

Forgiveness and purpose in life as spiritual mechanisms of recovery from substance use disorders

GEOFFREY C. B. LYONS, FRANK P. DEANE, & PETER J. KELLY

Illawarra Institute for Mental Health, University of Wollongong, NSW, Australia

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Abstract

Spirituality has often been associated with recovery from substance use disorders through its emphasis in faith-based rehabilitation programs. The purpose of this article is to describe some psychological dynamics that may explain how spirituality aids in the treatment of substance abuse and dependence. Forgiveness and purpose in life are proposed as “spiritual mechanisms” that partially mediate a spiritually directed recovery. Recent empirical studies on spirituality and recovery from substance use disorders are discussed in relation to 12-steps of Alcoholics Anonymous and Christian principles in order to describe how forgiveness and purpose in life interact with spiritual development in substance use disorder treatment programs. A theoretical model detailing the relationship between spirituality, forgiveness, purpose, and recovery is presented based on anecdotal and empirical literature.

Keywords: *substance abuse, forgiveness, purpose in life, 12-steps, religiosity, spirituality*

Introduction

The focus of this article is on the role that religion and spirituality play in recovery from substance abuse and dependence. “Recovery” refers to an abstinence from substance abuse, a reduction in the symptoms of dependence, and increased engagement in life. The increased interest in examining a relationship between religion, spirituality, and recovery has in part been driven by the fact that many treatment options for substance use disorders involve the spiritually orientated 12-steps of Alcoholics Anonymous (AA) and/or Christian beliefs.

Faith-based substance use disorder treatment services have been defined as those being associated with religious congregations or organizations (Neff and MacMaster 2005a;

Neff et al. 2006). However, as the 12-step-based recovery proposes that recovery is driven by surrendering control of one's life to "God" (AA World Services Inc. 1981, 2001), it can be argued that spiritual "faith" plays an essential role in such a treatment. Hence, although some define 12-step programs as being secular, it has also been argued that they can be considered "faith-based" (Neff and MacMaster 2005a; Neff et al. 2006).

We define faith-based services as being distinguishable from secular programs by their implicit or explicit references to: God, a "higher power," or any transcendental purpose to life; religious or spiritual teachings; or religious/spiritual practices (e.g., chapel attendance, prayer, and bible study; Neff et al. 2006).

The 12-step-based programs are one of the most common treatment options for substance use disorders (McCoy et al. 2004). The founders of the 12-steps were members of the Christian-based Oxford Group (Sellman et al. 2007) and the "higher power" of AA was originally a "transcendental Christian entity" (Sellman et al. 2007, p. 803). For these reasons and because Christian organizations are one of the largest providers of faith-based treatment services (McCoy et al. 2004), we consider Christianity as highly relevant to an understanding of religion and spirituality in the treatment of substance use disorders.

Although spirituality may not be a component of secular treatment programs, clients of these secular programs may still experience spiritual growth or exploration as a part of their global improvement in psychological well-being. Thus, although this article focuses on the role of spirituality in faith-based programs, spirituality may also be a relevant topic for secular programs.

This article uses the definition of spirituality as presented by Robinson et al. (2007).

Spirituality is defined as a person's feelings, thoughts, experiences, and behaviors that arise from a search for and connection to the sacred, defined broadly to include not only a divine being but also ultimate reality, transcendent truth, or existential meaning. (p. 282)

Accordingly, this article conceptualizes spirituality as a multidimensional construct being composed of an individual's feelings (e.g., a longing for God), thoughts (e.g., the doctrine or beliefs an individual subscribes to), and behaviors (e.g., prayer, meditation, and reading spiritual texts). In the context of this article, religion is viewed as a formalized method of cultivating spirituality, while spirituality itself is seen as being amenable to change via religion, but not reliant on it. Thus, research addressing the role of religiosity in the treatment of substance use disorders is conceptualized as being relevant to the study of spirituality in substance abuse and dependence treatment.

Empirical evidence for a relationship between spirituality and recovery

It is difficult to differentiate the influence of religious/spiritual components of treatment programs from the secular elements. However, empirical evidence suggests that spirituality may facilitate the prevention and treatment of substance use disorders (Sterling et al. 2007). For example, research has regularly found religion to be associated with lower levels of substance use and abuse (Gorsuch and Butler 1976; Koenig et al. 1994; Kendler et al. 1997), and spiritually derived support to be an important predictor of post-treatment abstinence (Avants et al. 2001).

The 12-step philosophy proposes that spirituality influences recovery because addiction is a disease of the spirit, where the longing for a substance is a substitute for an individual's connection with their "higher power." The "spiritual awakening" that occurs from accepting and committing to a higher power fills the "spiritual void" thought to be inherent

in substance use disorders (McCoy et al. 2004) and restores the individual to a state of being free from active addiction (AA World Services Inc. 1981; Piderman et al. 2007).

Christianity also has similar teachings, with some Christians believing that substance abuse is a “sin” – a “desire of the flesh” that is indicative of a reliance on a power contradictory to God (Cook 2006). This is supported by several pieces of scripture, including: “Live by the spirit . . . and do not gratify the desires of the flesh. For what the flesh desires is opposed to the spirit” (Galatians 5:16–17, Holy Bible 1989). Also, “Don’t be drunk with wine, because that will ruin your life. Instead let the Holy Spirit fill and control you” (Ephesians 5:18, New Believer’s Bible 1996).

The concept of a spiritual awakening is central to Christianity, the 12-steps, and also important to the staff of faith-based rehabilitation programs (Arnold et al. 2002; McCoy et al. 2004), but there is currently no operational definition of what a spiritual awakening actually involves. According to Maslow (1977), sudden core religious experiences are “peak experiences” – life changing mystical events that promote feelings of transcendence (Feist and Feist 2002). However, the 12-step literature clearly explains that although sudden spiritual awakenings can take place, long-term transformations (potentially without the client’s explicit awareness) are the norm (AA World Services Inc. 2001). Thus, similar to a religious conversion (Spilka et al. 2003; Paloutzian and Park 2005), a spiritual awakening may be a form of spiritual transformation that can have either a sudden or gradual onset. The result is a shift in an individual’s meaning systems (their goals, beliefs, values, and cognitive schemas), which in turn may produce behavioral and/or dispositional changes (for details see Paloutzian and Park 2005).

Empirical research has found that the experience of a spiritual awakening during participation in a 12-step-based program can increase post-treatment abstinence by four times (Kaskutas et al. 2003). It has also been found that up to 82% of clients who experienced a spiritual awakening reported complete abstinence at a 12-month follow-up in comparison to 55% of non-spiritually awakened clients (Zemore 2007).

Additional attention has also focused not only on spiritual awakenings, but also on spiritual growth in general. Sterling et al. (2007) investigated whether multiple dimensions of spirituality, changed and influenced abstinence through a 4 week residential program. It was found that measures of spiritual maturity (a balance of spiritual support and spiritual openness), spiritual experiences, spiritual beliefs, religious coping, and forgiveness significantly increased during treatment. Furthermore, spiritual maturity and spiritual experiences were negatively associated with relapse at a 3-month follow-up. This suggests that dimensions of spirituality can change through brief rehabilitation programs, and have associations with recovery that may extend beyond program discharge.

Such associations have also been found between spiritual practices and recovery. Increases in private spiritual practices during 3 weeks of treatment were positively associated with abstinence, self-efficacy at discharge, and predicted abstinence from alcohol 1 year after program completion (Piderman et al. 2008).

Finally, research has also found that the 12-step facilitated rehabilitation programs can be as effective as cognitive-behavioral-based rehabilitation programs in producing such diverse outcomes as reducing legal problems (arrests and incarceration), increasing employment, improving psychological well-being, and reducing homelessness (Ouimette et al. 1997). The 12-step facilitated programs have also been found to be potentially more effective than cognitive-behavioral-based programs when complete abstinence is desired (Ouimette et al. 1997; Project MATCH Research Group 1997).

In summary, the 12-step literature proposes that spiritual exploration with the aim of achieving a spiritual awakening is essential for a 12-step-based recovery from substance

use disorders. Empirical research has found spirituality to be associated with, but not necessarily essential for recovery. It has been found that: religion is a protective factor from substance abuse; that religiosity/spirituality can be cultivated during participation in substance use disorder treatment programs; that these changes are positively associated with a recovery; and that spirituality-based 12-step facilitated treatment services can be as effective as cognitive-behavioral programs (Ouimette et al. 1997; Project MATCH Research Group 1997; Mueller et al. 2001). While there is evidence of a relationship between spirituality and a recovery from substance use disorders, there is a lack of research specifically examining how this relationship works (Neff and MacMaster 2005a, 2005b).

Spiritual mechanisms of recovery

Preliminary investigations have found that among recovering abusers and addicts, religious/spiritual beliefs and behaviors can predict positive mental health constructs, such as hardiness to stress, life optimism, social support, and reduced anxiety (Pardini et al. 2000). Constructs such as life meaning, forgiveness, a sense of universal connection, and existential well-being have also been incorporated into views about the role of spirituality in the treatment of substance dependence (Miller 1998; Neff and MacMaster 2005a, 2005b; Piderman et al. 2008). However, overall there seems to be insufficient detail that elaborates on how changes in these constructs should relate to the recovery process.

There are few models available for researchers to follow which detail potential spiritual mechanisms of recovery. Neff and MacMaster (2005a, 2005b) provide a model incorporating principles of Social Learning Theory (Bandura 1986), the Health Belief Model (Becker 1974), and the Theory of Reasoned Action (Fishbein and Ajzen 1975). The model proposes that personal attributes combine with the program elements of faith-based interventions to determine the level of social learning that occurs during rehabilitation. This social learning promotes a “spiritual transformation” which influences behavior change. The actual spiritual transformation process is proposed to be associated with a range of spiritual mechanisms such as: a changing perception of God; increased meaning in life; opening up to forgiveness; an increase in self-acceptance; increased use of positive coping mechanisms; and increased integration into social circles (for full details see Neff and MacMaster 2005a, 2005b). Despite Neff and MacMaster’s positive step, they do not provide sufficient details about how the proposed spiritual mechanisms work in relation to spiritual transformation and recovery from substance use disorders.

Detailed description of all the mechanisms proposed by Neff and MacMaster (2005a, 2005b) is beyond the scope of this article, however, forgiveness and purpose in life are constructs that are common to the Neff and MacMaster model, the 12-steps and a number of major religions. Thus, this article focuses on the potential contributions these elements of spirituality/religiosity have on treatment outcomes. The 12-step and Christian-based services have a long history of providing treatment for substance use disorders (Hester 2002), so a rationale for forgiveness and purpose in life as spiritual mechanisms of recovery is presented using 12-step and Christian philosophies.

We argue that spiritual mechanisms of recovery from substance use disorders are psychological constructs that mediate (or partially mediate) the relationship between a measure of spirituality/religiosity and a measure of recovery.

Forgiveness and its relationship with faith-based recovery

Forgiveness has been regularly associated with religion, particularly with Christianity. However, forgiveness is now becoming recognized as a construct that is beneficial to psychological well-being, regardless of religious orientation. This can be seen by the increase in empirical research on forgiveness that is taking place across many psychological disciplines, including: psychophysiology, personality psychology, social psychology, developmental psychology, and clinical psychology (McCullough et al. 2000). Forgiveness has been theorized to be opposed to anger and resentment (Miller 1998; Griswold 2007). Resentment generally refers to the deliberate holding of desires for justice or revenge, whereas forgiveness involves the foreswearing of resentment and revenge (Griswold 2007). This article adopts the definition of forgiveness as proposed by Enright and Fitzgibbons (2000).

People upon rationally determining that they have been unfairly treated, forgive when they willfully abandon resentment and related responses (to which they have a right), and endeavor to respond to the wrongdoer based on the moral principle of beneficence, which may include compassion, unconditional worth, generosity, and moral love (to which the wrongdoer, by nature of the hurtful act or acts, has no right). (p. 24)

Forgiveness can be both a state driven and a dispositional construct; the latter sometimes being referred to in empirical literature as “forgivingness” (Berry et al. 2005). Forms of forgiveness can be interpersonal or intrapersonal and directed toward others or toward one’s self (McCullough et al. 2000). Forgiveness can also be conceptualized as a construct which is received from others and God (Walker and Gorsuch 2002; Krause and Ellison 2003). There is currently no empirical theory or research addressing the role that receiving forgiveness from others plays in recovery from substance use disorders.

The relevance of forgiveness to recovery can be seen in the 12-step philosophy, which proposes that addiction is driven by resentment. “Resentment is the ‘number one’ offender. It destroys more alcoholics than anything else” (AA World Services Inc. 2001, p. 64). Further, an inability to forgive is considered a barrier to releasing the problematic resentment;

... obstacles (to recovery) ... are very real. The first, and one of the most difficult, has to do with forgiveness ... To escape looking at the wrongs we have done another, we resentfully focus on the wrongs he has done us ... Triumphantly we seize upon his misbehaviour as the perfect excuse for minimizing or forgetting our own. (AA World Services Inc. 1981, p. 78)

This inability to forgive may often be driven by self-centeredness and pride;

Self-centeredness ... is the root of our trouble. Driven by ... self-delusion, self seeking, and self-pity, we step on the toes of our fellows and they retaliate. Sometimes they hurt us, seemingly without provocation, but we invariably find that ... we have made decisions based on the self which later placed us in a position to be hurt ... The alcoholic is an extreme example of self-will run riot, though he usually doesn’t think so. (AA World Services Inc. 2001, p. 62)

Forgiveness therapy, a form of psychotherapy, has recently become a potential technique for managing and reducing anger stemming from resentment (Enright and Fitzgibbons 2000). An examination of the structure of this therapy shows important similarities between the processes and techniques used to cultivate forgiveness and the 12-steps of AA.

The process model of forgiveness therapy proposes that forgiveness broadly involves four phases (Enright and Fitzgibbons 2000). The uncovering phase is where clients identify the legitimacy of their anger and the influences that past transgression and resentment currently have on their life. The decisional phase is where clients make the decision to forgive past offenders. The working phase requires clients to actively engage in activities that cultivate forgiveness. The deepening phase stimulates a more thorough understanding of forgiveness by considering the role and consequences of pain and forgiveness in their life, such as; “Have I hurt others in the past? What was it like when I was forgiven? Does this motivate me to relate differently to my offender?” (For full details see Enright and Fitzgibbons 2000).

One similarity between process-based forgiveness therapy and the role of forgiveness in the 12-steps of AA can be seen in Step 4; “Made a searching and fearless moral inventory of ourselves” (AA World Services Inc. 1981, p. 42), and Step 5; “Admitted to God, to ourselves, and to another human being the exact nature of our wrongs” (AA World Services Inc. 1981, p. 55). These steps involve the identification of past offences and negative dispositions, such as anger and resentment. This is similar to the uncovering and decisional phases seen in process-based forgiveness therapy, which involve self-exploration and the identification of anger (Enright and Fitzgibbons 2000).

Another similarity between the 12-steps and forgiveness therapy is seen in Step 8 of the 12-steps: “Made a list of all the persons we had harmed, and became willing to make amends to them” (AA World Services Inc. 1981, p. 77). This promotes an acceptance of past actions that may help foster forgiveness of self. This step also draws an association between the desire to receive forgiveness and the necessity of forgiving others. For example, the 12-step literature states, “If we are now about to ask forgiveness for ourselves, why shouldn’t we start by forgiving them, one and all?” (AA World Services Inc. 1981, p. 78). A conscious decision and sustained effort is required in this step to identify individuals whom the substance abuser has offended in the past. Thus, it resembles the decisional, uncovering, and working phases of process-based forgiveness therapy.

Step 9, “Made direct amends to such people wherever possible, except when to do so would injure them or others” (AA World Services Inc. 1981, p. 83) encompasses the concept of atonement (compensating for consequences of negative actions, Richards and Bergin 2005) through acts of repentance (demonstrating a “change of heart” and a seeking of forgiveness, Richards and Bergin 2005). This step may be more closely associated with seeking forgiveness for the purpose of reconciliation than forgiveness toward others.

Reconciliation, though related to forgiveness, is differentiated from it in the empirical literature (Enright and Fitzgibbons 2000; Exline and Baumeister 2000).

Forgiveness is one person’s individual choice to abandon resentment... Forgiveness is a free choice on the part of the one wronged, it can be unconditional regardless of what the offender does... Reconciliation... (is) conditional on the offender’s willingness and ability to change (their) offensive ways. (Enright and Fitzgibbons 2000, p. 41)

As Step 9 encourages an individual to engage in overt forgiveness seeking behaviors that aid in reconstructing past relationships, it encourages reconciliation.

The alcoholic is like a tornado roaring his way through the lives of others. Hearts are broken. Sweet relationships are dead. Affections have been uprooted. Selfish and inconsiderate habits have kept the home in turmoil... there is a long period of reconstruction ahead. We must take the lead.

A remorseful mumbling that we are sorry won't fill the bill at all. (AA World Services Inc. 1981, pp. 82–83)

The renewed communication between parties that result from seeking forgiveness may foster insight into the feelings, needs, and rights of others. In particular, it may help an individual understand what the need to receive forgiveness feels like and motivates them to extend forgiveness to others. This resembles the deepening phase of forgiveness therapy. Additionally, as repentance can be motivated by guilt (Richards and Bergin 2005), the repentance, and seeking of forgiveness promoted in Step 9 may be associated with reductions in guilt and a forgiveness of self.

Step 10, “We *continue* (emphasis added) to take personal inventory and when we were wrong promptly admitted it” (AA World Services Inc. 1981, p. 88), encourages the development and use of self-monitoring beyond the treatment period and again may help develop self-acceptance and self-forgiveness. Additionally, when working on this step patients are taught to recognize that just as they have character flaws, others also have flaws of their own.

Finally we begin to see that all people, including ourselves, are to some extent emotionally ill as well as frequently wrong, and then we approach true tolerance and see what real love for our fellows means. It will become more and more evident as we go forward that it is pointless to become angry, or to get hurt by people who, are like us, suffering from the pains of growing up. (AA World Services Inc. 1981, p. 92)

This insight is thought to help develop qualities of tolerance and compassion (AA World Services Inc. 1981) which reduces the person's tendency to always see themselves as the victim and to dehumanize the offender. The desired result is to obtain an increased tendency to forgive and a reduction in future conflicts. This process is similar to that of the working phase of forgiveness therapy where the client,

...begins to understand that the offending person is more than the offense (or offenses) committed. The one forgiving may begin to experience some compassion toward the person. The focus shifts from self... to the offending person. (Enright and Fitzgibbons 2000, p. 18)

Other researchers have also emphasized the role of forgiveness in the 12-steps of AA. Webb and Trautman (2010) theorize that forgiveness, and the cognitive processes required for forgiveness (e.g., exploring the validity and consequences of anger; making the decision to forgive; and developing empathy toward offenders) are implicitly imbedded in all of the 12-steps of AA. Hart (1999) proposes that unforgiveness separates substance abusers and addicts from experiencing the “Grace of God” and subsequent recovery. Hart further states that by following Steps 8 and 9, “AA's forgiveness steps” (p. 31), the client is self-purified of resentment, guilt and unforgiveness, and is able embrace Step 3, “turning their life over to God.”

In summary the 12-steps of AA educate recovering addicts and substance abusers on topics and cognitive techniques which have a resemblance to the phases of process-based forgiveness therapy. If resentment is viewed as the “number one” barrier to recovery, and substance use disorders are indicative of a spiritual void, then resentment could be said to be sustaining the spiritual void inherent in substance abuse and dependence. By learning to forgive others and oneself, clients are thought to be overcoming resentment, filling their spiritual void, and moving toward recovery and improved well-being.

For faith-based programs that utilize both the 12-steps and Christian teachings forgiveness may be even more relevant to the recovery process. Such programs not only emphasize forgiveness through the 12-steps, but also through the Christian beliefs, in which forgiveness is central (Boice 1986; McGrath 1997; Milne 2009). Christian doctrine teaches that humankind is separated from God by sin and that through faith in Jesus Christ, one is forgiven of their sins and subsequently reunited with God (Boice 1986; McGrath 1997; Milne 2009). “Everyone who believes in him will have their sins forgiven through his name” (Acts 10:43, New Believer’s Bible 1996). Christianity also emphasizes the importance of extending forgiveness to others. “If you forgive others their trespasses, your heavenly Father will also forgive you; but if you do not forgive others, neither will your Father forgive you.” (Mathew 6:14–16, Holy Bible 1989). Therefore, by forgiving others a Christian is following the commandments of Christ and fulfilling one of God’s purposes for them – to love and care for their fellow men (McGrath 1997).

Like process-based forgiveness therapy, Christianity also teaches that insight into one’s faults is important for promoting an ability to understand, humanize, and forgive the actions of an offender. “Why do you see the speck in your neighbor’s eye and not notice the log in your own eye? . . . First take the log out of your own eye, and then you will see clearly to take the speck out of your neighbor’s eye” (Mathew 7:3-5, Holy Bible 1989). “Let those who have never sinned throw the first stones” (John 7:8, New Believer’s Bible 1996).

Treatment programs that use elements of Christianity as well as the 12-steps aim to teach individuals with substance use disorders, reasons, and methods of forgiveness through both 12-step and Christian teachings. However, it is unclear how directly these religious teachings and practices are linked to treatment outcomes. In other words it is unclear whether forgiveness from a Christian perspective actually supports the 12-step treatment and a recovery from substance use disorders.

Empirical research on forgiveness and recovery from substance use disorders

As noted, resentment has been theorized to be closely linked to recovery. However, to our knowledge the role of “resentment” as a specific construct in the treatment of substance use disorders has not been empirically investigated. What has been found empirically is that that people with substance use disorders have higher levels of anger (Lin et al. 2004), and that anger management and anger awareness are the areas to target for recovery programs (Lin et al. 2004; Taylor 2005). There is also evidence suggesting a positive association between forgiveness, reductions in anger, and better treatment outcomes for substance use disorders (Lin et al. 2004).

The influence of forgiveness on spiritual development and recovery from alcohol use disorders was examined among 157 participants of a 4 week outpatient rehabilitation program (Webb et al. 2006). It was found that 6 months after participation in rehabilitation, clients’ levels of forgiveness of self were associated with a reduction in the negative consequences of drinking. Forgiveness of self, others, and feeling forgiven by God accounted for 6–14% of the variance in alcohol-related problems and usage at baseline, and almost doubled the odds of no drinking at follow-up (OR = 1.9). Furthermore, forgiveness of others and feeling forgiven by God were found to be positively related to post-program measures of spirituality (Webb et al. 2006). These findings suggest that forgiveness of self may be more strongly associated with a reduction in substance use, while forgiveness of others and by God may have a stronger relationship with spirituality.

In a follow-up study Webb et al. (2009) hypothesized that forgiveness operated on the treatment of alcohol use disorders via a salutary influence on mental health. Using a cohort of 157 alcohol-dependent outpatients they found that forgiveness of self and others were positively associated with mental health both at treatment intake and 6 month follow-up. Generally, forgiveness of self was more consistently associated with anxiety-based symptomatology (e.g., anxiety, somatization, and obsessive compulsive measures). Alternatively, forgiveness of others was more consistently associated with hostility.

Overall, at baseline, forgiveness measures accounted for 14–24% of the variance in mental health and at follow-up, forgiveness measures predicted 7–16% of the variance in mental health. Longitudinal analyses found baseline forgiveness measures predicted 11–18% of the variance in mental health at 6-month follow-up. The data also suggested that forgiveness of self may be harder and slower to cultivate than a forgiveness of others. Webb et al. (2009) concluded that forgiveness is likely to be important in promoting mental health among individuals with alcohol use disorders.

Webb et al. (2009) also explored the construct of feeling forgiven by God. It was found that feeling forgiven by God did not predict mental health among alcohol use disorder outpatients. Webb et al. (2009) speculated that due to its centrality in Christianity, the belief that one is forgiven by God may be relatively automatic for individuals in a Judeo-Christian dominated society; reducing personal deliberation over its validity and its impact on mental health.

A study by Sterling et al. (2007) suggested that forgiveness is also amenable to change in rehabilitation settings. Sterling et al. examined 72 clients of a 4 week residential rehabilitation program and found that regardless of relapse rates at a 3 month follow-up period, forgiveness levels significantly increased. In other words forgiveness levels increased during treatment for *all* clients, whether they relapsed or not. However, while post-treatment measures of relapse were made, post-treatment measures of forgiveness were not. As a result, it is uncertain whether the increase in forgiveness that occurred during treatment was maintained at post-treatment levels and had no association with relapse, or whether post-treatment forgiveness decreased with the commencement of substance use.

In summarizing these studies, it can be said that there is preliminary evidence indicating that forgiveness is positively associated with spirituality and recovery from substance use disorders. This evidence also suggests that increases in forgiveness can be associated with improved mental health, including reductions in anger and hostility in both residential and outpatient rehabilitation settings. What is required is continued longitudinal research examining the various dimensions of forgiveness, their rate of change through rehabilitation, and how they relate to changes in the various dimensions of spirituality and recovery.

Purpose in life and its relationship with faith-based recovery

In addition to forgiveness, purpose, and meaning in life are commonly described as mechanisms associated with both spirituality and recovery from substance use disorders (Carroll 1993; Miller 1998). However, despite the availability of separate measures for these constructs, purpose in life and meaning in life are often used interchangeably with little attention paid to their differences.

Purpose refers to “an intended or desired result; end or aim” (Delbridge et al. 2001, p. 1539). *Meaning* is defined as, “to intend for a particular purpose” and also “significance”

(Delbridge et al. 2001, p. 1185). So purpose refers to having aims or goals while meaning refers to the intention to fulfill those goals and the significance derived from pursuing them.

McKnight and Kashdan (2009) provide further clarification regarding the relationship between purpose and meaning in life, stating that; “purpose is a central, self-organising life aim that organizes and stimulates goals, manages behaviours, and provides a sense of meaning” (p. 242). McKnight and Kashdan clearly differentiate purpose in life from the goals that it directs, as goals are more specific and require the attainment of terminal outcomes, whereas purpose is broader without specific terminal outcomes. McKnight and Kashdan also propose that the sense of meaning (significance) derived from the pursuit of purpose-directed goals is used to further refine and develop one’s purpose in life, which in turn creates further goals (McKnight and Kashdan 2009). Hence, the relationship between purpose and meaning in life is bidirectional.

Purpose may also be driven by beliefs and values (McKnight and Kashdan 2009). Additionally, we also suggest that purpose may be influenced by dispositions. For example, a person who is very compassionate or empathetic may be inclined to develop nurturing orientated purposes in life.

Using McKnight and Kashdan’s (2009) model, we offer the following definitions of purpose and meaning in life. We define purpose in life as the subjective reason for a person’s existence, which is derived from their beliefs, values, and dispositions, and used to produce and manage life goals. We define meaning in life as the sense of significance that is drawn from the pursuit and/or attainment of life goals. The focus of this article is on purpose in life rather than meaning, but we acknowledge the strong overlap between the two constructs and the inherent difficulty in addressing one without the other.

Religious faith is intimately related with the search for meaning (Paloutzian and Park 2005) and is proposed to drive purpose in life (McKnight and Kashdan 2009). Potentially, this is due to the influence that religiosity has on one’s belief and values (Paloutzian and Park 2005; Richards and Bergin 2005). Therefore, the exposure to religious/spiritual doctrine and practices in faith-based treatment services may influence recovery by altering the beliefs and values that help shape purpose in life.

Christian doctrine teaches that human imperfection is a result of the inherent sinful nature of humankind; a sinful nature that separates man from God (Boice 1986; McGrath 1997; Milne 2009). This imperfection causes human reasoning to be limited and unable to fully comprehend God’s purpose (McGrath 1997; Cook 2006; Milne 2009). Instead, humans follow their own limited and misdirected purposes in life (McGrath 1997; Milne 2009). At times, this can lead an individual into undue pain and suffering; like a person “stumbling” through life (John 8:12, New Believer’s Bible 1996). For Christians, salvation from the separation from God and its inherent suffering is achieved through faith in Christ (McGrath 1997; Milne 2009); “If you follow me (Christ), you won’t be stumbling... you will have the light that leads through darkness” (John 8:12, New Believer’s Bible 1996). This faith provides unification with Christ, the Holy Spirit, and God; resulting in eternal life and an inheritance of the characteristics required to pursue God’s will (Boice 1986; McGrath 1997; Milne 2009).

Be energetic in your life of salvation, reverent, and sensitive before God. That energy is God’s energy, an energy deep within you, God himself willing and working at what will give him the most pleasure. (Philippians 2:12–13, Peterson 2005).

Thus, through faith one is granted the strength to abstain from what is opposed to God and his purpose. There are strong similarities between the 12-steps and Christian doctrine

in this regard. Both propose that through spiritual faith of some form, whether faith in a higher power or Jesus Christ, one is provided with a transcendental-based purpose in life, and the ability to abstain from that which inhibits the pursuit of this purpose – including addictive substances.

At a general level, a Christian purpose in life requires: the proclamation of salvation offered through Christ; the strengthening of personal and community faith through worship (activities such as personal prayer and service attendance); and service to God through caring and loving for all creation (McGrath 1997; Milne 2009). Thus, it can be said that the general Christian purpose in life involves both spiritual and social components.

Similarly, the 12-steps also propose spiritual and social purpose in life; “Our real purpose is to fit ourselves to be of maximum service to God and the people about us” (AA World Services Inc. 2001, p. 77). The 12-step-based spiritual purpose in life is reinforced through the 11th step, which encourages an identification with God’s purpose; “Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of *His will for us* (emphasis added) and the power to carry that out” (AA World Services Inc. 1981, p. 96). Engagement in this step helps foster a spiritual awakening, which results in the client being, “set on a path which tells him he is really going somewhere, that life is not a dead end” (AA World Services Inc. 1981, p. 107). In other words, he has found a purpose in life which was unknown prior to his spiritual awakening.

The 12-step cultivates life purpose on a more social level; “Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in our own affairs” (AA World Services Inc. 1981, p. 106). Those who are in this final stage often engage in activities that involve working in faith-based rehabilitation programs to aid other substance abusers and addicts in their recovery journey. One of their new purposes in life therefore is to pass on their 12-step understandings and experiences.

In summary, both Christian doctrine and the 12-step philosophy have a theme of purpose in life through service to others and God. Inherent in this theme is the teaching that this purpose is achieved through spiritual surrender and transformation, and that the engagement in these purposes can facilitate a recovery from human imperfection – which includes substance use disorders.

Empirical research on purpose in life and recovery from substance use disorders

Research has begun to clarify the relationship between Steps 11 and 12, and purpose in life. A study by Carroll (1993) found that among 77 AA members, the practice of Step 11 was positively correlated with purpose in life ($r=0.59$), but there was no significant correlation between Step 12 practice and purpose in life. This suggests that while the existential-based Step 11 may be associated with an increased purpose in life, the social-based Step 12 may not be. Despite this mixed result, other studies have found that lower levels of purpose in life are associated with increases in alcohol use across treatment periods (Miller 1998; Waisbergm and Porter 1994).

Robinson et al. (2007) found purpose in life increased after 6 months of outpatient 12-step-based treatment and that this change increased the odds of no heavy drinking days by an average of 12%. Multiple measures of spirituality and a single measure of forgiveness showed significant increases over treatment. Additionally, higher levels of spiritual experiences were associated with an average 12% increase in the odds of experiencing no heavy drinking days.

Piderman et al. (2008) draws similarities between purpose in life and existential well-being. In a longitudinal study of post-treatment alcoholics they found existential well-being at discharge significantly predicted abstinence at 1 year follow-up. This implies that the development of a positive and proactive orientation toward life may be beneficial in promoting and maintaining recovery (Piderman et al. 2008).

Further support for the relationship between purpose in life, forgiveness, and spirituality was found by Webb et al. (2006) (detailed earlier). Purpose in life was significantly correlated with forgiveness of self, forgiveness of others, and feeling forgiven by God for patients of an outpatient rehabilitation program at both baseline and 6 month follow-up ($r=0.21-0.33$). Furthermore, measures of forgiveness (self, others & by God) were consistently correlated with purpose in life at *both* baseline and follow-up, whereas measures of religiosity/spirituality (e.g., experiences, beliefs, and perceptions of God), were generally correlated with purpose in life *only* at follow-up. This may suggest that while purpose in life is associated with spirituality, it may be more closely related to the development of forgiveness.

The Spiritual/Forgiveness/Purpose model of recovery

The 12-step literature implies that people with substance use disorders often have high levels of trait and state anger, have difficulty regulating their affect, and can be self-centered and excessively proud (AA World Services Inc. 1981, 2001). These qualities are seen as perpetuating substance use problems (AA World Services Inc. 1981, 2001). In contrast, the 12-step and Christian perspectives propose that the self-exploration required for spiritual development promotes positive traits, such as compassion, tolerance, and the development of insight. One accumulated effect of these changes may be a greater ability to forgive others and themselves.

For clients in treatment, a greater ability to be forgiving and to better understand the actions of others may allow for communication and interactions with social and family systems in a manner that was previously unknown, unavailable, or unwanted. As their skills and desires to interact more effectively with others increase, so may opportunities for personal growth (e.g., employment opportunities, volunteer opportunities, and educational opportunities). No longer is the substance abuser self-centered and resentful, but instead is more understanding, forgiving, and driven by purpose in life that may be existential (e.g., fulfilling God's purpose for them), pragmatic (e.g., abstaining from substance use or finding employment), and/or social (e.g., giving something back to the community). The result may be an improvement in a range of outcomes for the individual. For example, an increase in perceived social and/or spiritual support, increased self-efficacy, and reductions in stress, anger, and cravings for substance use. Such outcomes provide not only recovery from the substance use problem, but also the potential for an overall transformation of character.

Based on this rationale and the empirical evidence reviewed, we propose a model that specifies forgiveness and purpose in life as spiritual mechanisms of recovery from substance use disorders. This Spiritual/Forgiveness/Purpose (SFP) model of recovery (Figure 1) provides a number of testable hypotheses. Firstly, the SFP model proposes that spirituality will be positively associated with recovery from substance abuse/dependence (pathway *a-b*) and also with an increase in forgiveness (pathway *a-c*). This increased forgiveness in turn is

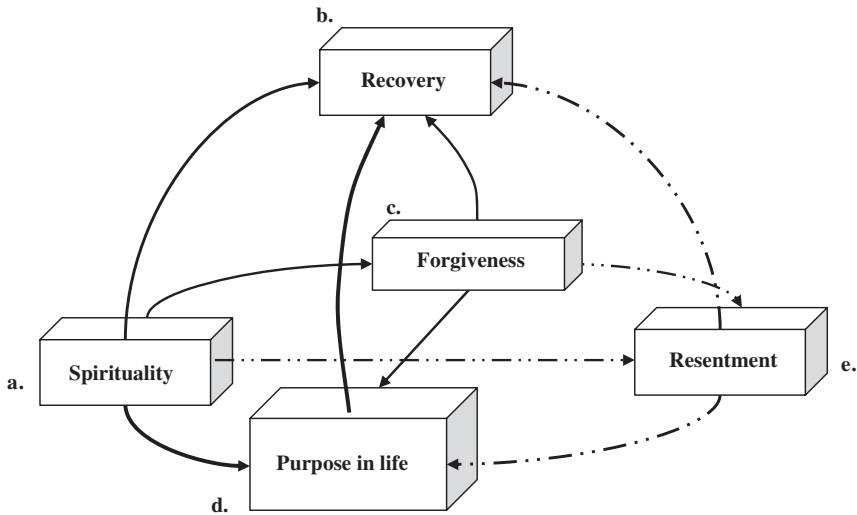


Figure 1. The SFP model of recovery from substance abuse. Positive relationship \longrightarrow ; Negative relationship \dashrightarrow .

positively associated with recovery (pathway $c-b$), making forgiveness a partial mediator between spirituality and recovery (pathway $a-c-b$).

Secondly, spirituality is positively associated with purpose in life (pathway $a-d$), and purpose in life is associated with an increase in recovery (pathway $d-b$). The result is that purpose in life is a partial mediator between spirituality and recovery (pathway $a-d-b$). Also, the development of forgiveness is understood to be associated with an increased purpose in life (pathway $c-d$) making purpose in life a partial mediator between forgiveness and recovery (pathway $c-d-b$).

Thirdly, resentment is theorized to be negatively associated with spirituality (pathway $a-e$), forgiveness (pathway $c-e$), and purpose in life (pathway $e-d$). Additionally, it is negatively associated with recovery from substance abuse/dependence (pathway $e-b$) making resentment a partial mediator (in a negative direction) between spirituality and recovery (pathway $a-e-b$), and between forgiveness and recovery (pathway $c-e-b$). Also the negative relationship between resentment and recovery is theorized to be mediated by a client's purpose in life (pathway $e-d-b$).

Finally pathway $a-c-e-b$ is possible, which would represent a pathway going from spirituality to forgiveness, through resentment and onto recovery. Likewise $a-e-d-b$ would represent a pathway from spirituality through resentment, through purpose in life and then to recovery.

Conclusion

It must be emphasized that the SFP model is designed as a theoretical starting point based on the rationale and research presented in this article. Additional elements, such as those proposed by Neff and MacMaster's (2005a, 2005b) global model may also be important in the spirituality–recovery relationship. Because of this, all the proposed mechanisms of the

SFP model are theorized to be *partial* mediators. In addition, it is possible that there are feedback loops and variation in the causal directions of the variables in the model. For example, it is possible that growing purpose in life may promote changes in forgiveness, or that the disposition to forgive may promote spiritual growth. The influence of alternative variables, definitions, and causal directions can only be clarified by future research.

Empirical confirmation of the spiritual mechanisms presented in this article will provide a direction for service development. As staffing resources in many rehabilitation programs can be limited, the demanding task of implementing new psycho-educational treatment components should be justified by empirical evidence. Furthermore, many rehabilitation programs already have psycho-educational material on forgiveness, goal setting, or finding purpose in life, suggesting the implementation of these elements to treatment may be redundant. As a result, longitudinal data are needed to clarify the impact that forgiveness and purpose in life have on recovery within existing program structures.

Forgiveness and purpose in life provide a promising place to start with regard to investigating the mechanisms associated with spiritual development in faith-based treatment contexts. We have collected preliminary data testing elements of the SFP model and encourage other researchers to consider using the SFP model to test the theorized mechanisms in treatments that incorporate spirituality. Such explorations will ultimately help our understanding of how religion and spirituality relate to recovery from substance abuse and dependence, and also provide us with information necessary to improve the effectiveness of current treatment services.

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