

# Mental Health, The 12 Steps & Spirituality

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APPG FOR 12 STEP RECOVERY

# Professor Chris Cook



# Spirituality and Mental Health

Professor Christopher C.H. Cook

Emeritus Professor in Spirituality, Theology & Health

Institute for Medical Humanities



Durham  
University

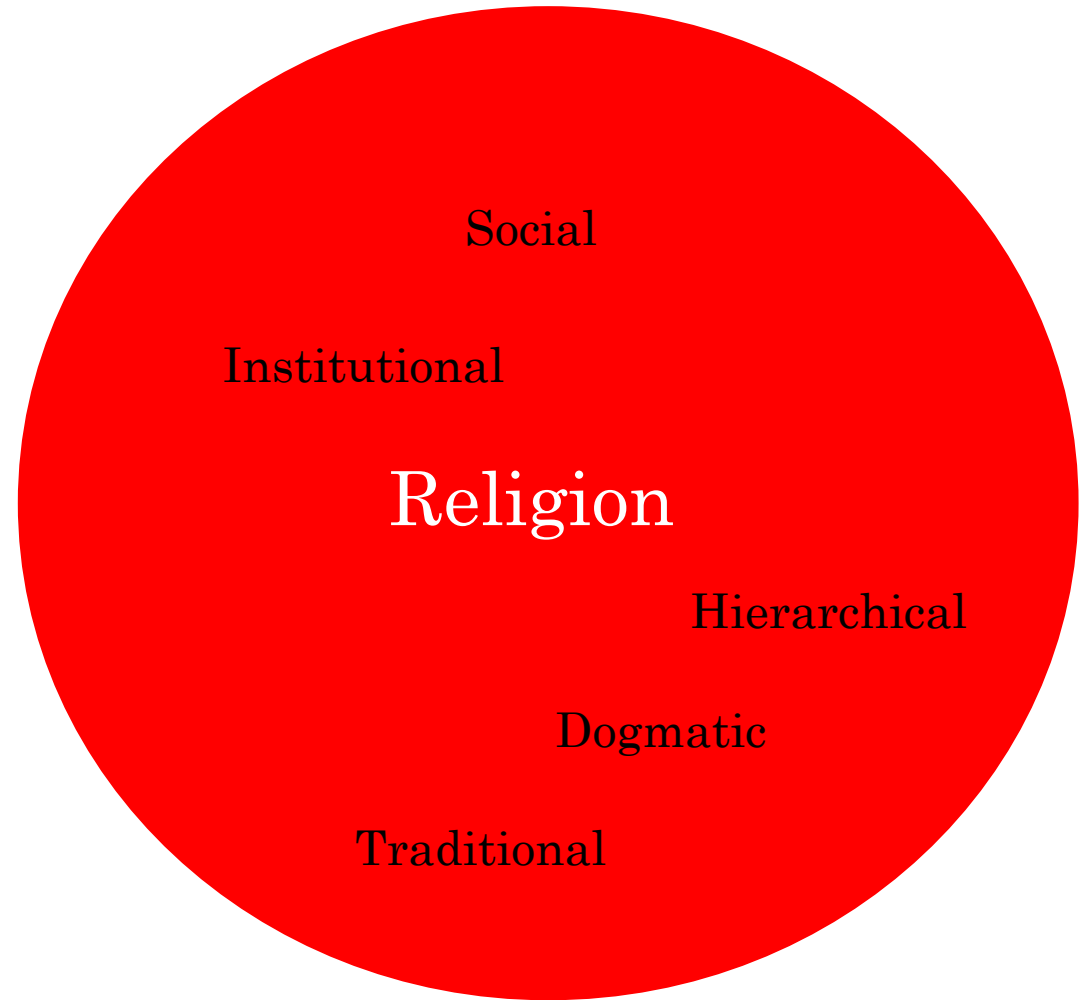
Transcendence

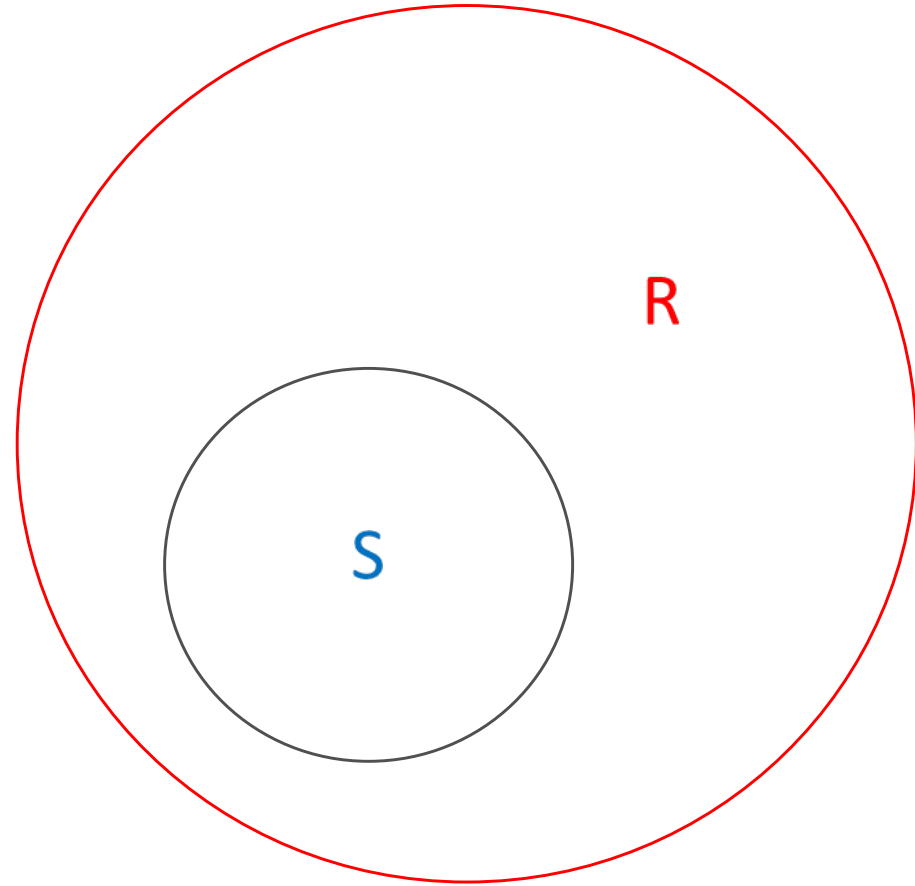
# Spirituality

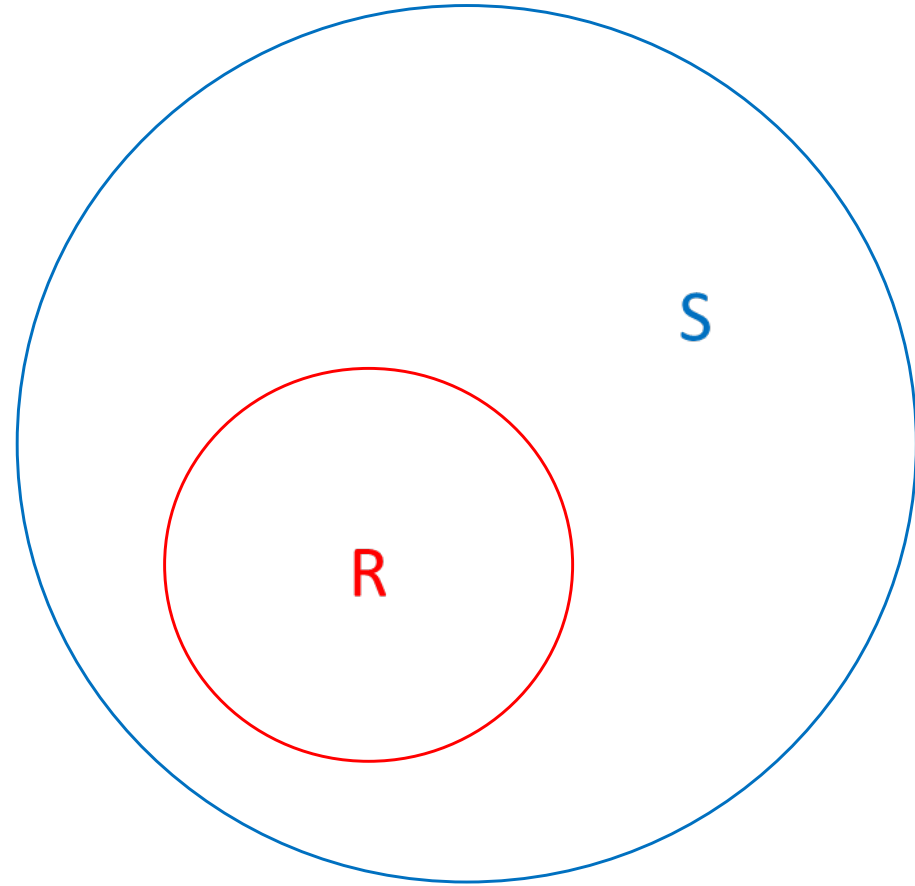
Meaning &  
Purpose

Relationships









## PERSONAL RELIGIOUS ORIENTATION AND PREJUDICE

GORDON W. ALLPORT and J. MICHAEL ROSS  
*Harvard University*

3 generalizations seem well established concerning the relationship between subjective religion and ethnic prejudice: (a) On the average churchgoers are more prejudiced than nonchurchgoers; (b) the relationship is curvilinear; (c) people with an extrinsic religious orientation are significantly more prejudiced than people with an intrinsic religious orientation. With the aid of a scale to measure extrinsic and intrinsic orientation this research confirmed previous findings and added a 4th: people who are indiscriminately pro-religious are the most prejudiced of all. The interpretations offered are in terms of cognitive style.

Previous psychological and survey research has established three important facts regarding the relationship between prejudiced attitudes and the personal practice of religion.

1. On the average, church attenders are more prejudiced than nonattenders.

2. This overall finding, if taken only by itself, obscures a curvilinear relationship. While it is true that most attenders are more prejudiced than nonattenders, a significant minority of them are less prejudiced.

3. It is the casual, irregular fringe members who are high in prejudice; their religious motivation is of the extrinsic order. It is the constant, devout, internalized members who are low in prejudice; their religious motivation is of the *intrinsic* order.

The present paper will establish a fourth important finding—although it may properly be regarded as an amplification of the third. *The finding is that a certain cognitive style permeates the thinking of many people in such a way that they are indiscriminately proreligious and, at the same time, highly prejudiced.*

But first let us make clear the types of evidence upon which the first three propositions are based and examine their theoretical significance.

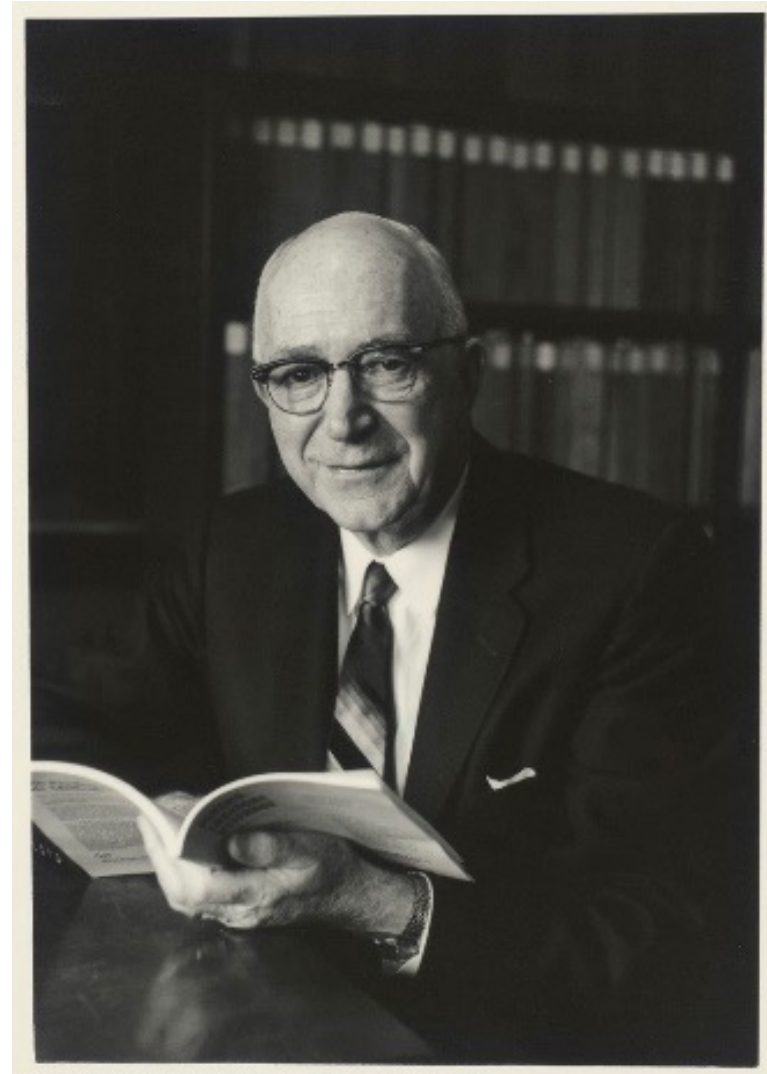
### CHURCHGOERS ARE MORE PREJUDICED

Beginning the long parade of findings demonstrating that churchgoers are more intolerant of ethnic minorities than nonattenders is a study by Allport and Kramer (1946). These authors discovered that students who claimed no religious affiliation were less likely to be anti-Negro than those who de-

clared themselves to be protestant or Catholic. Furthermore, students reporting a strong religious influence at home were higher in ethnic prejudice than students reporting only slight or no religious influence. Rosenblith (1949) discovered the same trend among students in South Dakota. *The Authoritarian Personality* (Adorno, Frenkel-Brunswick, Levinson, & Sanford, 1950, p. 212) stated that scores on ethnocentrism (as well as on authoritarianism) are significantly higher among church attenders than among nonattenders. Gough's (1951) findings were similar. Kirkpatrick (1949) found religious people in general to be slightly less humanitarian than nonreligious people. For example, they had more punitive attitudes toward criminals, delinquents, prostitutes, homosexuals, and those in need of psychiatric treatment. Working with a student population Rokeach (1960) discovered nonbelievers to be consistently less dogmatic, less authoritarian, and less ethnocentric than believers. Public-opinion polls (as summarized by Stember, 1961) revealed confirmatory evidence across the board.

Going beyond ethnic prejudice, Stouffer (1955) demonstrated that among a representative sample of American church members those who had attended church within the past month were more intolerant of non-conformists (such as socialists, atheists, or communists) than those who had not attended. It seems that on the average religious people show more intolerance in general—not only toward ethnic but also toward ideological groups.

Is this persistent relationship in any way



Harvard University, Harvard University Archives, W278513\_1



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*Handbook of*

**RELIGION**

*and*

**HEALTH**

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HAROLD G. KOENIG  
MICHAEL E. MCCULLOUGH  
DAVID B. LARSON

Handbook  
of Religion  
and Health



HAROLD G. KOENIG  
TYLER J. VANDERWEELE  
JOHN R. PETEET

HANDBOOK OF  
RELIGION AND  
HEALTH

Second Edition

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HAROLD G. KOENIG  
DANA E. KING  
VERNA BENNER CARSON

# Scientific Evidence Base

S/R associated with better mental health (more positive emotions, fewer emotional disorders, better social connections and/or healthier lifestyle)

Religion predictive of better mental health

Spiritual interventions associated with better outcomes

S/R provide positive coping resources in illness/adversity

RCPSYCH

Royal College of Psychiatrists

# Spirituality and Psychiatry

SECOND EDITION

EDITED BY  
Christopher C. H. Cook  
and Andrew Powell

CAMBRIDGE

Medicine

Beliefs

Meaning

Thinking

Emotions

Coping

Desires

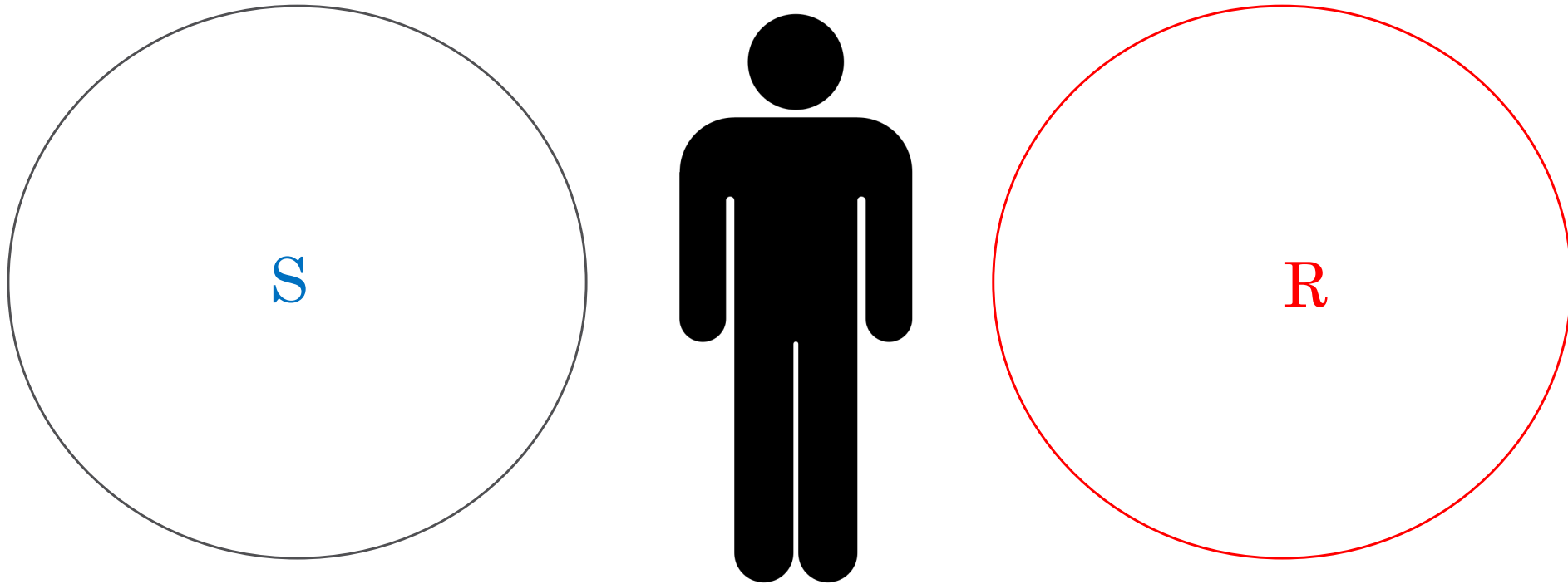
Behaviour

Relationships

Perceptions



# Person Centred Care



# Position Statements

## Recommendations for psychiatrists on spirituality and religion



Position Statement PS03/2013  
November 2013

Royal College of Psychiatrists  
London  
Approved by Central Policy Coordination Committee: May 2011



## WPA Position Statement on Spirituality and Religion in Psychiatry

The WPA and World Health Organization have worked hard to assure that comprehensive mental health promotion and care are scientifically based and, at the same time, compassionate and culturally sensitive. In recent decades, there has been increasing public and academic awareness of the relevance of spirituality and religion to health issues. Systematic reviews of the academic literature have identified more than 3,000 empirical studies investigating the relationship between religion/spirituality (R/S) and health.

In the field of mental disorders, it has been shown that R/S have significant implications for prevalence (especially depressive and substance use disorders), diagnosis (e.g. differentiation between spiritual experiences and mental disorders), treatment (e.g. help seeking behavior, compliance, mindfulness, complementary therapies), outcomes (e.g. recovering and suicide) and prevention, as well as to quality of life and wellbeing. WHO has now included R/S as a dimension of quality of life. Although there is evidence to show that R/S are usually associated with better health outcomes, they may also cause harm (e.g. treatment refusal, intolerance, negative religious coping etc.). Surveys have shown that R/S values, beliefs and practices remain relevant to most of the world population and that patients would like to have their R/S concerns addressed in healthcare.

Psychiatrists need to take into account all factors impacting on mental health. Evidence shows that R/S should be included among these, irrespective of psychiatrists' spiritual, religious or philosophical orientation. However, few medical schools or specialist trainings provide any formal training for psychiatrists to learn about the evidence available, or how to properly address R/S in research and clinical practice.

In order to fill this gap, WPA and several national psychiatric associations (e.g. Brazil, India, South Africa, UK, and USA) have created sections on R/S. WPA has included "religion and spirituality" as a part of the "Core Training Curriculum for Psychiatry".

Both terms, Religion and Spirituality, lack a universally agreed definition. Definitions of Spirituality usually refer to a dimension of human experience related to the transcendent, the sacred, or to ultimate reality. Spirituality is closely related to values, meaning and purpose in life. Spirituality may develop individually or in communities and traditions. Religion is often seen as the institutional aspect of spirituality, usually defined more in terms of systems of beliefs and practices related to the sacred or divine, as held by a community or social group.

Regardless of precise definitions, spirituality and religion are concerned with the core beliefs, values and experiences of human beings. A consideration of their relevance to the origins, understanding and treatment of psychiatric disorders and the patient's attitude toward illness should therefore be central to clinical and academic psychiatry. Spiritual and religious considerations also have important ethical implications for the clinical practice of psychiatry. In particular, the WPA proposes that:

# Professor Wendy Dossett



# Prof Wendy Dossett

@WEDossett

@higherpowerproj

**All-Party Parliamentary Group  
for Twelve-Step Recovery**

Portcullis House

8<sup>th</sup> November 2023

**Higher Power:  
A floating signifier in  
recovery experiences.**



University of  
Chester



# Barriers

- Day, Ed, Rosemary Wall, Gagandeep Chohan, and Jennifer Seddon. 'Perceptions of Professional Drug Treatment Staff in England about Client Barriers to Narcotics Anonymous Attendance'. *Addiction Research & Theory* 23, no. 3 (June 2015): 223–30.

Vederhus, John-Kåre, Alexandre Laudet, Øistein Kristensen, and Thomas Clausen. 'Obstacles to 12-Step Group Participation as Seen by Addiction Professionals: Comparing Norway to the United States'. *Journal of Substance Abuse Treatment* 39, no. 3 (October 2010): 210–17.



# Problems

Unintended negative consequences for people seeking recovery resulting from

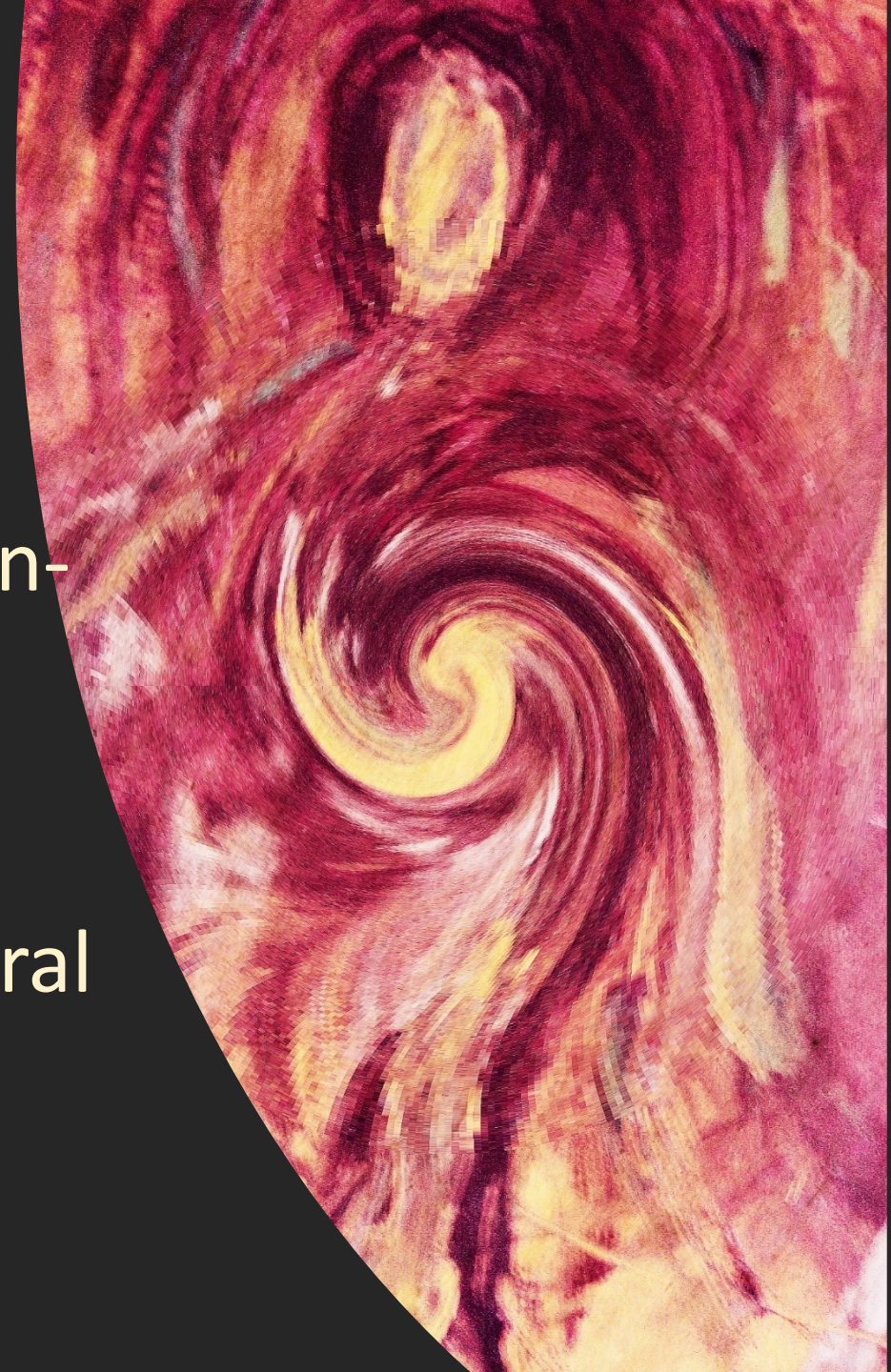
- a) benign or intentional misrepresentation of the fellowships as religious, and,
- b) a false dichotomy in public discourse between 'rationality' and 'spirituality' or 'sacred' and 'secular'.



# Theos (2022)

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- Nearly half of those who identify as non-religious express a belief in God or a Higher Power
- Nearly a third believe in a soul
- Around a fifth believe in the supernatural powers of deceased ancestors
- Around a fifth believe in the power of prayer



**GOD**

**Group of Drunks**  
(i.e former 'drunks'-  
members of AA/NA)

**Also:**

**Good Orderly Direction**  
**Gift of Despair**



# Transcendence

**Vertical:** *God, God as Father, Creator*

**Horizontal:** *'Friends in fellowship',  
'Group of Drunks', 'Nature', 'Like the  
Force in Star Wars', 'A better version  
of myself'*

# Anti-authoritarian readings

- **Jennifer** “I don't consider a Higher Power to be a personal being — anthropomorphic — nor an intelligent puppeteer in the sky directing the show. I do not conceive of HP as a santa god who rewards the good and punishes the naughty.
- **Ian** “I’m pleased to say I’ve been able to separate God from religion.’
- **Ben** “I describe God in the feminine because my concept of ‘life-giver’ is purported to the feminine of all species I know of.”
- **Sophia** “The people in the fellowship have had a huge influence over my version of a HP, mainly by me not agreeing (for me) with a lot of HP versions I hear in AA. So by defining what my HP is NOT it has helped me define what it IS.”

# The Higher Power Project n.107

- a) Diverse and personal,
- b) members draw on a wide range of non-fellowship resources for inspiration
- c) members read their authoritative literature critically and with a filter,
- d) atheists and feminists have strong and important voices within the linguistic diversity of the fellowships.
- e) Terms like 'spirituality and higher power are 'floating signifiers' – [Claude Lévi-Strauss]

Kelly, J. F. (2016). Is Alcoholics Anonymous religious, spiritual, neither? Findings from 25 years of mechanisms of behavior change research: How AA works. *Addiction*.



## **12- Step**

Defects

Fellowship

Spirituality

## **Clinicians**

Recovery capital deficits

Adaptive social networks

Self-efficacy



# Thank you

To the 107 participants in the *Higher Power Project* who have shared their stories of recovery.

@higherpowerproj

[www.csarsg.org.uk](http://www.csarsg.org.uk)


& to the **Sir Halley Stewart Trust**

(picture: lotus flower tattoo containing the NEDA eating disorder recovery symbol)



# Dr John Kelly





# Spirituality and Addiction Recovery

**John F. Kelly, PhD, ABPP**  
**APPG Meeting, London UK**  
**November 2023**



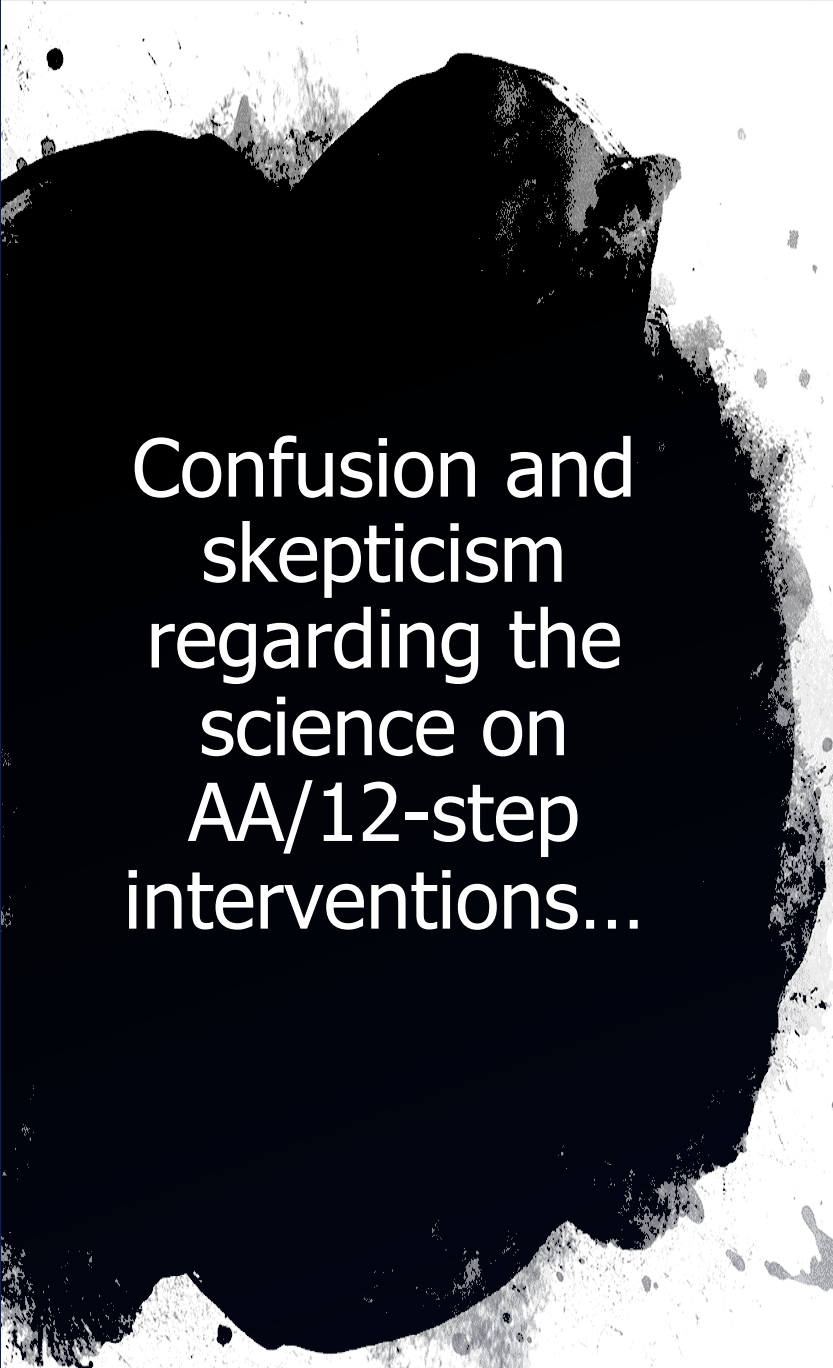
RECOVERY  
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GENERAL HOSPITAL



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TEACHING HOSPITAL



Confusion and  
skepticism  
regarding the  
science on  
AA/12-step  
interventions...

- Not new: “When my head doctor, Silkworth, began to tell me of the idea of helping drunks by spirituality, I thought it was crackpot stuff, but I’ve changed my mind. One day this bunch of ex-drunks of yours is going to fill Madison Square Garden”

-AA, 1947



Cochrane Database of Systematic Reviews

## Alcoholics Anonymous and other 12-step programs for alcohol use disorder (Review)

Kelly JF, Humphreys K, Ferri M

Kelly JF, Humphreys K, Ferri M.  
Alcoholics Anonymous and other 12-step programs for alcohol use disorder.  
*Cochrane Database of Systematic Reviews* 2020, Issue 3. Art. No.: CD012880.  
DOI: 10.1002/14651858.CD012880.pub2.

[www.cochranelibrary.com](http://www.cochranelibrary.com)

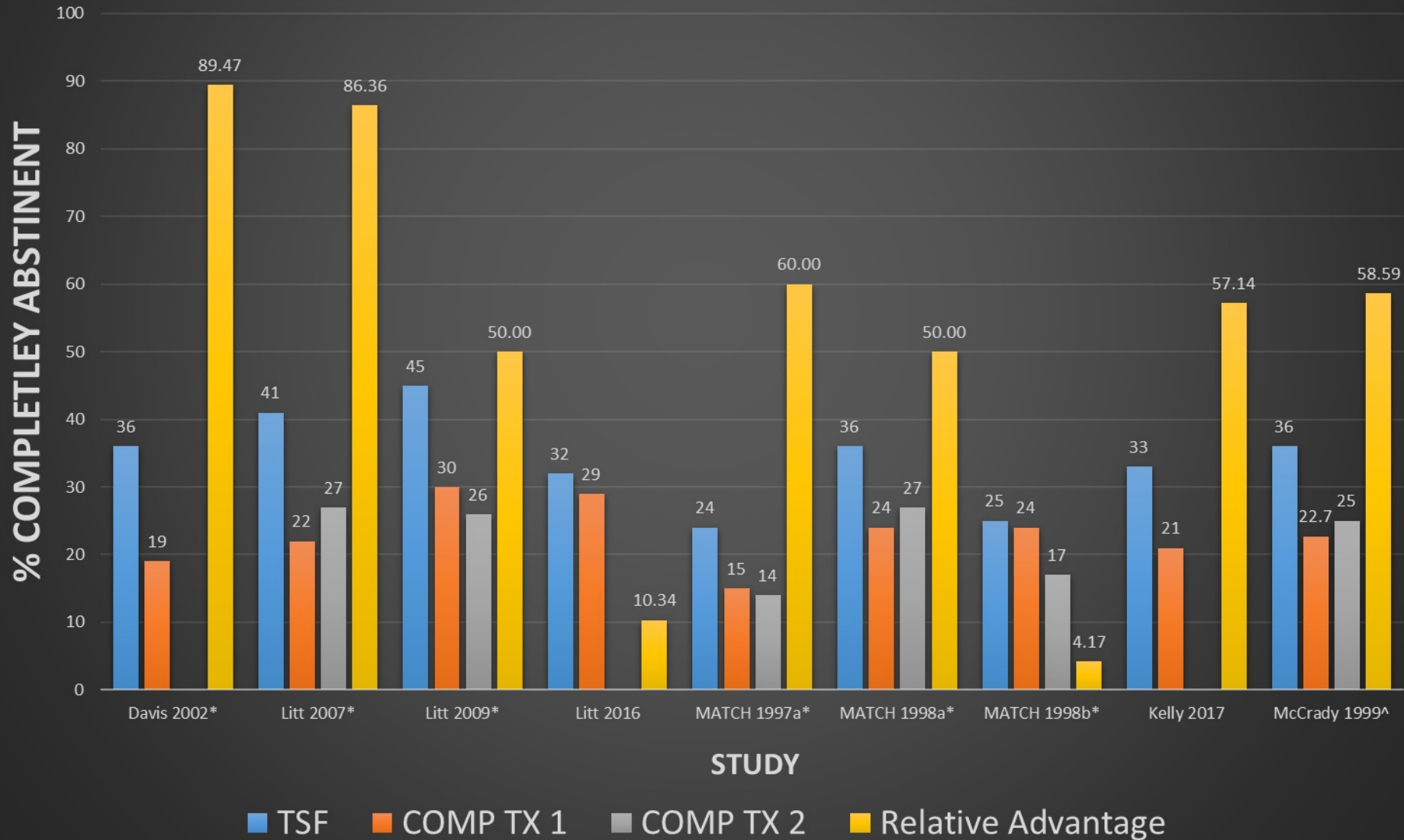
Alcoholics Anonymous and other 12-step programs for alcohol use disorder (Review)  
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WILEY

## Cochrane Systematic Review on AA/TSF (2020)

- Kelly, JF
- Humphreys, K
- Ferri, M

# TSF Compared to Different Theoretical Orientation Treatments (RCTs all Manualized)



## Economic Studies

Healthcare Cost Savings

**\$10-15 Billion/yr savings  
in health care alone**

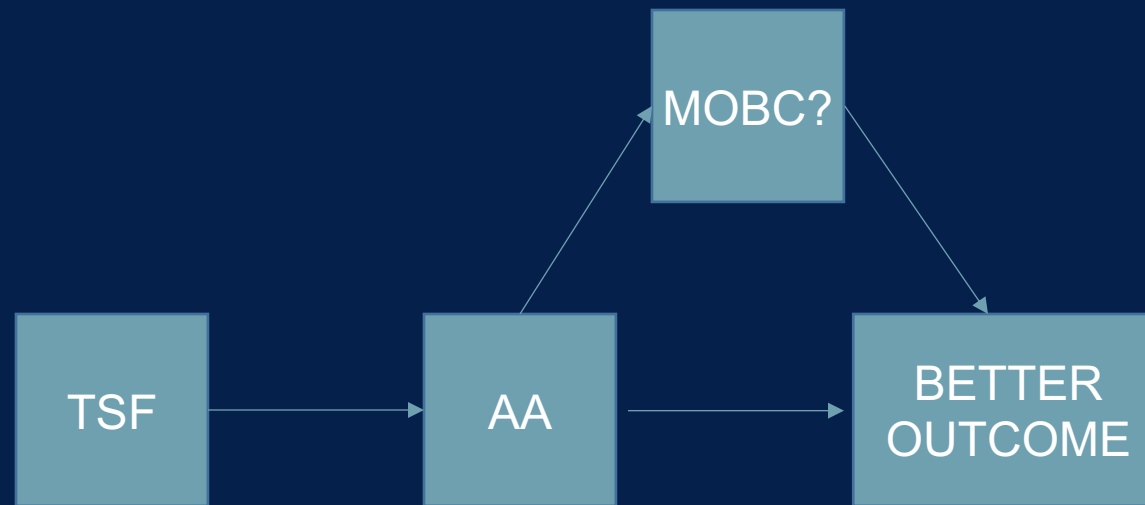
**Closest thing public health  
has to a “free lunch”**

# Research supports Twelve-Step Facilitation (TSF)/AA causal chain...





# How does AA help prevent relapse?



# 12-STEP SPECIFIC THEORETICAL MECHANISMS: PROGRAM AND FELLOWSHIP

- Recovery achieved via a **“spiritual awakening”** achieved through working through the 12-step program
- Although sometimes manifesting as a quantum change (e.g., Bill W.) it is described broadly as most often of the “educational variety” (Appendix II AA, 2001) emerging gradually leading to “psychic change” that alters view of self, others, and world



# Spirituality in Recovery: A Lagged Mediation Analysis of Alcoholics Anonymous' Principal Theoretical Mechanism of Behavior Change

John F. Kelly, Robert L. Stout, Molly Magill, J. Scott Tonigan, and Maria E. Pagano

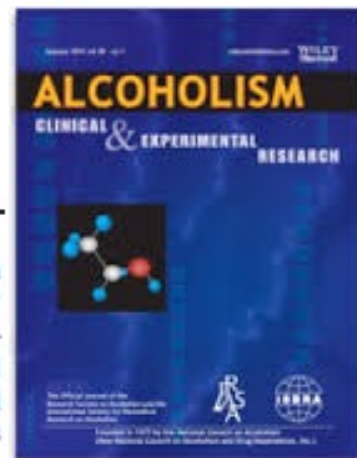
**Background:** Evidence indicates Alcoholics Anonymous (AA) can play a valuable role in recovery from alcohol use disorder. While AA itself purports it aids recovery through “spiritual” practices and beliefs, this claim remains contentious and has been only rarely formally investigated. Using a lagged, mediational analysis, with a large, clinical sample of adults with alcohol use disorder, this study examined the relationships among AA, spirituality/religiousness, and alcohol use, and tested whether the observed relation between AA and better alcohol outcomes can be explained by spiritual changes.

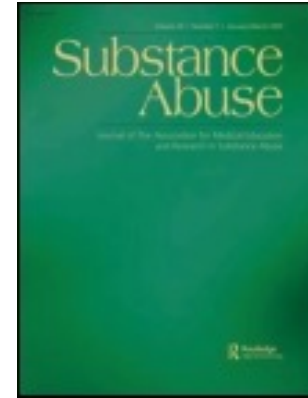
**Method:** Adults ( $N = 1,726$ ) participating in a randomized controlled trial of psychosocial treatments for alcohol use disorder (Project MATCH) were assessed at treatment intake, and 3, 6, 9, 12, and 15 months on their AA attendance, spiritual/religious practices, and alcohol use outcomes using validated measures. General linear modeling (GLM) and controlled lagged mediational analyses were utilized to test for mediational effects.

**Results:** Controlling for a variety of confounding variables, attending AA was associated with increases in spiritual practices, especially for those initially low on this measure at treatment intake. Results revealed AA was also consistently associated with better subsequent alcohol outcomes, which was partially mediated by increases in spirituality. This mediational effect was demonstrated across both outpatient and aftercare samples and both alcohol outcomes (proportion of abstinent days; drinks per drinking day).

**Conclusions:** Findings suggest that AA leads to better alcohol use outcomes, in part, by enhancing individuals' spiritual practices and provides support for AA's own emphasis on increasing spiritual practices to facilitate recovery from alcohol use disorder.

**Key Words:** Alcoholics Anonymous, Spirituality, Self-Help Groups, Alcoholism, Alcohol Dependence.



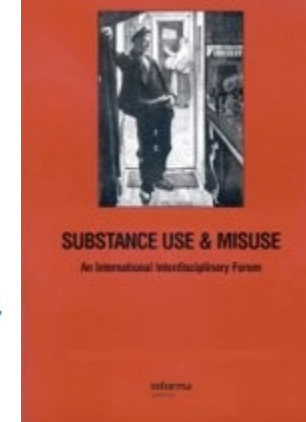


## Multiple Dimensions of Spirituality in Recovery: A Lagged Mediation Analysis of Alcoholics Anonymous' Principal Theoretical Mechanism of Behavior Change

Amy R. Krentzman, PhD, James A. Cranford, PhD, and Elizabeth A. R. Robinson, PhD  
*University of Michigan Addiction Research Center, Ann Arbor, Michigan, USA*

**ABSTRACT.** Alcoholics Anonymous (AA) states that recovery is possible through spiritual experiences and spiritual awakenings. Research examining spirituality as a mediator of AA's effect on drinking has been mixed. It is unknown whether such findings are due to variations in the operationalization of key constructs, such as AA and spirituality. To answer these questions, the authors used a longitudinal model to test 2 dimensions of AA as focal predictors and 6 dimensions of spirituality as possible mediators of AA's association with drinking. Data from the first 18 months of a 3-year longitudinal study of 364 alcohol-dependent individuals were analyzed. Structural equation modeling was used to replicate the analyses of Kelly et al. (*Alcohol Clin Exp Res.* 2011;35:454–463) and to compare AA attendance and AA involvement as focal predictors. Multiple regression analyses were used to determine which spirituality dimensions changed as the result of AA participation. A trimmed, data-driven model was employed to test multiple mediation paths simultaneously. The findings of the Kelly et al. study were replicated. AA involvement was a stronger predictor of drinking outcomes than AA attendance. AA involvement predicted increases in private religious practices, daily spiritual experiences, and forgiveness of others. However, only private religious practices mediated the relationship between AA and drinking.

**Keywords:** Alcohol use disorders, Alcoholics Anonymous, alcoholism, mechanisms of change, meditation, prayer, spirituality



ORIGINAL ARTICLE

## Spirituality as a Change Mechanism in 12-Step Programs: A Replication, Extension, and Refinement

J. Scott Tonigan, Kristina N. Rynes and Barbara S. McCrady

*Center on Alcoholism, Substance Abuse, and Addictions, University of New Mexico, Albuquerque, New Mexico, USA*

This National Institutes of Health funded study investigated spiritual growth as a change mechanism in 12-step programs. A total of 130 people, early 12-step affiliates with limited Alcoholics Anonymous (AA) histories, were recruited from 2007 to 2008 from AA, treatment, and community centers in a Southwestern city in the United States. A majority of the sample was alcohol dependent. Participants were interviewed at baseline and at 3, 6, and 9 months. Lagged General Linear Modeling analyses indicated that spiritual change as measured by the Religious Background and Behavior (RBB) self-report questionnaire were predictive of increased abstinence and decreased drinking intensity, and that the magnitude of this effect varied across different RBB scoring algorithms. Future research should address study limitations by recruiting participants with more extensive AA histories and by including assessments of commitment to, and practice of, AA prescribed activities. The study's limitations are noted.

**Keywords:** spirituality, change mechanism, 12-step, Alcoholics Anonymous

### INTRODUCTION

Many clinicians working in substance user treatment<sup>1</sup> programs in the United States encourage 12-step attendance (Kelly, Yeterian, & Myers, 2008), and sufficient evidence has now accumulated to assert that 12-step referral is an evidence-based practice that helps many, but not all, substance users. Several meta-analyses and numerous prospective studies have now shown that 12-step attendance alone, in combination with, and after treatment, is predictive of reductions in drinking (Emrick, Tonigan, Montgomery, & Little, 1993; Kaskutas, Bond, & Humphreys, 2002; Kelly, Stout, Magill, Tonigan, & Pagano, 2011; Tonigan & Rice, 2010; Tonigan, Toscova, & Miller, 1996) and illicit drug use (Gossop, Stewart, & Marsden, 2007; Timko, Billow, & DeBenedetti, 2006; Timko & Sempel, 2004; Weiss et al., 2005; Witbrodt & Kaskutas, 2005; Worley et al., 2008). It is important to note that long-term investigations into the benefits of 12-step programs are relatively rare, and a majority of studies are limited to 12-month follow-up. Recent work also suggests that sustained 12-step attendance may even serve to off-set relapse to illicit drug use once alcohol use has occurred (Tonigan & Beatty, 2011). Understandably, then, many studies have sought to identify the prescribed

<sup>1</sup>Treatment can be usefully defined as a unique, planned, goal directed, temporally structured, multidimensional change process, which may be phase structured, of necessary quality, appropriateness and conditions (endogenous and exogenous), implemented under conditions of uncertainty, which is *bounded* (culture, place, time, etc.), which can be (un)successful (partially and/or totally), as well as being associated with iatrogenic harm and can be categorized into professional-based, tradition-based, mutual-help-based (AA, NA, etc.), and self-help ("natural recovery") models. Whether or not a treatment technique is indicated or contraindicated, its selection underpinnings (theory-based, empirically based, principle of faith-based, tradition-based, budget-based, etc.) continues to be a generic and key treatment issue. In the West, with the relatively new ideology of

## Determining the relative importance of the mechanisms of behavior change within Alcoholics Anonymous: a multiple mediator analysis

John F. Kelly<sup>1</sup>, Bettina Hoepfner<sup>1</sup>, Robert L. Stout<sup>2</sup> & Maria Pagano<sup>3</sup>

Center for Addiction Medicine, Department of Psychiatry, Massachusetts General Hospital, and Harvard Medical School, Boston, MA, USA,<sup>1</sup> Decision Sciences Institute/PIRE, Pawtucket, RI, USA<sup>2</sup> and Case Western Reserve University, Cleveland, OH, USA<sup>3</sup>

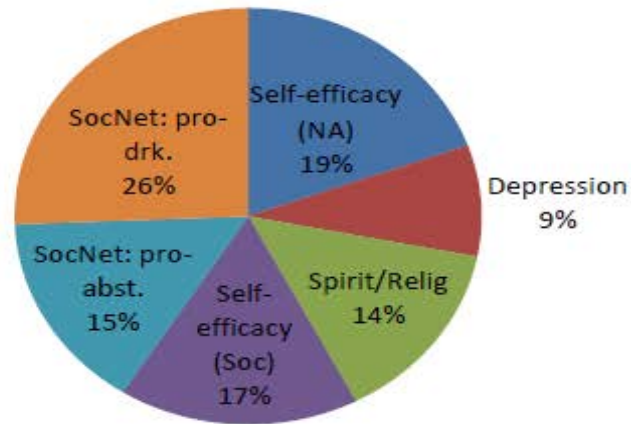
### ABSTRACT

**Aims** Evidence indicates that Alcoholics Anonymous (AA) participation reduces relapse risk but less is known about the mechanisms through which AA confers this benefit. Initial studies indicate self-efficacy, negative affect, adaptive social networks and spiritual practices are mediators of this effect, but because these have been tested in isolation, their relative importance remains elusive. This study tested multiple mediators simultaneously to help determine the most influential pathways. **Design** Prospective, statistically controlled, naturalistic investigation examined the extent to which these previously identified mechanisms mediated AA attendance effects on alcohol outcomes controlling for baseline outcome values, mediators, treatment, and other confounders. **Setting** Nine clinical sites within the United States. **Participants** Adults ( $n = 1726$ ) suffering from alcohol use disorder (AUD) initially enrolled in a randomized study with two arms: aftercare ( $n = 774$ ); and out-patient ( $n = 952$ ) comparing three out-patient treatments (Project MATCH). **Measurements** AA attendance during treatment; mediators at 9 months; and outcomes [percentage of days abstinent (PDA) and drinks per drinking day (DDD)] at 15 months. **Findings** Among out-patients the effect of AA attendance on alcohol outcomes was explained primarily by adaptive social network changes and increases in social abstinence self-efficacy. Among more impaired aftercare patients, in addition to mediation through adaptive network changes and increases in social self-efficacy, AA lead to better outcomes through increasing spirituality/religiosity and by reducing negative affect. The degree to which mediators explained the relationship between AA and outcomes ranged from 43% to 67%. **Conclusion** While Alcoholics Anonymous facilitates recovery by mobilizing several processes simultaneously, it is changes in social factors which appear to be of primary importance.

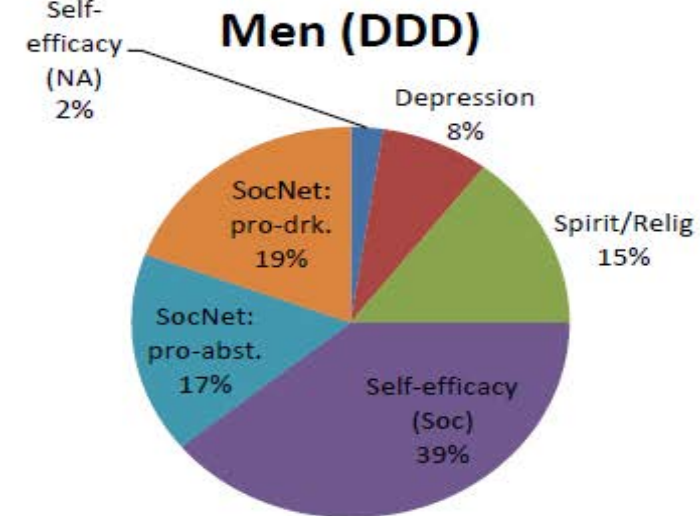
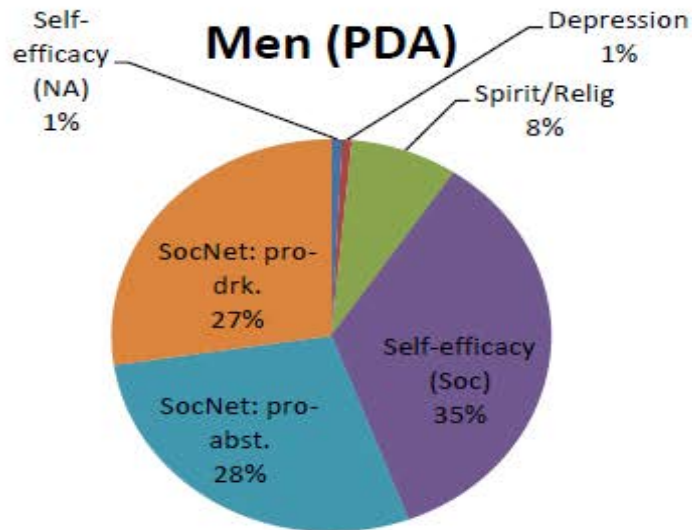
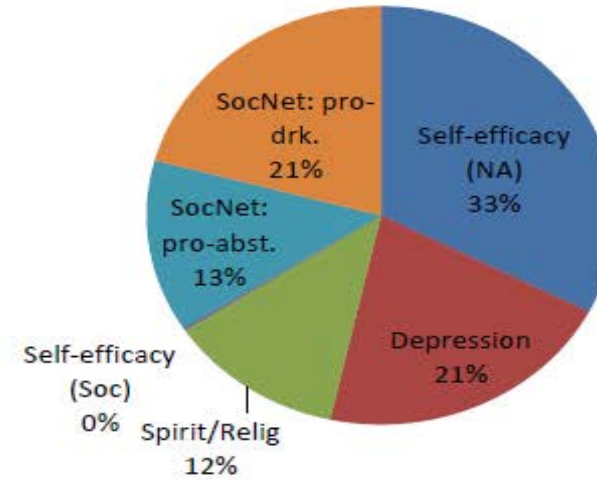
**Keywords** Addiction, alcohol dependence, alcoholics anonymous, alcoholism, depression, self-help groups, social network, spirituality.

# DO MEN AND WOMEN BENEFIT FROM AA IN THE SAME WAYS?

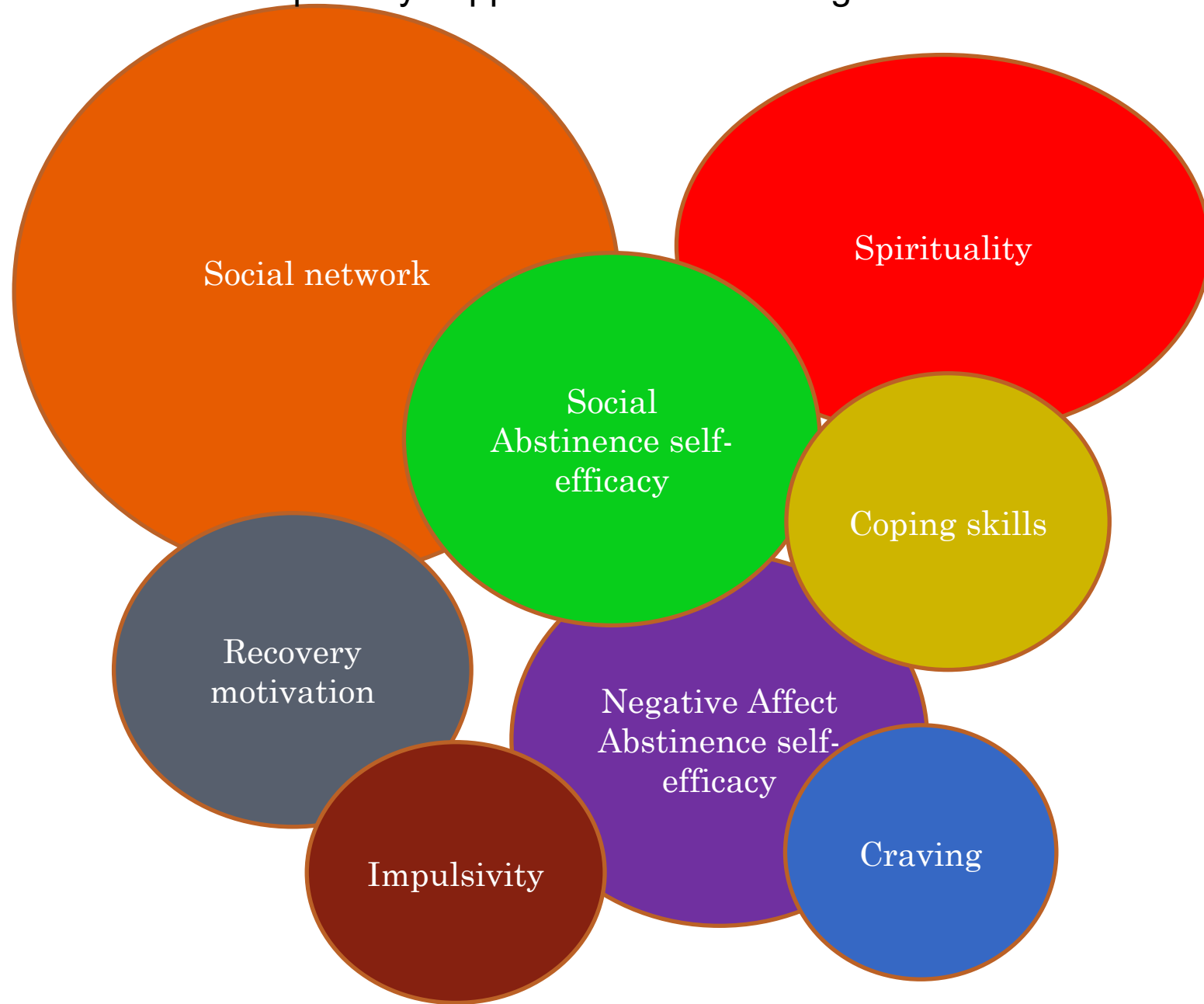
## Women (PDA)



## Women (DDD)

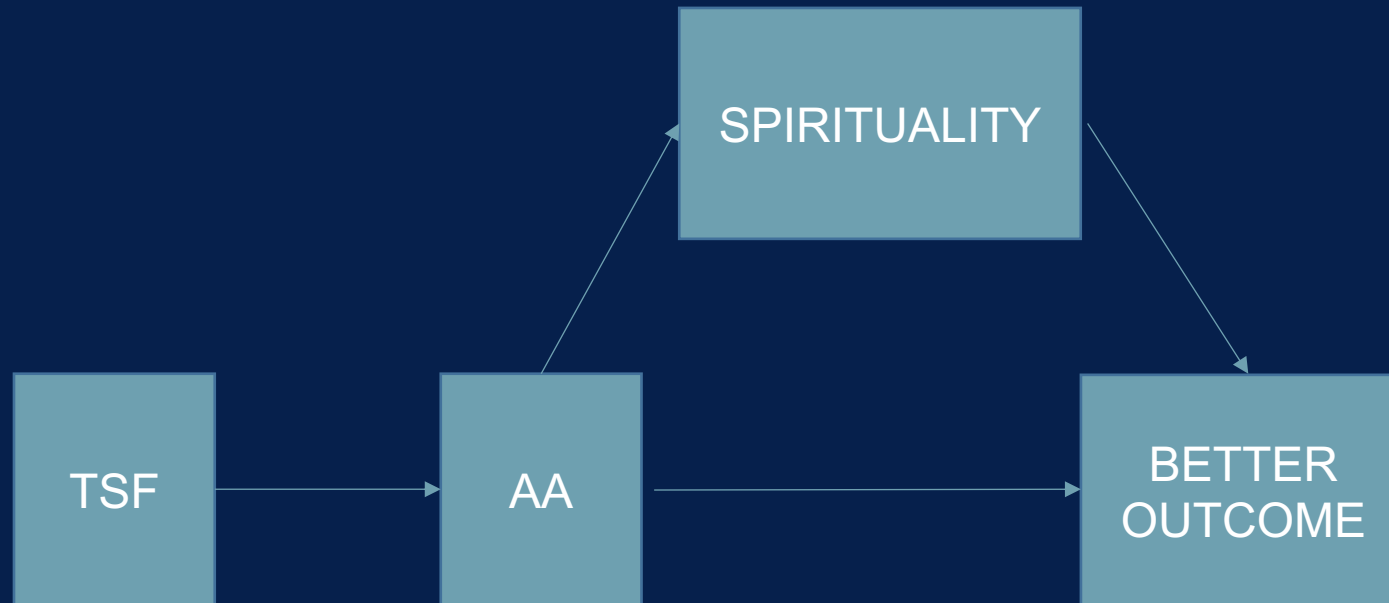


# Empirically-supported MOBCs through which AA confers benefit





# Spirituality supported as mechanism to reduce relapse risk...



# So, how exactly does increased spirituality reduce relapse risk?



## 4 MECHANISMS THROUGH WHICH SPIRITUALITY MAY REDUCE RELAPSE RISK...



(1) **spiritually oriented, AA-specific, conditioned cues** (e.g., the Serenity Prayer) activate recovery schema increase active coping



(2) compassionate **framework for self-forgiveness** that decreases shame/guilt



(3) positive cognitive **reframing** of suffering and stress

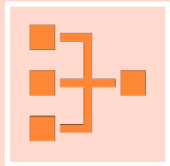


(4) coherent spiritual framework gives meaning and purpose to individuals' survival, suffering, and life experience

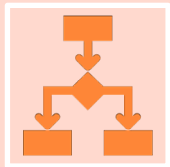
# 1. CONDITIONED CUES - SPIRITUAL PRACTICES LEARNED WITHIN SPECIFIC RECOVERY CONTEXT OF AA



Spiritually-oriented **conditioned cues** (e.g., Serenity Prayer) learned within AA, **mobilizes recovery coping**



**activates global “recovery schema”** that mobilizes additional motivation and active coping (e.g., “courage to change”)



spirituality of AA is conscious, intentional, involving persistent **action** (e.g., “**spiritual life is not a theory we have to live it,**” “**Faith without works is dead**”; AA, 2001).

## (2) PROVISION OF COMPASSIONATE FRAMEWORK FOR SELF-FORGIVENESS DECREASES SHAME/GUILT



Disinhibiting effects of alcohol on behavior generates regrettable deviations from values/moral code



leads to profound sense of moral failing, self-loathing



intensified and deepened by reproach of significant others



sense of “redemption,” historically and implicitly embedded within AA provides **compassionate framework for self-forgiveness**

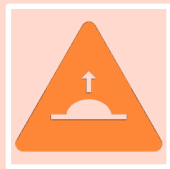


From a stress and coping theory perspective, self-forgiveness lessens guilt/shame, in turn, lowering stress-induced relapse

## ...ALSO, PRAYER AS POSITIVE COGNITIVE INTERRUPTER...



Straightforward benefit of prayer is it simply interrupts stream of consciousness in the moment...



If thinking is high risk, prayer becomes a salient cognitive tool that provides positive focus derailing or slowing down momentum of negativity (“stinking thinking”)

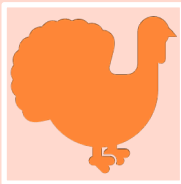


Simultaneously, activate “recovery schema” reconnects individual to recovery-focused cognition and action (e.g., calling sponsor/recovering friend)

### (3) FOCUS ON POSITIVE COGNITIVE REFRAMING OF SUFFERING AND STRESS



Spirituality helps attribute different meaning to stressors (e.g., “I have come to believe hard times not just meaningless suffering that something good might turn up,” AA, 2001; “pain is the touchstone of all spiritual progress.”)



Similar processes implicated in coping with other illnesses (Carrico et al., 2006; Frazier, Krasnoff, & Port, 1995).



Given that stress precursor to relapse, spiritual practices help buffer through a “**spiritual alchemy**” turning base emotions into increased strength, resilience, and overall enhancement, ultimately reducing relapse risk

## (4) PROVISION OF COHERENT SPIRITUAL FRAMEWORK GIVING MEANING AND PURPOSE TO INDIVIDUALS' SURVIVAL, SUFFERING, AND LIFE EXPERIENCE.



spiritual framework possesses cogent narrative that binds elements of AA together, provides coherent “storyline” -**makes sense of suffering**



offers **new meanings and significance** of surviving active addiction



AA encourages non-denominational self-defined “Higher Power” (AA, 1953)



Thus, AA may reduce oppositional barriers to “trying on” spiritual practices and beliefs that, in turn, may give rise to new interpretations of past experience (**“I survived for a reason”**) leading to more psychological well-being that diminishes relapse risk



# SPIRITUALITY VS RELIGION IN AA

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Spirituality = biological, religion = cultural

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Constituent parts of spirituality (shone through a prism) = positive emotions

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Spirituality is like the music, religion is like the lyrics

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Religions have written different “lyrics” to access these positive emotions...

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AA utilizes this powerful transformational power of religion by, non-denominationally, broadening the focus so **members can write their own lyrics and find their own conception of “God” and experience their own music...**



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