal, S. (1990). The drinking habits of Sikh, Hindu, Muslim and White men in the West Midlands: A community survey. *British Journal of Addiction*, **85**, 759-769.
- Gorsuch, R. L. and Butler, M. C. (1976). Initial drug abuse: a review of predisposing social psychological factors. *Psychological Bulletin*, **83**(1), 120-137.
- Grof, S. (1987a). Spirituality, addiction and Western science. *ReVision*, **10**(2), 5-21.
- Grof, S. (1987b). Spirituality, Alcoholism and drug abuse: Transpersonal aspects of addiction. *ReVision*, **10**(2), 3-4.
- Hanna, F. J. (1992). Reframing spirituality, the Twelve Steps, and the mental health counselor. *Journal of Mental Health Counseling*, **14**(2), 166-179.
- Mäkelä, K. (1991). Social and cultural preconditions of Alcoholics Anonymous (AA) and factors associated with the strength of AA. *British Journal of Addiction*, **86**, 1405-1413.
- Manik, G. S., Cameron, D., Bird, R. H. and Sinorwala, A. (1997). *Resolution of problem drinking without formal treatment: Comparing ethnic minority and indigenous Caucasian populations*. Dept. of Psychiatry: University of Leicester.
- May, G. (1988). *Addiction and Grace: Love and Spirituality in the Healing of Addiction*. New York: Harper Collins.
- McCrary, B. S. (1994). Alcoholics Anonymous and behaviour therapy: Can habits be treated as diseases? Can diseases be treated as habits? *Journal of Consulting and Clinical Psychology*, **62**(6), 1159-1166.
- McCrary, B. S. and Irvine, S. (1989). Self help groups. In *Handbook of Alcoholism Treatment Approaches: Effective Alternatives*. Ch. 10, pp. 153-169. New York: Pergamon Press.
- Miller, W. (1997). Spiritual Aspects of Addiction Treatment and Research. *Mind/Body Medicine*, **2**(1), 37-43.
- Miller, W. R. (1998). Review. Researching the spiritual dimensions of alcohol and other drug problems. *Addiction*, **93**(7), 979-990.
- Orford, J. (1995). Qualitative research for applied psychologists. *Clinical Psychology Forum*, **75**, 19-26.
- Orford, J. (2001). *Excessive Appetites: A psychological view of addictions*. (2nd edition). In Press.
- Pargament, K. I. (1997). *The psychology of religion and coping*. New York: Guildford Press.
- Pidgeon, N. (1996). Grounded theory: Theoretical background. In T. E. Richardson (Ed.), *Handbook of qualitative research methods for psychology and the social sciences* (pp. 75-85). Leicester: British Psychological Society Books.
- Prochaska, J. O. and DiClemente, C. C. (1986). Towards a comprehensive model of change. In W. R. Miller and N. Heather (Eds.), *Treating Addictive Behaviours - Processes of Change* (Ch. 1, pp. 3-27). New York: Plenum Press.
- Prochaska, J. O., DiClemente, C. C. and Norcross, J. C. (September 1992). In search of how people change. Applications to addictive behaviors. *American Psychologist*, **47**(9), 1102-1114.
- Ranganathan, S. (1994). The Manjakkudi experience: a camp approach towards treating alcoholics. *Addiction*, **89**, 1071-1075.
- Schumaker, J. F. (1992). *Religion and Mental Health*. New York/Oxford: Oxford University Press.
- Small, J. (1987). Spiritual emergence and addiction: A transpersonal approach to alcoholism and drug abuse counseling. *ReVision*, **10**(2), 23-36.

- Small, J. (1990). *Transformers: The therapists of the future*. California: Devorss and Company.
- Snow, M. G., Prochaska, J. O. and Rossi, J. S. (1994). Processes of Change in Alcoholics Anonymous: Maintenance Factors in Long-Term Sobriety. *Journal of Studies on Alcohol*, **55**, 362-371.
- Sparks, T. (1987). Transpersonal treatment of addictions: radical return to roots. *ReVision*, **10**(2), 49-65.
- Strauss, A. and Corbin, J. (1998). *Basics of qualitative research: Grounded theory procedures and techniques* (2nd edition). Newbury Park: Sage.
- Vaillant, G. E. (1988). What can long-term follow-up teach us about relapse and prevention of relapse in addiction? *British Journal of Addiction*, **83**, 1147-1157.
- Warfield, R. D. and Goldstein, M. B. (1996). Spirituality: The key to recovery from alcoholism. *Counselling Values*, **40**, 196-205.
- Watts, L. K. and Gutierrez, S. E. (1997). A Native American-Based Cultural Model of Substance Dependency and Recovery. *Human Organisation*, **56**(1), 9-18.
- Whitfield, C. L. (1984a). Stress management and spirituality during recovery: A transpersonal approach. Part 1: Becoming. *Alcoholism Treatment Quarterly*, **1**(1), 3-54.
- Whitfield, C. L. (1984b). Stress management and spirituality during recovery: A transpersonal approach. Part 2: Being. *Alcoholism Treatment Quarterly*, **1**(2), 1-50.
- Whitfield, C. L. (1984c). Stress management and spirituality during recovery: A transpersonal approach. Part 3: Transforming. *Alcoholism Treatment Quarterly*, **1**(4), 1-54.

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