



SUBSTANCE ABUSE AND SPIRITUALITY

An Annotated
Topical Bibliography

JASON PITTMAN, MSW, MDIV

Substance Abuse and Spirituality: An Annotated Topical Bibliography

Jason Pittman, MSW, MDiv

**NORTH AMERICAN ASSOCIATION OF
CHRISTIANS IN SOCIAL WORK**

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PREFACE

Any bibliography, even one as thorough and complete as this one, is inevitably a snapshot of a moving target. Even with online publications, a bibliography is almost instantly incomplete as new materials constantly emerge.

However, Jason Pittman has made a substantial and useful contribution with this work that takes us all further than we have ever been before. Not only is this material exhaustively and meticulously researched, it is carefully organized and annotated. You will find at your fingertips access to a broad range of resources related to spirituality and addictions, treatment, and the ethical integration of faith and social work practice. You will find identification and evaluation of relevant resources speeded and informed by the thoughtful annotations which are based on a solid knowledge of the literature, the problem of addiction, and the spiritual and treatment issues involved.

One of the deep rewards of teaching is the opportunity to be an eye-witness of the wonderful things your students do in the process of becoming even more wonderful people. We can take almost no credit for this. At most we help make some opportunities available and have the privilege to be very interested bystanders.

It really is all about what they do, by the grace of God, with the raw materials of their lives—challenges and opportunities. This is certainly true regarding Jason Pittman's annotated bibliography on spirituality and addictions.

An assignment in my Advanced Social Work Practice in Physical and Mental Health course in the Baylor University School of Social Work MSW program in the fall of 2001 was that students were to prepare a substantive "resource book" which collected materials that would be useful in their future practice. In Jason Pittman's hands that assignment turned out to be one of the roots of this outstanding annotated bibliography on spirituality and addictions.

More significant roots included the work that Jason has done in the nitty-gritty of practice with persons dealing with alcohol and substance addictions on the street level with Mission Waco and other job settings which motivated him to develop his knowledge and skills even further. All of this has led Jason to do further research on faith-based treatment programs and to make presentations at professional conferences. Finally, with Scott Taylor, another Baylor MSW graduate, he has contributed the chapter "Christianity and the Treatment of Addiction: An Ecological Approach for Social Workers" in the second edition of *Christianity and Social Work: Readings on the Integration of Christian Faith and Social Work Practice*, published by NACSW in 2002.

As you use this excellent resource, you will understand the pride I take as a very interested bystander.

LICSW

David A. Sherwood, Ph.D.,

Professor of Social Work,
Baylor University, Waco, TX
Editor, *Social Work & Christianity*

INTRODUCTION

This bibliography's purpose is provide a resource for people in the field of addiction. As the director of a residential faith based drug and alcohol treatment program, I struggled for years trying to find material and resources to improve my work. My desire is that this project will be both useful for the practitioner and an encouragement for future research in the area of spirituality and addiction.

This project is a compellation of material collected during my years working in the field and intense research of existing databases. Because spirituality and addiction is such a broad subject, I searched very broad topics and academic databases from the social sciences, medical, and religions fields, including Annual Review of Sociology, Electronic Collections Online, Dissertation Abstracts, American Religion Data Archive, ATLAS (Religion index), ArticleFirst (First Search), EBSCOHost TexShare, ERIC, JSTOR, Library of Congress Catalog, Medline, PsycINFO, PubMed, PubScience, Religious and Theological Abstracts, Sociological Abstracts, Social Work Abstracts, Web of Knowledge, Wilson SelectPlus, and WorldCat. The citations with an APA copyright notice at the end of the abstract are reproduced from PsycINFO Database and are copyrighted by the American Psychological Association, all rights reserved. Any further distribution, whether in electronic or print format, requires formal permission from APA. Contact psycinfo@apa.org for more information.

In addition, I searched existing government, institutional, and public sources such as the Alcohol and Drug Abuse Institute Library, University of Washington; Hazelden Virtual Research Library; NCADI SAMHSA's The National Clearinghouse for Alcohol and Drug Information, PREVLIN; NIAAA Alcohol and Alcohol Problems Science Database (ETOH); and the National Clearinghouse for Alcohol and Drug Information (SAMSHA).

I would like to express my appreciation to the faculty at School of Social Work at Baylor University for their encouragement and support of this project. In addition, I want to thank the staff at the inner-library loan department at Baylor University Library. I couldn't have completed this project without their continued assistance. Lastly, I would like to thank Melinda Buurma of Eastern University, who providing valuable copy editing feedback in response to the original manuscript I submitted to NACSW.

Due to the limitations of organizing a bibliography by topics, many sources may be applicable to several different topics, but will only be found in their main topic category. I hope you find this resource of help to you as you are involved with spirituality and addictions.

Finally, several weeks before turning in the final draft of this project to the publisher, my computer hard drive crashed; I lost several months of work. I am very grateful to Shaun Marshal for coming to my rescue and providing an enormous amount of editing work to finish this project. Without his hard work, I can't imagine how I would have finished.

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SECTION 1: RELIGIOUS/SPIRITUAL TREATMENT APPROACHES

Faith Based Treatment Programs

- Agne, C., & Paolucci, K. (1982). A holistic health approach to an alcoholic treatment program. *Journal of Drug Education, 12*(2), 137-144. Retrieved from PsycINFO Online Database.
Describes the New Beginning, a residential treatment facility that implemented an innovative approach in alcoholism treatment. The holistic components of the program consisted of a planned nutritional program, a regular exercise program stressing aerobic capacity, a program of stress reduction through a Hatha yoga series of stretching exercises, and weekend recreational pursuits. Individual and family counseling, combined with regular attendance at Alcoholics Anonymous meetings, rounded out this rehabilitation program. (5 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)
- Brill, L. (1972). *The de-addiction process: Studies in the de-addiction of confirmed heroin addicts*. Springfield, Ill: Thomas. Retrieved from PsycINFO Online Database.
Discusses a conceptual model for the life cycle of addiction and compares this model with three others. Detailed case histories are presented of eight addicts and the various treatment methods used with them: methadone maintenance, narcotics antagonists, therapeutic communities, and religious approaches. Psychosocial factors, conditioning, and reinforcements contributing to heroin addiction are discussed. (PsycINFO Database Record (c) 2000 APA, all rights reserved)
- Clinton, C. (1992). Victory Outreach. *Urban Mission, 9*, 55-60.
Provides a short case study of the Christian drug rehabilitation program, Victory Outreach, in Los Angeles.
- Dinnen, S., & Dinnen, M. (2001). *Sacking the frontiers of hell: The amazing success story of Christian drug addiction and rehabilitation centers around the world*. Fearn, Scotland: Chrisitain Focus Publications.
Annotation was not available for this source.
- Desmond, D. P., & Maddux, J. F. (1981). Religious programs and careers of chronic heroin users. *American Journal of Drug and Alcohol, 8*(1), 71-83.
Religion is often overlooked in the treatment of chronic opioid dependence. Several reports have noted that programs of the Pentecostal type may be particularly effective with Hispanic drug users. A study reviewed the literature in this area and explored participation in religious programs among sixty-three San Antonio addicts, Eighty-seven percent of them Mexican American. Twenty-seven of the subjects entered religious programs, twenty-four entered a methadone maintenance program with a religious component, and three entered both types of programs. Nine additional subjects who were abstinent for three years or more did not join a formal program but attributed prolonged abstinence to religious conversion or to involvement in church activities. Findings revealed that religious programs were markedly more effective than other types of programs. Forty-five percent of thirty-three episodes of participation in religious programs were followed by abstinence for one year or more. The methadone maintenance program with a religious component was markedly less effective than other religious programs in regard to post treatment abstinence. Although religious programs seem to attract only a small minority of opium users, they are an effective alternative to conventional therapies for some. (Journal abstract, edited. Leon Brill.)
- Glaser, F. B. (1981). Origins of the drug-free therapeutic community. *British Journal of*

Addiction, 76(1), 13-25.

The origins of the drug-free therapeutic community are traced in this paper. Therapeutic communities in North America are traced to Synanon, and back through Alcoholics Anonymous to the Oxford Group. The life of Dr. Frank Buchman, founder of the Oxford Group is examined. A strong link is suggested with the Protestant Reformation and, through it, with the forms and practices of primitive Christianity as embodied in the Dead Sea Scrolls. The present-day therapeutic community is suggested to be only the most recent reincarnation of a particular type of religious organization which dates from at least the Intertestamentary Period (roughly 200 BC).

Goraieb, N. C. (1999). A program evaluation of a church-based rehabilitation program.

(lay counseling). *The Sciences and Engineering*, 60(4-B), 1851 Retrieved from PsychINFO Online Database (*Dissertation Abstracts International: Section B-The Sciences and Engineering*, 60(4-B).

Several research efforts have attempted to determine the therapeutic effectiveness of Christian lay counseling interventions. Church-based lay counseling interventions have been found to be generally effective. The present study involved a three-month program evaluation of Victory Outreach's rehabilitation program, an inner-city, church-based form of care which treats a population which is largely Hispanic, using a total of twenty-nine subjects. The pre and post-treatment measures included the Spiritual Well-Being Scale, Symptoms Checklist, Index of Alcohol Involvement and Aggression Questionnaire. Results showed that subjects' self reports of alcohol use, overall aggression and general pathological symptoms were significantly decreased, while their sense of spiritual well-being was significantly increased, after three months of treatment in the program. Recommendations were made to Victory Outreach's rehabilitation program based on these findings. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Hodge, D. R. (2000). The spiritually committed: An examination of the staff at faith based substance abuse providers. *Social Work and Christianity*, 27(2), 150-168.

Although faith-based providers are significant players in human service delivery, they demonstrate high success rates, and global trends suggest increasing utilization of their services, surprisingly little research has been done on provider staff. Accordingly, this paper examines staff characteristics (N=32) at two faith-based AD (alcohol and other drugs) residential care facilities. The typical staff member is young, well educated, raised in a family where religious involvement was emphasized, and motivated by an intrinsic spirituality. In what many would consider a counter-intuitive finding, this study found little support for charitable choice, in spite of the presumed benefits, both materially and legally, such legislation would provide staff.

Hodge, D. R. (2000). Do faith-based providers respect client autonomy? A comparison of client and staff perceptions in faith-based and secular residential treatment programs. *Social Thought*, 19(3), 39-57.

In spite of growing interest in using faith-based providers to deliver services, little research exists on such organizations. This paper explores client (N=68) and staff (N=48) views of autonomy, a fundamental social work value, by comparing perceptions at faith-based and secular residential treatment programs. Based upon a postmodern perspective that all organizations convey a particular set of values, and clients will tend to select programs congruent with their preexisting metaphysical values, it was hypothesized that there would be no difference in perceptions of autonomy among consumers or staff. Both hypotheses were supported, suggesting that for consumers who desire faith-based services, such providers do respect client autonomy. (Journal abstract.)

Jeavons, T. H. (1998). Identifying characteristics of religious organizations. In P.D.H. N.J. Demerath III, Terry Schmitt, T., & Rhys H. Williams (Ed.). *Sacred companies: Organizational aspects of religion and religious aspects of organizations* (pp. 79-85). New York: Oxford University Press.

Annotation was not available for this source.

Lewis, D. C. (2001). Faith-based treatment: A mixed blessing [Electronic version]. *The Brown University Digest of Addiction Theory and Application*, 20(7), 8.

Addiction medicine officials express concern for licensing, outcome criteria, and other standard setting for faith-based treatment.

Muffler, J., Langrod, J. G., & Larson, D. B. (1997). There is a balm in Gilead: Religion and substance abuse treatment. In J. W. Lowinson (Ed.), *Substance abuse: A comprehensive guide* (pp. 492-499). Baltimore, MD: Williams and Wilkins.

This chapter focuses on religiously oriented programs for treating substance abuse. This is an approach that tends to be neglected in the professional literature, but one that merits serious consideration since, for individuals with a high degree of religious motivation, it has produced positive results comparable with those obtained with other accepted forms of treatment. The major topics covered in the chapter include the religious milieu; varieties of religious experience; religion and rehabilitation (mainline Christianity, Evangelical and Pentecostal approaches, Teen Challenge, Espiritismo, and new religious movements); prevalence of heavy prior drug use among participants in new religious movements; drug use as a catalyst for spiritual seeking; and new religious movements as halfway houses or a crucial support community.

Schroeder, C. T. (1992). Christian treatment organizations try to fill society's growing spiritual void. *The Addiction Letter*, 8(8), 6-7. Narcotics Anonymous
Annotation was not available for this source.

Rescue Missions

Bakke, R. (1995). New faces of rescue missions [Electronic version]. *City Voices*, Summer 1994.

Annotation was not available for this source.

Desmond, D. P., & Maddux, J. F. (1981). Religious programs and careers of chronic heroin users. *American Journal of Drug and Alcohol*, 8(1), 71-83.

Religion is often overlooked as a factor in recovery from chronic opioid dependence. Research on the effectiveness of religious programs is scanty, but three reports in the literature suggest that programs of the Pentecostal type may be particularly effective among Hispanic drug users. In this paper we review the literature and report our observations of religious program participation among 248 San Antonio addicts, 87% of whom are Hispanic (Mexican American). In a 12 year period, 11% of the 248 entered religious programs. Although there were only 33 admissions, the percent followed by a year or more of abstinence (44%) markedly exceeded that following conventional treatment or correctional interventions. We conclude that the ability of religious programs to attract large numbers of clients is limited, but that major changes in attitudes and life-style occur among some participants. Successful participation seems to depend upon a special motivational state at admission. Religious programs may be conceived as sociotherapy, and are similar to traditional therapeutic communities and other self-help programs in many ways. We suggest some psychodynamic and sociocultural mechanisms which may explain how religion promotes recovery from chronic drug dependence among Hispanic heroin users.

Fagan, R. W. (1986). Ministering in the hinterland: A survey of rescue mission directors. *Journal of Pastoral Counseling*(2), 79-87.

Social scientists have generally been critical of the skid-row missions' methods. The purpose of this study is to survey the directors of the member missions of the International Union of Gospel Missions. A survey was sent to all 213 member missions with a response rate of 55%. After developing the history of skid-row gospel missions in the United States, we discuss the IUGM and

its primary goal of meeting spiritual needs. We found that the typical mission director is male, white, 45 years of age or older, college graduate with some religious training, Baptist, politically conservative, religiously conservative, evangelical, and has a modest income. They have a strong sense of being "called" to a "mission" neglected by other rehabilitation agencies and the traditional church. Finally, we found that missions are changing in response to the changing skid-row population. They are serving a more diverse population. They are becoming more professional and more secular.

- Fagan, R. (1986). Modern rescue missions: A survey of the International Union of Gospel Missions. *Journal of Drug Issues, 16*(4), 495-509. Retrieved from PsycINFO Online Database.
 Conducted a survey of the International Union of Gospel Missions and obtained questionnaire responses from 208 directors. Missions still relied almost exclusively on private, individual contributions, though some missions accepted state, federal, and United Way funds. Missions offered help including medical care, psychological counseling, vocational training, benefits counseling, and alcoholism treatment. Most missions required attendance at a religious service. (PsycINFO Database Record (c) 2000 APA, all rights reserved)
- Fagan, R. W. (1986). The use of volunteer sponsors in the rehabilitation of skid-row alcoholics. *Journal of Drug Issues, 16*(3), 321-337. Retrieved from PsycINFO Online Database.
 Analyzed a rehabilitation program for skid-row alcoholics that uses lay volunteers as sponsors in the rehabilitation process. 15 sponsor groups of 2-6 individuals recruited from local churches responded to a questionnaire on the program, and intake interviews were conducted with 97 clients (aged 20-59 yrs). While sponsors were significant to the recovery process, particularly when their primary role was friendship, their middle-class values and lifestyles often made it difficult to adjust to the needs of their clients. Sponsors listed helping others as their primary motivation and reward. It is concluded that while volunteers are valuable as a support network, problems with their use (i.e., lack of training) mean that they require close supervision. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)
- Fagan, R. W., & Mauss, A. L. (1986). Social margin and social reentry: An evaluation of a rehabilitation program for skid row alcoholics. *Journal of Studies on Alcohol, 47*(5), 413-425. Retrieved from PsycINFO Online Database.
 Describes a rehabilitation program for socially disengaged alcoholics that focused on the reentry process and the development of social support, involving 65 clients (median age 43 yrs). The general treatment model was divided into 5 overlapping phases--(1) intake, (2) residency (average 30 days), (3) transition, (4) community reentry, and (5) 2-28 mo follow-up. A unique component of the treatment program was the use of small teams of volunteer sponsors who assisted the client in the recovery and reentry process. Using a number of measures, the program obtained approximately a 50% abstinent rate at follow-up. There were significant gains in employment and monthly income. The program influenced family contact, development of new friendship groups, and Alcoholics Anonymous attendance, factors that in turn influenced the recovery process. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)
- Fagan, R. W. (1987). Skid-row rescue missions: A religious approach to alcoholism. *Journal of Religion and Health, 26*(2), 153-171.
 The focus of this study is on the religious service at which many skid-row rescue missions require attendance to receive benefits. Data were obtained from an observation study of thirty-seven skid-row rescue missions in Los Angeles and Seattle, interviews with ten mission directors, and mission newsletters. The missions use materials benefits to attract potential converts. The theme of spiritual conversion is predominant in the mission service (sermons, songs, testimonies). Mission personnel feel they have been called by God, often have backgrounds similar to people they serve, and view the skid rowers' problems as primarily personal and spiritual. Skids rowers resent this

use of religion as bait, view their problems as primarily structural, and use the missions only as a last resort. The missions need to be compared to other alcoholism rehabilitation and religious institutions. A key component to their continued existence is outside Christian supporters.

Fagan, R. (1998). Religious nonprofit organizations: An examination of rescue missions and the homeless. *Social Thought, 18*(4), 21-48.

The purpose of this study was to examine religiously based nonprofit organizations by focusing on rescue missions and their work with the poor and homeless. Member missions of the International Union of Gospel Missions were surveyed in terms of their administrative and staff personnel, people served, services and programs offered, relationship to other nonprofit organizations, rewards and frustrations of the job, society's views of the homeless and nonprofit organizations, revenue and expenditure budgets, and fund raising. Finally, rescue missions were examined in terms of their similarities and differences with other nonprofit organizations. (Journal abstract.)

Fagan, R. W. (1990). Skid row alcoholism. In B. Forster & J. C. Salloway (Eds.), *The socio-cultural matrix of alcohol and drug use: A sourcebook of patterns and factors* (pp. xii, 587). Lewiston, NY: E. Mellen Press.

Annotation was not available for this source.

Fagan, R. W. (1995). Homelessness in America: Causes, consequences and solutions [bibliog]. *Journal of Interdisciplinary Studies, 7*(1-2), 101-118.

This essay examines the causes and consequences of poverty and homelessness in America. In comparing the homeless historically, research shows that the more recent homeless tend to be more visible, younger, more women with children, more ethnic minorities, fewer receiving economic benefits, and numerically there are more homeless. Major policies and programs directed at the problems associated with homelessness may be divided into legal approaches; housing, health, economic, and social programs; and religious approaches. The essay concludes that a variety of programs and approaches are needed which provide meaningful short-term intervention and rehabilitation, while encouraging personal responsibility for recovery, and reforming the welfare system to break the "culture of dependency."

Jacobson, G. R. (1982). The role of shelter facilities in the treatment of alcoholics. In P. Kaufman (Ed.), *Encyclopedic handbook of alcoholism*. New York, NY: Gardner Press.

Annotation was not available for this source.

Limeta, M. (2000). *Philosophy of Addiction and Recovery*. Retrieved August 10, 2001, from the World Wide Web: <http://www.iugm.org>

Annotation was not available for this source.

Limeta, M. (2000). *Rethinking Rescue Missions*. Retrieved June 14, 2001, from the World Wide Web: <http://www.iugm.org>

Annotation was not available for this source.

Price, E. r. s., & Bailey, F. C. b. r. (1953). *Unshackled: Stories of the transformation of skid row men and women*. Chicago: Moody Press.

Here are 20 narratives of typical Pacific Garden Mission case histories: men and women who lost control of their lives, then came to the Mission, and gave their lives to Jesus Christ. Whenever such surrender is complete, there is a corresponding complete regenerating work of the grace of God, say the authors. Such liberation came not through a process or a treatment, but through "spiritual surgery".

Rooney, J. F. (1980). Organizational success through program failure: Skid row rescue missions. *Social-Forces*, 58(3), 904-923.

Program failure is essential for many organizations in that effective solution of the problems they address would eliminate the purpose of their existence. Although skid row rescue missions fail on a colossal scale in converting derelicts, they constitute an archetypical example of a general process of providing employment for staff members in a postindustrial society. Institutionalizing survival on perpetual failure occurs through the availability of outside financial support and favorable presentation of the program to a sponsoring group as the best available means of achieving a socially desirable end. A basic question in social policy involves giving continued support to organizations that benefit directly from their failure. (Journal abstract, edited. Eli S. Levy.)

Shoemaker, H. (1967). A rescue mission and Alcoholics Anonymous. In *I stand by the door: The life of Sam Shoemaker* ([1st] ed., pp. xviii, 220, [222]). New York: Harper & Row.
Annotation was not available for this source.

Wiseman, J. P. (1970). *Stations of the lost: The treatment of skid row alcoholics*. Chicago: University of Chicago Press.

This study considers the skid row alcoholic from two points of view, that of the alcoholic himself and that of the agents of social control who treat him. The complexities of interaction between the helper and the helped is explored. One major discovery is that skid row men only spend about one-third of the year on skid row. The rest of the time is spend going from facility to facility, all designed to rehabilitate, but in actuality being used as a means of survival.

Teen Challenge

Bicknese, A. T. (1999). *The Teen Challenge drug treatment program in comparative perspective*. Unpublished doctoral dissertation, Northwestern University, Chicago.

The project is a comparative evaluation of the Christian drug treatment program Teen Challenge. The history and procedure of Teen Challenge is described, and its moral understanding of addiction is contrasted with the disease model of addiction found in other programs such as Alcoholics Anonymous (AA). In order to assess the effectiveness of Teen Challenge according to several outcome measures, a nonequivalent control group pretest-posttest design is employed using self-report telephone interview data. Outcomes considered are freedom from addictive substances, return to treatment, employment, and precipitants of drug use such as depression and cravings. The control group is composed of clients in short-term inpatient (STI) programs who are funded by Medicare or Medicaid. Post hoc matching, multiple regression, and analysis of variance (ANOVA) are statistical techniques used for control in comparing the Teen Challenge group: with the STI group, and with the subset of the STI group who went on to attend AA (the STI/AA group). The starkest program outcomes to emerge from the comparison were employment and return to treatment. Far more Teen Challenge graduates were employed full time than either those in the STI group or the STI/AA group. Far fewer Teen Challenge graduates had returned to treatment than had those in either comparison group. Teen Challenge appeared to be especially successful for special social capital population; i.e., those who registered low on measures of social connectedness prior to the program. On some outcome measures, the comparison programs showed no positive effect for these groups, such as absent fathers and minorities having been severely addicted prior to the program. In the Teen Challenge sample, however, these groups emerged stronger than their STI or their STI/AA counterparts on the outcomes of employment, addictive substance usage, severity of relapse, and severity of depression. Responses given by the Teen Challenge sample to open-ended interview items are extensively analyzed. The preponderance of acknowledgments were of Jesus and of friends and advisers within the program. It is concluded that Teen Challenge is successful because it fills a void in the lives of

addicts, it dispels their loneliness by building social capital within the year-long program and by equipping them to find and utilize social capital once they graduate, and it provides for them a new reference group (From Dissertation).

Glasscote, R. M. (Ed.). (1972). *The Treatment of drug abuse; programs, problems, prospects*. Washington DC: Joint Information Service of the American Psychiatric Association and the National Association for Mental Health.

This chapter profiles the Teen Challenge of Northern California.

Gruner, L. (1979). Comparative analysis of therapeutic models using the Teen Challenge paradigm. *The Cornell Journal of Social Relations*, 29.

Models of therapeutic processes include the cultural transmission, chemotherapeutic/somatogenic, psychotherapeutic, group psychotherapy, group-centered, therapeutic-milieu, logotherapeutic/noogenic, & spiritual/stereological models. Teen Challenge, an international rehabilitation program for drug addicts, alcohol abusers, prostitutes, juvenile delinquents, & ex-convicts, which has been found to have 86% avoidance of rehabilitation over a 7-year period, is shown to draw eclectically on all these models. The focus of this program, however, is stereological, based on religious values. Modified HA

Gruner, L. (1984). Heroin, hashish, and hallelujah : the search for meaning [Teen Challenge rehabilitation program; tables; bibliog]. *Review of Religious Research*, 26, 176-186.

This article examines the concept of meaning, or purpose in life, as an operating variable in a religiously oriented drug rehabilitation program (Teen Challenge) in selected countries. This concept was operationalized by use of the Crumbaugh "Purpose-in-life test". Findings are based upon research conducted during the summer of 1975 in India, Holland, Germany, France, Guam, and Hawaii. Subjects perceived increased meaning or purpose in life as they progressed through this three-phase, one-year program. In all countries studied, this variable was low in subjects at the inception of the program, and increased significantly throughout the one-year period until it reached a high level in the third and final phase. [j] (abstract from ATLA).

National Institute on Drug Abuse. (1977). An evaluation of the Teen Challenge treatment program. *Services Research Report, DHEW Publication No. (ADM)*, 1-14. Retrieved from PsycINFO Online Database.

Presents follow-up data from a 7-yr study of clients in the Teen Challenge, a national program for youthful drug abusers based on Pentecostal Protestantism that emphasizes the need to become a "born again" Christian. Data on client characteristics, program effectiveness, dropout rates, and success in the community after program participation are presented. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Peters, T. K. (1980). *An investigation into the role of religious experience and commitment as a therapeutic factor in the treatment and rehabilitation of selected drug addicts from Teen Challenge: A follow up study*. Unpublished doctoral dissertation, New York University, New York.

Purpose was to describe the role of religious experience and commitment as a therapeutic factor in the treatment and rehabilitation of selected drug addicts who completed Teen Challenge program at least five years prior to the time of this study. Case studies of 22 graduates of Teen Challenge were used to investigate the relationship between religious experience and commitment to successful rehabilitation. 16 men and woman in the sample (From Dissertation).

Ridgway, J. M. (1977). *Some attitudinal and motivational changes among heroin addicts involved in a religiously oriented program of rehabilitation*. Unpublished doctoral

dissertation, Drew University, Madison, New Jersey.

Investigation into effectiveness of Christian conversion for the rehabilitation of hard drug users resident in the Pentacostally oriented Brooklyn and Rehreshurg teen Challenge Centers.

Findings: Christian conversion and commitment were significantly related to those changes toward rehabilitation found in the Teen Challenge sample. Subjects displayed deepening of religious values and commitments. Religious factor was a significant role in explaining high rehabilitation rate. Compared Teen Challenge with Southmore House Program (non-religious program) (from Dissertation).

Thompson, M. (1991). *Crack use among urban adolescents: A corrective policy strategy*.

Unpublished Thesis, Regent University.

The purpose of this study was to determine which approach to drug treatment shows the most promising in helping urban, adolescent, crack users and addicts live drug free lives. Antecedent factors and theories of addiction were examined as a basis for understanding the treatment modalities. The results of two major governmental funded studies, DARP and TOPS were used to determine effectiveness of forma treatment programs. The responses of the evangelical church were discussed, and promising non-therapeutic interventions were examined. A study performed by Dr. Catherine Hess showed that the Teen Challenge Drug treatment program was not more effective in rehabilitating adolescent substance users than programs participating in the DARP and TOPS studies. It was recommended that religious-based approaches be considered and studied further (from dissertation).

Teen Challenge. (2000). *University of Tennessee report*. Retrieved June 12, 2000, from the World Wide Web: <http://www.teenchallenge.com/main/stats/utreport>.

Annotation was not available for this source.

Wilkerson, D. R. (1974). *Beyond the cross and the switchblade*. Old Tappan, N.J.: Chosen Books; distributed by F. H. Revell.

Annotation was not available for this source.

Wilkerson, D. R., Sherrill, J. L., & Sherrill, E. (2000). *The cross and the switchblade*. Grand Rapids, MI: Chosen Books.

Annotation was not available for this source.

Zimmer, B. (2002). Effect of the Teen Challenge faith-based program in reducing recidivism and substance abuse as perceived by adult male ex-offenders in Texas.

Dissertation Abstract International, 62(11), 3731A.

This study examined the long-term effect (beyond four years) to reduce recidivism of adult male ex-offenders through transformational learning experienced in the Teen Challenge faith-based program. This study examined Teen Challenge's theological approach in helping ex-offenders control the impulse to abuse alcohol and drugs and develop new perspectives free of self-centeredness involving compulsive, deviant behavior. Nine adult male ex-offenders that were Teen Challenge graduates participated, providing perspectives how they ended their criminal activities, overcame their alcohol and/or drug addictions, and became responsible and productive individuals in society. The participants (five White adult males, three Hispanic adult males, and one Black adult male) were selected according to the proportionate ethnicity of Texas. Interviews revealed that personal change was not a personal matter; they were initially involved with abusive substances and committed illegal acts because of impulsive and volatile choices instigated through social influences. Conversely, the participants were able to change their perspectives and behaviors through the Teen Challenge program. The interviews indicated 11 significant themes that profoundly influenced the participants' lives. Teen Challenge mentors were essential catalysts that helped ex-offenders confront and deal with the meaning of their deviant experiences and

facilitated the cognitive development of spiritual awareness and social mores to overcome destructive behaviors. A religious transformation was the primary incentive that kept ex-offenders from recidivating and abusing substances after graduating from Teen Challenge. Recommendations for further research include assessing Teen Challenge's ability to expand its services and reviewing the status of public policies regarding faith-based initiatives.

Twelve Steps & Alcoholics Anonymous

Alcoholics Anonymous (AA)

Alcoholics Anonymous. (2001). *Alcoholics anonymous: The story of how many thousands of men and women have recovered from alcoholism* (4th ed.). New York City: Alcoholics Anonymous World Services.

Annotation was not available for this source.

Simple program: A contemporary translation of the book alcoholics anonymous. (1996). New York: Hyperion.

A Simple Program offers a new translation of Alcoholics Anonymous' Big Book with gender-equal language, making it more accessible and relevant to many readers.

The Kelly Foundation (1989). *Recovery dynamics: Counselor's manual*. Little Rock, AR.

This book was written to present a program that would enable counselors in alcoholism treatment centers to have a broader and deeper understanding of the Alcoholics Anonymous plan of recovery, and to be able to present the program to clients clearly and effectively, specifically adapting the Alcoholics Anonymous Big Book method of recovery to a 30-day treatment program. While it does not teach counseling skills, the program is a tool that gives the counselor an effective method of presenting the Alcoholics Anonymous recovery experience to individuals in the treatment setting. Table of Contents: Part I: Recognition of the problem--powerlessness (history of alcoholism and the beginnings of Alcoholics Anonymous; the physical aspects of alcoholism; exact nature of the problem--mental obsession; our lives have become unmanageable). Part II: Recognition that there is a solution (recovery through fellowship; spiritual experience and spiritual awakening; how to use the power of believing; restore us to sanity). Part III: The recovery process--making a decision (self and self-will; our instincts; turning over our lives; God of our understanding). Part IV: The recovery process--taking action--personal inventory (inventory of resentments, fears, sex conduct; self-disclosure; exact nature of our wrongs; becoming willing to change; character shortcomings; patience and tolerance; courage to change; how our defects affect others; the importance of making amends). Part V: The recovery process--continuous growth--aftercare (the importance of aftercare; continuing the recovery; prayer and meditation; carrying the message). Appendices: Bill Wilson; The Washingtonians; Dr. Carl Jung; William James; Women Alcoholics--A Conspiracy of Silence; Medical Consequences of Alcoholism

Kurtz, L. F. (1990). Twelve-step programs. In T. J. Powell (Ed.), *Working with self help* (pp. 93-119). Silver Spring, MD: National Association of Social Workers. Retrieved from PsycINFO Online Database.

Presents an overview of the steps, traditions, and practices to which all fellowships adhere; draws on the professional literature that critically examines AA [Alcoholics Anonymous] as a therapeutic movement and on literature by and about other Twelve-Step associations; the overview of how the steps are used will concentrate on their therapeutic action and the meaning of sobriety, which is a central concept of Twelve-Step programs; an examination of the meeting formats; organizational philosophy, and literature of these programs leads to an analysis of both the professional criticism and justification of the programs; and guidelines for professional cooperation with Twelve-Step fellowships (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Maxwell, M. A. (1962). *Alcoholics Anonymous: An interpretation*. In D. J. Pittman & C. R. Snyder (Eds.), *Society, culture, and drinking patterns*. New York: NY: John Wiley and Sons. Retrieved from PsycINFO Online Database.

Of 35 chapters in this comprehensive review of research utilizing the sociological approach to the study of deviant behavior, 23 are original for this volume. New studies in the anthropological perspective introduce sections dealing with class, status, religion, ethnicity, age, sex, family, occupation, personality, role deviation, suicide, and crime. Systems of control are summarized. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Twelve concepts for world service. (1983). Alcoholics Anonymous. General Service Conference. New York, NY: Alcoholics Anonymous World Services.

Annotation was not available for this source.

Alternatives & Critiques of Twelve Steps

Alcoholics Anonymous. (1973). *Came to believe: The spiritual adventure of Alcoholics Anonymous as experienced by individual members*. New York.: Alcoholics Anonymous World Services.

Annotation was not available for this source.

Bittner, V. J. (1979). *You can help with your healing*. Minneapolis: Augsburg Publishing House.

A guide for recovering wholeness in body, mind, and spirit. Adapts the 12 Steps of Alcoholics Anonymous as the guide for effective spiritual living, and takes the reader through the various stages of illness.

Burns, J.(1990). *Answer to addiction: The path to recovery from alcohol, drug, food, and sexual dependencies*. New York: Crossroad.

The authors highlight the story of addiction from the early years, follow the relationships of spirituality and addictions in culture, and explore the attempts of psychology, science, and medicine to help alcoholics and addicts achieve health and sanity. They reveal the role of the Washingtonian Movement, the Oxford Group, and Alcoholics Anonymous. They believe that recovery can only be found in sincerely practicing the Three Common Denominators, the Four Absolutes, the Twelve Steps, and the Ten Practical Points.

Ellis, A., & Schoenfeld, E. (1990). Divine intervention and the treatment of chemical dependency. *Journal of Substance Abuse*, 2(4), 459-468.

Alcoholics Anonymous and related 12-step programs are the predominant influence on chemical dependency treatment programs in the United States today. 12-step programs have a strong religious orientation, despite rationalizations that Higher Power need not mean the traditional definition of God. The teaching of religious beliefs is not a proper function of therapists treating addictions in a general population. Moreover, teaching patients they can only recover through the intervention of a Higher Power locks them into a pattern of dependence on something outside themselves in order to function. 12-step programs have helped millions of people. Even more could be helped were they to eliminate the concept of needing a Higher Power.

Chappel, J. N. (1990). Spirituality is not necessarily religion: A commentary on "Divine intervention and the treatment of chemical dependency." *Journal of Substance Abuse*, 2(4), 481-483. Retrieved from PsycINFO Online Database.

Comments that A. Ellis and E. Schoenfeld's (see record 1991-28644-001) claim that Alcoholics Anonymous (AA) teaches religion is refuted by (1) modern criteria for religion, (2) AA's compatibility with every known religion, and (3) the ability of atheists to accept AA once they

understand the need to acknowledge something other than themselves. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Keller, M. (1990). But "divine interventions" intervene. *Journal of Substance Abuse*, 2(4), 473-475. Retrieved from PsycINFO Online Database.

Comments that (1) A. Ellis and E. Schoenfeld's (see record 1991-28644-001) belief that "millions" have rejected Alcoholics Anonymous (AA) because of its religious emphasis cannot be substantiated, (2) they erroneously refer to this emphasis as "sectarian," and (3) many alcoholics have turned to AA because they reject psychology and psychiatry. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Twerski, A. J. (1990). Is divine intervention really a drawback? *Journal of Substance Abuse*, 2(4), 485-487. Retrieved from PsycINFO Online Database.

Comments that some of A. Ellis and E. Schoenfeld's (see record 1991-28644-001) conclusions are not valid and that the only element that deters people from joining Alcoholics Anonymous (AA) is its message that the alcoholic can never drink safely again. The author views AA's 55-yr record of success as giving validity to its approach. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Talbott, G. D. (1990). Commentary on "Divine intervention and the treatment of chemical dependency." *Journal of Substance Abuse*, 2(4), 469-471. Retrieved from PsycINFO Online Database.

Comments that A. Ellis and E. Schoenfeld (see record 1991-28644-001) do not make a distinction between spirituality and religion in the alcoholic and overlook the spiritual component of human health, considering only the physical and emotional. Both positions are in direct contrast to the approach assumed by Alcoholics Anonymous. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Ellis, A., & Schoenfeld, E. (1990). Reply to the critics of "Divine intervention and the treatment of chemical dependency." *Journal of Substance Abuse*, 2(4), 489-494.

Annotation was not available for this source.

Galanter M, E. S., Edwards, H. (1993). Rational recovery: Alternative to AA for addiction? *American Journal of Drug and Alcohol Abuse*, 19(4), 499-510.

Rational Recovery (RR) is a new self-help movement for substance abusers, with a cognitive orientation. It has been suggested as an alternative to Alcoholics Anonymous. This study was designed to examine the nature of RR and its impact on those who join. A national sample of 433 substance-abusing people attending 63 established RR groups was evaluated, using codable self-report questionnaires completed at RR meetings. Members were mostly men with college experience who had previously attended AA. Among recruits who attended their first RR meeting in the last month, 38% were abstinent in the last month. Among members who had joined 3 or more months before, 73% were abstinent in the last month; they had attended an average of 4.1 RR meetings in that month, and carried out exercises at home based on Rational Emotive Therapy. Among those who joined 6 or more months before, 58% reported at least 6 months of abstinence. Among members with a history of heavy cocaine use, the portion reporting abstinence in the last month was not significantly different from those who had never used cocaine. The minority of members who were engaged for 3 months were still drinking, though, and did so on an average of 9.9 days in the last month. RR succeeded in engaging substance abusers and promoting abstinence among many of them while presenting a cognitive orientation that is different from the spiritual one of AA. Its utility in substance abuse treatment warrants further assessment (Abstract from MEDLINE).

Johnson, K. (1993). *Reclaiming your future: Finding your path after recovery*. Alameda, CA: Hunter House.

Johnson writes to help recovering people get more out of the Twelve Steps--and to move beyond them. He offers strategies for: letting go of past hurt and making amends to others; uncovering your sources of pain and fear, and reliving crises that led to addictive or compulsive behavior; understanding your family history and dynamics; dealing with setbacks and relapses; developing a unique and personal spiritual experience to help your recovery take root; and setting new personal and career goals for the future (Hazelden Database).

Kasl, C. D. (1992). *Many roads, one journey: Moving beyond the twelve steps*. New York, NY: HarperPerennial.

Kasl confronts the mystique that has built up around 12-Step programs and the concepts of addiction and codependency. She examines the impact of recovery groups and treatment programs on individual lives. While many find the 12-Step programs invaluable, many others find that the traditional focus on conformity, humility, and personal failings is counter to their need for self-affirmation and community support in overcoming issues of child abuse, sexism, racism, poverty, and homophobia. Kasl paves the way for a new and broader understanding of recovery that involves both personal and social awareness. She examines codependency in the context of internalized oppression and explores the issue of boundaries and sexual exploitation in groups. Rather than relying on one program or system, she empowers individuals to find their own voice and their own sources of strength and spirituality to guide their healing. Combining analysis, stories, and her own flexible 16-Step alternative, Kasl offers a profound and culturally responsible approach to healing ourselves and our world. Also discussed: without a male God, oppression, healthy vs. dysfunctional groups, personal empowerment, beyond hierarchy and patriarchy, discovery mandala, return to the circle, yin-yang, chakra, capitalism, and the fear and need of questioning.

Schnarr, G. R. (1990). *Unlocking your spiritual potential: A twelve step approach*. St. Meinrad, IN: Abbey Press.

This is a "basics" approach to personal spiritual development. Based on the Twelve Steps of Alcoholics Anonymous, this nonsectarian program will help you discover new relationships with God, self, and others, free of the destructive power of guilt, fear, anger, want, and resentment. Each chapter is devoted to one of the Steps, and two appendices present the Twelve Step Fellowship for Spiritual Growth and how it works.

Sparks, T. (1993). *Wide open door: The twelve steps, spiritual tradition, and the new psychology*. Minneapolis, MN: Hazelden.

Sparks writes for those in recovery who are at a crossroads, are stalled, or are wondering if "this is all there is?". He presents a new perspective for the Twelve Steps at a deeper interpersonal level. By connecting the Steps to some of the great spiritual philosophies--Jungian psychology, yoga, the Tao, tribal rites of passage--he opens up new avenues of thought and action about recovery and the Twelve steps. Other topics: recovery and the planet, experiences of wholeness, surrender, the mystery of death and rebirth, Eleventh Step doorways, and living in a different world.

Trimpey, J. (1994). AA's focus on spirituality is harmful and unnecessary. In C. Wekesser (Ed.), *Alcoholism* (pp. 82-92). San Diego, CA: Greenhaven Press, Inc.

In the author's critique of AA's 12-step recovery from alcoholism, he advises that together the steps implement a philosophy in which one is powerless, submissive to authority, unequipped to function independently, and in endless need of external support and guidance. At the center of this emphasis on powerlessness and submission is a theology of reliance on a benevolent, rescuing deity called "God." Although AA does not promulgate a detailed characterization of "God," belief in the existence of a "higher power" is essential to the AA philosophy of recovery. The implication

is that belief in and reliance upon "God" is essential for salvation from the evils of alcohol addiction. Such an approach can discourage and demoralize those with an alcohol addiction who cannot intellectually commit themselves to AA's philosophy of "God." Treatment should not require that clients compromise their intellectual integrity by adhering to a belief system they deem to be illogical and irrational. Treatment that requires this, as does the AA 12-step program, excludes from treatment those who cannot commit to the treatment theology.

Clergy

Gabriel, G. P. (1995). How do you hear a fifth step? *Journal of Ministry in Addiction & Recovery*, 2(2), 97-115.

The fourth and fifth steps suggested by Alcoholics Anonymous as an integral part of the twelve step recovery process often involve a clergy person. The nature of these two steps and the role of clergy person is investigated with suggestions regarding important principles for ways in which the process can be made more effective.

McKinley, C. S. (1993). *Pastoral guide to twelve step spiritual renewal*, Augusta, MO: Fresh Renewal Center.

Twelve Step spiritual renewal from a pastor's viewpoint is examined under the headings of description, characteristics, second stage issues, celebration, and action.

Higher Power

Conscious contact: Partnership with a Higher Power. (1985). Minnesota: Hazelden.

In the spiritual journey of recovery, many people find it difficult to establish that first relationship with a Higher Power. This pamphlet discusses some forms of resistance many people have to such a relationship, and how these can be overcome.

Keep it simple: Beginning your recovery program. (1994). Minnesota: Hazelden.

Key recovery concepts are examined: (1) understanding chemical dependency, (2) how Step One helps address the problems caused by substance abuse, (3) spirituality, (4) Step Two and the search for a spiritual, supportive Higher Power, and (5) Step Three and the significance of developing a relationship with a Higher Power.

Our Higher Power. (1990). Minnesota: Hazelden.

People living by the Twelve Steps will find inspiring wisdom and sure guidance for nurturing their spiritual development in this series. Each of the four small booklets contain 30 affirming thoughts for guidance toward one's Higher Power. They address understanding one's Higher Power, finding serenity, giving, and receiving.

B., M. (1992). *Step Eleven: Partnership With a Higher Power.* Minnesota: Hazelden.

Step 11 continues and refines the healing begun in Steps Two and Three. Mel B. offers tips on searching, recognizing, understanding, and listening to the Higher Power of one's choice.

Baker, M. P., Sellman, J. D., & Horn, J. (2001). Developing a God...higher power scale for use with twelve step treatment programs. *Alcoholism Treatment Quarterly*, 19(2), 45-61.

Retrieved from PsycINFO Online Database.

An Attribution to God's Influence Scale (AGIS) was constructed to observe change in people's perception of God's influence on their lives. In a clinical sample comprising 55 volunteers (aged 18 yrs and older), from five New Zealand alcohol and drug treatment programs, it was correlated against measures of personality, religious practices and beliefs, and the acceptance and use of the Twelve Steps. 47 Ss(85.5%) believed in God or a Higher Power, 5 (9%) were unsure, and 3 (5.5%)

did not believe. Except for the 3 who did not believe in God, the rest of the sample completed an AGIS. There was evidence of concurrent validity and internal reliability. A correlation was also found between AGIS scores and time in current treatment, which may indicate a treatment or a selection effect. Various levels of selection bias are proposed, and suggestions are made for further refinement of the AGIS and its use in future research. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Bundesen, L. (1989). *God dependency: Finding freedom from codependency and discovering spiritual self-reliance*. New York: Crossroad Publishing Co.

This is a guide toward understanding how the Higher Power of God can bring the poise, self-reliance, and self-confidence needed to combat codependency. It is a book for the individual in or out of a structured religious denomination or a Twelve Step program.

Hardin, M. (1994). Let God be God: A theological justification for the anonymity of God in the 12 Step program. *Journal of Ministry in Addiction & Recovery*, 1(2), 9-22.

The naming of God is a critical theological issue in all religious traditions. Alcoholics Anonymous has refrained from designating the name of God in a prescriptive manner in favor of a term Higher Power, which is anonymous and no-descriptive. In the Christian tradition where the naming of God is a particularly critical issue, member of this faith persuasion often object to this anonymous designation for God. This essay seeks to both understand and validate the anonymity of God in relationship to the 12 Step program and the recovery process for those who are addicted (abstract from article).

Kettelhack, G. (1992). *Third-year sobriety: Finding out who you really are*. New York, NY: Harper San Francisco.

Here persons in their third year of sobriety share their stories. The ongoing process of building self-esteem means many things in this year: turning it over to a Higher Power; doing service within the program; rewards; developing an increasingly responsible attitude toward health, relationships, and family (accountability); and creating a new definition of success for yourself in sobriety.

The God business (1989). Minnesota: Hazelden.

This is a fictional story intended to help Alcoholics Anonymous newcomers understand spirituality. It shows how AA's approach toward spirituality is not equated with religion, and how a concept of a Higher Power is compatible with diverse beliefs and backgrounds.

Li, E. C., Feifer, C., & Strohm, M. (2000). A pilot study: locus of control and spiritual beliefs in alcoholics anonymous and smart recovery members. *Addictive Behaviors*, 25(4), 633-640.

To investigate whether Alcoholics Anonymous' (AA's) "higher power" concept encourages externally dependent behavior, this pilot study tested whether AA and Self Management and Recovery Training (SR) members are equal on measures of external locus of control. The AA sample (N = 48) and SR sample (N = 33) were similar in age, gender, and education levels, and both required a minimum of 8 weeks group involvement. A modified spiritual beliefs questionnaire (SBQ) was first administered to each sample to compare them on spiritual beliefs, and the drinking-related locus of control scale (DRIE) was then conducted to compare each sample on locus of control. Significant differences were found between both samples on five out of seven spiritual measures, with the AA group scoring consistently higher on these factors ($p < .01$). In addition, the AA sample was significantly more external on the DRIE scale than the SR sample ($p = .00003$). These findings suggest that AA members are generally more spiritually oriented and exhibit greater external locus of control relative to SR members. Future controlled trials are

necessary to confirm whether these results are caused by particular programs or primarily due to a self-selective process (abstract from MEDLINE).

Conscious contact: Partnership with a higher power. (1985). Minnesota: Hazelden.

In the spiritual journey of recovery, many people find it difficult to establish that first relationship with a Higher Power. This pamphlet discusses some forms of resistance many people have to such a relationship, and how these can be overcome.

Nakken, J. (1987). *Step two*. Minnesota, MN: Hazelden.

This Step Two pamphlet in workbook form will aid in the spiritual struggle towards recovery, and in the search for a Higher Power.

Small, D. E. (2001). *Understanding higher power spirituality in the recovery process from*

alcoholism and other addictions. Unpublished doctoral thesis, Drew University, Madison, New Jersey

This is a study of spirituality in the recovery process from alcoholism and other addictions, focusing on a descriptive analysis of the importance and efficacy of the higher power as a relational quality of the recovering person's life. Twelve persons who had maintained recovery from between 2-8 years were interviewed. The data gathered from these interviews served as the basis for analyzing their spiritual growth in the recovery process. Spirituality is defined as the dynamic human experience of transcendence manifested by positive changes in the way one lives life. It is characterized primarily by a deep sense of inner peace. Transcendence refers to an awareness of reality beyond the physical senses. A distinction is made between spirituality in recovery and religion. This study discusses the fact that higher power presents many problems because of its association with a religious notion of deity. However, the outcome of this study indicates that higher power can provide an avenue for recovery when viewed as a relational quality of the recovery process. While it is true that past religious teachings strongly influence how one constructs and experiences a transcendent reality, current relational experiences of other recovering alcoholics also influence how one views this same transcendent reality - the concept of higher power. Hence, many people entering recovery for the first time will often see the group as higher power. It is not surprising that the corporate process of recovery described in this study and which results in spiritual growth has strong similarities with religious activity

Robinson, J. F. (1996). Images of God, parents and self in substance abuse recovery.

Dissertation Abstract International, 57(4), 1505A.

How spirituality may help recovery from substance abuse among Alcoholics Anonymous (AA) members was investigated through hermeneutic interviews of 13 AA members with at least 3 years sobriety. Each informant was interviewed three times in depth about their recovery story. Two groups emerged: (1) those with severe childhood abuse, often accompanied by negatively shaming and overly controlling parental relationships, and negative God and self images; (2) those without abuse histories who had a range of God, parent and self images. Shame and anger were dominant emotions for both groups, and affected God, parent and self images throughout recovery. Informants often did not differentiate between toxic shaming from abusive parenting versus healthy shame that might arise from one's conscience due to one's own negative behaviors. Positive images developed slowly in early recovery, through the 12 Steps, counseling and AA. Identifying with others and the group belief in God were helpful to both groups. These interacted with other change processes, such as therapy, the 12 Steps, education, confronting parents, and developing spirituality. God images that developed were similar to the experiences occurring to informants in recovery. Those with abuse histories had more difficulty developing positive God, parent and self images. Most informants remained ambivalent or negative toward traditional God images and churches, but developed other rich God images and spiritual practices. Therapy for childhood abuse was often still necessary in later recovery. The 12 Steps continue to be used in later recovery by most informants as an internalized guide and a spiritual program, although AA

attendance usually decreases considerably. Copyright 1994 - University Microfilms, Inc. University Microfilms International (UMI)

Sloan, H. P. I. (1999). God imagery and emergent spirituality in early recovery from chemical dependency: Ana-Maria Rizzuto and the Alcoholics Anonymous Twelve Steps. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 60(6-A), 2085. Retrieved from PsycINFO Online Database.

The thesis of this dissertation is that there is a mutual relationship between psychological and spiritual growth in early recovery from chemical dependency and that God imagery can play a positive role in cognitive and emotional integration. To this end Ana-Maria Rizzuto's psychoanalysis-based God imagery material was explored and juxtaposed to an understanding of spirituality vis-a-vis Twelve Step recovery. In order to do this, three Jean Piaget-based developmental schema were employed to address both cognitive and affective issues related to alcoholism, personality and faith. To augment this material the elements of the conversion experience as synthesized by Lewis Rambo were utilized, and for an overall consolidation the framework of metaphorical theology from Sally McFague was used. With this broad foundation ten subjects in the early recovery from addiction were examined, each administered three questionnaires and interviewed regarding the questionnaires, their understanding of sobriety, and overall adventure in recovery. These data were then applied to the following five research questions: (1) How are God imagery and spirituality in recovery formed? (2) How do God imagery and spirituality in recovery develop? (3) How do God imagery and spirituality in recovery function? (4) How do God imagery and spirituality in recovery interact? (5) What are the pastoral implications? The conclusions included that God imagery was generated primarily from a positive maternal image, but that the material in the negative Devil representation must be addressed for successful recovery. Spirituality in recovery stemmed from sobriety education and was enhanced by HOW (honesty, open-mindedness, and willingness). While God imagery began as maternally-based, development in recovery emphasized the more paternal, transcendent qualities. The more affirming and positive one's childhood religion, the stronger one's spirituality in recovery. Regardless, as the subjects of this study grew in their sobriety, their respective God representations deepened, expanding the foundation each felt in their Higher Power resource. Consequently, their spirituality in recovery became increasingly central to their sense of purpose and direction. More for some of the subjects than others, a merging of one's sense of God image with one's spirituality in recovery became a reality, feeding and reenergizing the participants with daily blessings and awarenesses. Finally, pastors were called to both appreciate the power of addiction in addicts' lives and be willing to journey with them as 'paraclete helpers' through the struggle as well as the celebration of recovery. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Uva, J. L. (1991). Alcoholics Anonymous: Medical recovery through a higher power. *JAMA: The journal of the American Medical Association*, 266(21), 3065-3067.

Provides a brief explanation of AA's spirituality with emphasis on spiritual awakenings. The author argues there are many legitimate routes to sobriety and suggests a patient's needs to be considered when making referrals.

Historical Roots of AA

Dr. Bob and the good old-timers: A biography, with recollections of early AA in the Midwest. (1980). New York, NY: Alcoholics Anonymous World Services.

Annotation was not available for this source.

Pass it on: The story of Bill Wilson and how the AA message reached the world. (1984). New York, NY: Alcoholics Anonymous World Services.

Here is the biography of Bill Wilson's life: his growing up, his service in World War I, his marriage to Lois, the businessman, his spiritual experience, and his role in Alcoholics Anonymous.

The Oxford Group and Alcoholics Anonymous: An AA/good book connection. (1992).
Seattle, WA: Glen Abbey Books.

The Author discusses the spiritual origins of the Twelve Step movement, particularly the Oxford group. This is a study of the Oxford Group's contributions to AA's Big Book and 12 Steps. The Bible and the Oxford Group were pinpointed by AA's co-founders as the sources of their spiritual program, and this book precisely details the biblical principles of the First Century Christian Fellowship of which AA was an integral part. Chapter titles: Mentors who influenced the Oxford Group's founder (Bushnell, Moody, F.B. Meyer, Drummond, Speer, William James, Mott, Wright); Frank Buchman and his First Century Christian Fellowship; Sam Shoemaker's Oxford Group role; The AA links; 28 Oxford Group principles that influenced AA; Traces in the Big Book and in AA's 12 Steps.

By the power of God: A guide to early AA groups and forming similar groups today. (2000). Kihei, Maui, HI: Paradise Research Publications, Inc.

The author explores the concepts of God, Higher Power, faith, the Bible, specialized groups, and Christianity versus secular - as related to Alcoholics Anonymous. He examines the thoughts of early AA pioneers on these topics, and discusses what many in AA are doing today with Christian retreats, Good Book...Big Book study groups, historical literature, and the Twelve Step movement. Also: quiet time, Rev. Sam Shoemaker, the Oxford Group, Anne Smith, Christian literature and the Twelve Steps, six basic roots, splinter groups, special groups, Dr. Bob's Bible, AA group number one, and what you can do.

The Akron genesis of Alcoholics Anonymous. (1998). Kihei, HI: Paradise Research Publications, Inc.

This history ties together the events in New York and Akron during Alcoholics Anonymous' formative years from 1931-1939. It tells of the Bud Firestone Miracle and the 1933 Oxford Group events in Akron, then of the early meetings in New York and Akron. It details contributions of T. Henry, Clarace Williams, Henrietta Seiberling, Bill Wilson, Dr. Bob, and Anne Smith. There are traces from writings of the time into the Twelve Steps and Big Book.

The books early AA's read for spiritual growth. (1998). Kihei, Hawaii: Paradise Research Publications, Inc.

Here is a clear picture of the actual literature studied by the founders of Alcoholics Anonymous as they put together their program of recovery. Topics: the Bible, Dr. Bob's reading and recommendations, Anne Smith's journal 1933-1939, The Upper Room and Bible devotionals, Henrietta Seiberling's books, T. Henry and Clarace Williams' library, the Oxford Group literature, the Reverend Sam Shoemaker's books and writings, Bill and Lois Wilson's comments, Nell Wing's recollections, the pioneer Clarence S., comments of other AA oldtimers, and suggestions for you.

New wine: The spiritual roots of the twelve step miracle. (1991). Center City, MN: Hazelden.

The author discusses the people and ideas that shaped early Alcoholics Anonymous thinking about spirituality and a Higher Power, shedding new light on the spiritual principles that shaped the Twelve Steps. He brings together the cultural currents of the late 19th and early 20th century, portraying the people behind the ideas that influenced AA's founders. From Carl Jung's suggestion that alcoholics could heal themselves through religious conversion, to Frank Buchman's charismatic leadership of the Oxford Group and Moral Rearmament, to Emmet Fox's lectures that filled Carnegie Hall, the visions and visionaries are brought to life in this history of AA's distillation of a "new wine of the spirit". Other topics: Samuel Shoemaker, Akron, Bill

Wilson, mutual self-help ideas, what AA members believe, Richard Peabody, the Emmanuel Movement, AA in the old-time religion and in the modern church, AA's spiritual program, and AA as a world-changing fellowship (Hazelden Database).

New light on alcoholism: The AA legacy from Sam Shoemaker. (1994). Corte Madera, CA: Good Book Publishing Co.

This book explores the role that the famous Episcopalian preacher, Sam Shoemaker, played in the development of AA's highly successful recovery program of the 1930s. It tells who Shoemaker was, why AA's dubbed him a "co-founder", and what he taught from the Bible and the "First Century Christian Fellowship". Also: Sam's life; the Oxford Group link; Shoemaker's writings prior to AA's Big Book; Sam's remarks to and about AA; his relationship with Bill Wilson; Shoemaker and his Bible; and Shoemaker ideas that "took" in AA

Good morning: Quiet time, morning watch, meditation, and early AA (1996). San Rafael, CA: Paradise Research Publications.

Here is an historical segment of Alcoholics Anonymous' history: the Quiet Time - an Oxford Group name for the vital period Oxford Group people and the early AAs set aside for worship, prayer, meditation, and communion with God through Bible study, the use of devotionals, reading of literature, ordinary prayer, and listening to God. It became the foundation for Step Eleven, was the vehicle for spiritual growth, and has almost vanished today with the use of one page reflection and meditation books.

Design for living: The Oxford Group's contribution to early AA (1995). San Rafael, CA: Paradise Research Publications.

Here is research into the spiritual origins of the 12 Step movement, particularly as found in the Oxford Group. Chapter titles: the roots of early AA's success rate; mentors who influenced the Oxford Group's founder; Frank Buchman and his First Century Christian Fellowship; Sam Shoemaker's Oxford Group role; the AA links; 28 Oxford Group principles that influenced AA; and Oxford Group traces in AA's 12 Steps and Big Book language.

Anne Smith's Journal 1933-1939: AA's Principles of Success. (1998). Kihei, Hawaii: Paradise Research Publications, Inc.

This book presents Anne Smith's writings, activities, and teachings, believing that they represent the heart of early Alcoholics Anonymous' spiritual ideas and program.

Anne Smith's Spiritual workbook: The AA/good book connection. (1992). Seattle, WA: Glen Abbey Books.

This book reviews and quotes the 64-page spiritual workbook that the wife of AA's co-founder, Dr. Bob, wrote during AA's formative years from 1933 to 1939. Readers can ponder the ideas and teachings from the Bible and the Oxford Group that Anne Ripley Smith shared with the many alcoholics and wives of alcoholics that she and Dr. Bob helped in their home and in AA's first meetings in Akron, Ohio.

That amazing grace: The role of Clarence and Grace S. in Alcoholics Anonymous. (1996). San Rafael, CA: Paradise Research Publications.

This is the story of the beloved wife of AA's pioneer Clarence S. She was called "Amazing Grace" by Clarence and others. Grace and Clarence helped thousands take their Twelve Steps, recover, and find Jesus Christ as the Lord. Here Grace recalls the history of early AA's spiritual roots and successes.

New light on alcoholism. (1973). Kihei, Maui, HI: Paradise Research Publications, Inc.

The spiritual words, ideas, and language contributed to Alcoholics Anonymous (AA) in the 1930s by the Rev. Samuel Moor Shoemaker are presented and discussed. Rev. Shoemaker was an

Episcopal rector at Calvary Church in New York City and later at Calvary Church in Pittsburgh, Pennsylvania. Bill Wilson, the founder of AA, liked to call the Rev. Shoemaker a "co-founder." The documents in this volume are taken from the Episcopal Church Archives, from Sam Shoemaker's personal journals, from the records at the two Calvary Churches which Sam served as rector, from surviving friends and family of Shoemaker himself, from Shoemaker's correspondence files, and from the many books, articles, and pamphlets that Shoemaker wrote. Section headings in this book include: (1) Sam and AA's heart; (2) Sam's writings and talks and AA; (3) the Shoemaker relationship with AA; and (4) Sam's legacies for us today. Appendix materials include the principles of the Oxford Group that influenced AA, Oxford Group literature read by AAs, a letter of January 22, 1935 from Rev. Shoemaker to Bill Wilson, the Irving Harris memorandum regarding Bill Wilson and Rev. Shoemaker, entries in Sam Shoemaker's journals from 1934 to 1939 about Bill Wilson, the Oxford Group Businessmen's Team, Lois Wilson's Oxford Group notebook, two important Wilson letters, the Twelve Steps of AA, excerpts from *The Calvary Evangel* and *Calvary Church Yearbook*, lessons from the original personal stories of AA pioneers, alcoholism statistics and AA success rates.

The books early AA's read for spiritual growth. (1997). San Rafael, CA: Paradise Research Publications, Inc. Here is a clear picture of the actual literature studied by the founders of Alcoholics Anonymous as they put together their program of recovery. Topics: the Bible, Dr. Bob's reading and recommendations, Anne Smith's journal 1933-1939, *The Upper Room* and Bible devotionals, Henrietta Seiberling's books, T. Henry and Clarace Williams' library, the Oxford Group literature, the Rev. Sam Shoemaker's books and writings, Bill and Lois Wilson's comments, Nell Wing's recollections, the pioneer Clarence S., comments of other AA oldtimers, and suggestions for you.

Ebby: The man who sponsored Bill W. (1998). Center City, MN: Hazelden.
Annotation was not available for this source.

The Oxford Group & Alcoholics Anonymous: A design for living that works. (1998). (New, rev. ed.). Kihei, Maui, Hawaii: Paradise Research Publications.
Annotation was not available for this source.

The Oxford Group & Alcoholics Anonymous: An AA, good book connection. (1992). Seattle, Wash.: Glen Abbey Books.
Annotation was not available for this source.

Turning point: A history of early AA's spiritual roots and successes. (1997). San Rafael, CA: Paradise Research Publications.
Turning Point clarifies how Alcoholics Anonymous pioneers put together the diverse principles of their successful recovery program from the Bible, Sam Shoemaker's teachings, the Oxford Group, Anne Smith's journal, Christian literature of the day, and meditation materials such as *The Upper Room* and *The Runners Bible*. It also contains specific practical suggestions for using the history today.

My search for Bill W. (2000). Center City, MN.: Hazelden Information & Educational Services.
Annotation was not available for this source.

Dr. Bob's Library: Books for Twelve Step growth. (1996). San Rafael, CA: Paradise Research Publications.
The new perspective in this revised edition is how AA's spiritual ideas began in the youth of its co-founder, Dr. Robert Holbrook Smith. The author explores the Christian Endeavor movement; the Congregational, Episcopal, and Presbyterian churches; and the Christian and other religious books which Dr. Bob studied.

Dr. Bob and his library: A major AA spiritual source. (1998). Kinei, Maui, Hawaii: Paradise Research Publications, Inc.

Annotation was not available for this source.

New wine : The spiritual roots of the twelve step miracle. (1991). Center City, MN: Hazelden.

Annotation was not available for this source.

Blumberg, L. (1977). The ideology of a therapeutic social movement: Alcoholics Anonymous. *Journal of Studies on Alcohol*, 38(11), 2122-2143. Retrieved from PsycINFO Online Database.

Discusses some of the medical, psychological, and religious origins of Alcoholics Anonymous (AA). Aspects of AA and the Washingtonian Total Abstinence Movement are compared. (29 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Davidson, R. (2002). Oxford group and Alcoholics Anonymous. *Journal of Substance Use*, 7(1), 3-5.

This article examines the history of the Oxford Group in the United Kingdom, which helped alcoholics to attain total abstinence through religious conversion. One of its members, Bill Wilson, later established Alcoholics Anonymous (AA). Almost all of the AA 12-steps can be found in earlier Oxford Group practices and beliefs. The religious history of Protestantism and evangelism from 1878 onward is reported, leading to the formation of the Oxford Group by Frank Buckman. Its basic tenets included reparations, confession, surrender to God, testimony, repentance, and self-improvement. The Oxford Group evolved and flourished during the 1920s and spread all over the world, introduced in North America by Sam Shoemaker. Bill Wilson came to the North American group in 1934 as an alcoholic. The story of his conversion and the founding of AA is reported. Although the Oxford Group still exists, AA has overshadowed it and become more mainstream.

Flores, P. J. (1988). Alcoholics Anonymous: A phenomenological and existential perspective. *Alcoholism Treatment Quarterly*, 5(1-2), 73-94. Retrieved from PsycINFO Online Database.

Explores the philosophical roots of Alcoholics Anonymous (AA) and draws parallels between AA, existentialism, and phenomenology. The success of AA is related to its ability to place the alcoholic's suffering within a meaningful paradigm and to require the alcoholic to accept responsibility and limitations while breaking the pattern of isolation and alienation. AA is discussed in relation to issues of suffering, happiness, and shame and narcissism. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Finlay, S. W. (2000). Influence of Carl Jung and William James on the origin of Alcoholic Anonymous. *Review of General Psychology*, 4(1), 3-12. Retrieved from PsycINFO Online Database.

Alcoholics Anonymous is probably the most influential self-help organization in the world, with a current worldwide membership approaching 2 million. The origin of the organization has ties to Carl Gustav Jung and William James, 2 very prominent figures in the history of psychology. A brief history of the events that led to the formation of Alcoholics Anonymous is presented, with particular emphasis on the influence of Jung and James. An account of relevant life events of both Jung and James is provided, in addition to a summary of their views on alcoholism and its treatment. Speculation is offered on how the 2 men might view their unsolicited association with the organization. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(journal abstract)

Fitzgerald, R. (1995). *The soul of sponsorship: The friendship of Father Ed Dowling, S.J., and Bill Wilson, in letters.* Minnesota: Hazelden.

Alcoholics Anonymous co-founder Bill W. called Father Ed Dowling his "spiritual adviser". This book focuses on the friendship between these two men via their correspondence of 195 letters.

Haller, D. J. (1998). Alcoholics Anonymous and spirituality. *Social Work and Christianity*, 25(2), 101-114.

This article examines the nature and influence of Alcoholics Anonymous (AA) as a spiritual program of recovery from alcoholism. A brief history of AA explores the influences on AA of the Oxford Group Movement and its key spiritual elements such as the need for moral inventory, confession of personality defects, restitution to those harmed, helpfulness to others, and the necessity of belief in and dependence upon God. The experiences and beliefs of founders Bill Wilson and Bob Smith reveal the strongly spiritual thread binding the movement's principles and practices together. The nature of the "Higher Power" is discussed along with the question of whether or not belief in a higher power than the self regardless of its nature is itself sufficient for healing. While it is clear that AA founders wanted to minimize the initial theological definition of the "Higher Power" in order to make the principle as generically acceptable as possible so that people could begin to awaken to God's healing power, differing conceptions of God alter only our perceptions, not God's true nature. Real power for healing is present, regardless of the clarity of our perceptions. The article concludes with a brief review of practice considerations for social workers engaging in practice with alcoholics involved with AA. (Journal abstract.)

Harris, I. (1989). AA's Bill Wilson. In S. L. Berg (Ed.), *Alcoholism and pastoral ministry: Readings on recovery*. Lake Orion, MI: Guest House Inc.

Alcoholics Anonymous is a spiritual program which has its roots in the Oxford Group, a Christian perfectionist movement. Here is the story of Bill Wilson, one of AA's co-founders, and the influence which the Reverend Samuel Shoemaker had on him.

Huber, M. (2001). The characterological nature of Bill W. and Alcoholics Anonymous as depicted in the film "My Name is Bill W." *Journal of Ministry in Addiction & Recovery*, 7(2), 11-35.

Annotation was not available for this source.

Hunter, T. W. (1998). *The Oxford Group and Alcoholics Anonymous: A design for living that works*: Paradise Research Publications.

A comprehensive history of the origins, principles, practices, and contributions to Alcoholics Anonymous of "A First Century Christian Fellowship" (also known as the Oxford Group) of which AA was an integral part in the developmental period between 1931 and 1939 (from the Publisher).

Knippel, C. T. (1987). *Samuel M. Shoemaker's theological influence on William G. Wilson's twelve step spiritual program of recovery*. Unpublished doctoral dissertation, St. Louis University, St. Louis, MO.

William Griffith Wilson (1895-1971), a co-founder of Alcoholics Anonymous, formulated and interpreted the Twelve Step Spiritual Program of Recovery currently used by Alcoholics Anonymous and approximately eighteen other American self-help groups. This dissertation explores the theological influence of Samuel Moor Shoemaker, Jr. (1893-1963), an Episcopal clergyman, on Wilson's formulation and interpretations. William Wilson gained his sobriety in 1934 through his association with the Oxford Group Movement, of which Shoemaker was the American leader from the mid 1920's until 1941. From Shoemaker, Wilson learned much about Christian theology as Shoemaker espoused it from his particular Episcopalian and Oxford Group perspectives. Of special significance, he adapted Shoemaker's inclusivistic approach in order to help alcoholics of all faiths and no faith at all. This study demonstrates that Wilson's entire program of recovery is basically rooted in Shoemaker's applied theology. Very much of what Shoemaker taught about Christian conversion is what Wilson taught in order to bring about

recovery from alcoholism. Like Shoemaker, Wilson affirmed the importance of an experimental and experiential approach to God. From Shoemaker, Wilson learned that God is a personal and loving God; that human beings are powerless to change their lives; that God is able and willing to help people; that self-surrender to God as the Higher Power, however He might be conceived, is necessary for receiving help; and that God comes with help to those who use their freedom of the will to approach Him. Wilson followed Shoemaker in valuing confession, restitution, the power of prayer and meditation, and the importance and necessity of fellowship and witnessing about one's own experience to others. A final chapter of the dissertation examines and evaluates from a traditional Christian perspective Wilson's ideological and inclusivistic approaches in working with alcoholics within a pluralistic setting. In addition to providing a summary statement and several observations, the conclusion offers suggestions to traditional Christians for relating to the Twelve Step Program and for enhancing the life and mission of the Church.

Kurtz, E. (1987). Alcoholics Anonymous: A phenomenon in American religious history. In *Religion and philosophy in the United States of America, Vol. 2* (pp. 447-462). Essen: Verlag Die Blaue Eule.

Annotation was not available for this source.

McCarthy, K. (1984). Early alcoholism treatment: the Emmanuel Movement and Richard Peabody. *Journal for Studies in Alcohol, 45*(1), 59-74.

The history of alcoholism treatment in the early twentieth century is outlined. The methods of the Emmanuel Movement and of Richard Peabody are described, biographical details of their main practitioners are given, the populations treated are described, and the predecessors and successors of the two methods are discussed. In addition, the two methods are compared with each other and with the methods of Alcoholics Anonymous and Freudian psychoanalysis. The founder of the E. Movement was a clergyman, Dr. Elwood Worcester, whose method was designed to treat a variety of neurotic disorders. He felt that all diseases, including alcoholism, had physical, mental and spiritual components. His principal techniques of relaxation therapy and suggestion (including autosuggestion) were used to reach the unconscious. Worcester felt that alcoholics could be helped by redirecting their attention away from their problems to a life of service and spirituality. Prayer, group support and self-help were important. Worcester tried to reduce patients' guilt and rejected temperance preaching. He felt that recovery must come from surrender to external forces and to the healing capacities of the unconscious. One patient of his, Courtenay Baylor, began to work with him at the E. Church. Like Worcester, Baylor believed that alcohol, and not one's life history, caused alcoholism. Baylor believed that alcoholism resulted from mental and physical "tenseness" and, like Worcester, he used relaxation therapy. He believed in giving a longer period of treatment than did Worcester and in providing more treatment for the families of alcoholics. One of Baylor's most famous patients was Peabody. Peabody had no credentials but he refined and professionalized the E. treatment method. He was a strong believer in the control of one's feelings and in increased efficiency--his patients were told to follow detailed time plans. He believed that early family history caused alcoholism. Like the E. Movement, he felt that relaxation, suggestion and catharsis were important. Unlike the E. Movement, he regarded the unconscious as an obstacle. His method was also less spiritual. His philosophy seemed to have been derived from the mind-cure movement, including New Thought; he was not interested in the body. The fact that the practitioners of the Emmanuel and Peabody methods were not physicians is discussed. The treatment success of both methods is unclear (abstract from MEDLINE).

Moriarity, J. (2001). The spiritual roots of AA. *Minnesota Medical Journal, 84*(4), 10-12.

Annotation was not available for this source.

Peterson, J. H. (1992). International origins of Alcoholics Anonymous. *Contemporary Drug Problems, 19*(1), 53-74.

The origins of Alcoholics Anonymous (AA) are discussed. A comparison of the principles and language in Oxford Group and AA texts shows how much the latter took from the early Oxford Group Movement, adapting an ideology and praxis that had been developed in the context of Christian evangelization in China. While retaining much of the basic methodology of the old Oxford Group movement, AA rejected the new methodology as unsuited to working with alcoholics. It is speculated that the basic methodology of the old Oxford Group movement, as continued and developed by AA, is not derived solely from the cultural patterns of middle-class American Protestants, but may be adapted to different cultural patterns as movements spread across cultural and linguistic boundaries.

Pittman, B. (1988). *The roots of alcoholics anonymous*. Minnesota: Hazelden.

With the belief that efforts used to deal with alcohol in the past have dramatically influenced our present attitudes, Pittman outlines two centuries of American ideas, treatments, and movements, focusing especially on the 1890's, the life of Bill Wilson, and the Big Book.

Pittman, B. (1988). *AA, the way it began* (1st ed.). Seattle, WA: Glen Abbey Books.

This book is a history of the origins of the knowledge, inspiration, and wisdom of early members of Alcoholics Anonymous (AA). The ideas, movements, and treatments related to the use and misuse of alcohol in the United States are discussed. Alcoholism treatments in the 1890s receive intensive coverage, including penal and punitive, institutional, and mental treatments; temperance societies; drug cures and health and nutritional cures; immunological and serum treatments; radical treatments, quack cures, and the religious conversion cure. The "Prohibition Cure" is discussed, covering Charles B. Towns, the Emmanuel Movement, and Peabodyism.

Pittman, B. (1994). *Courage to change: The Christian roots of the Twelve-Step movement*. Center City, MN: Hazelden.

Here are the biblical roots behind Alcoholics Anonymous in the words of the man who first conceived of "twelve steps" toward a renewed life. Excerpts from Shoemaker's books on Christ-centered living reveal the spiritual foundation on which twelve step recovery is built. A biographical introduction tells how this compassionate inner-city minister influenced the thinking that went into the founding of AA. Chapters deal with: conversion, estrangement from God, the decision to surrender, willingness to change, self-examination and confession, guidance of God, Christian lifelines, the way to find God, the turning point, and Shoemaker's "What the Church has to Learn from AA", and "Those Twelve Steps as I Understand Them".

Pittman, W. (1983). *Alternative explanations for the beginnings of Alcoholics Anonymous 1934 - 1939*. Unpublished Thesis, University of Minnesota, Minneapolis, MI.

It is the contention of this study that the efforts that have been used to deal with alcohol in the past have dramatically influenced our present attitudes. An outline of American ideas, treatments, and movements is discussed, focusing especially on the 1890's. It provides a background for an understanding of the founding of AA in the 1930's. This study presents alternative explanations to those commonly cited regarding its origins, concentrating on the life of Bill Wilson (1895-1971) prior to and including the publication of the Big Book. Chapters: brief history of alcohol and alcoholism; etiology of alcoholism; classification of alcoholics; treatment of alcoholics (1890's) (penal and punitive, institutional, mental health, hypnotism, temperance societies, drug cures, immunological and serum treatments, health cures, radical treatments, quack cures, conversion as cure, missions, revivals, gospel temperance as cure); alcohol and alcoholism 1900-1933 (Charles B. Towns, Emmanuel Movement, Peabodyism); the Oxford Group (history, Frank Buchman, team training, expansion, orientation in history, special techniques); and chapters on William Griffith Wilson. Appendices include: references suggested in Peabody's book; Nell Wing's list of books early AA's read; Sam Shoemaker and Harold Begbie books; books written by Oxford Group members; books critical of the Oxford Group; and Dr. Bob's required reading list.

Raphael, M. J. (2000). *Bill W. And Mr. Wilson: The legend and life of AA's cofounder*.

Amherst: University of Massachusetts Press.

Raphael presents a revealing look at both the legendary Bill W.—founder of Alcoholics Anonymous—and the private Mr. William Griffith Wilson, who tried to live apart from his celebrity. In quest of a more historically accurate and complete account, Raphael separates fact from fiction in the standard biographies of Wilson and finds reason to doubt the literal truth of some foundational AA stories. He also provides a context for Wilson's (and thus AA's) key ideas in the work of William James, Carl Jung, and other modern thinkers. The result is an unvarnished portrait of a charismatic man and social visionary, whose true greatness is all the more apparent in view of his human imperfections. Also: childhood, first drink, roaring twenties, the Oxford Group, Bill's "Hot Flash", Dr. Bob, writing the Big Book, forging the Traditions, and the sage of Stepping Stones.

Shoemaker, H. (1967). *I stand by the door: The life of Sam Shoemaker*. New York: NY:

Harper and Row.

From helping individuals to his world-wide evangelistic ministry, the impact of Shoemaker's ministry was especially noted as he helped to form Alcoholics Anonymous, Faith at Work, and the Pittsburgh Experiment.

Walle, A. H. (1992). William James' legacy to alcoholics anonymous: An analysis and a critique. *Journal of Addictive Diseases*, 11(3), 91-991. Retrieved from PsycINFO Online Database.

Discusses ideas from William James's *Varieties of Religious Experience* (1902) that the founders of Alcoholics Anonymous (AA) incorporated into their recovery program. Drawing on James, AA focuses on a certain type of person (the sick-souled individual) and a specific type of religious experience (the self-surrender). It is suggested that this model may be too narrow to deal with all the varieties of alcoholism. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

White, J. M. (1998). Psychosocial correlates of 12-step-based recovery from substance abuse. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 58(10-B), 5661. Retrieved from PsycINFO Online Database.

Research on recovery from addictive substances is necessary to provide a more complete picture of the addictive process. The proposed research was developed to further expand the knowledge base regarding the process of recovery with respect to two potential components of that process: spirituality and identity. First, spirituality has been considered a key component of recovery by adherents of the 12-Step model of recovery but has not been empirically validated within that context. As a concept, spirituality has not been well understood by researchers and many professionals, has often been defined solely as religiosity, and has frequently been regarded with disdain and/or suspicion. In this study, spirituality was operationally defined and tested as a predictor of recovery. Second, early experience with substance use has been found to interfere with (e.g., delay, block) adequate resolution of relevant issues of psychosocial development, especially the identity crisis. Inadequate psychosocial development may also interfere with a person's ability to understand and commit to spirituality. Poor resolution of the identity crisis, then, may directly influence recovery and indirectly influence the association between spirituality and recovery. Therefore, assessment of the fifth stage of psychosocial development (identity versus role confusion) was also addressed in this research. The primary focus of this study was to examine the empirical association of recovery with (a) spirituality and identity and (b) to determine whether recovery acts as an intervening variable between identity and spirituality. Results suggest that spirituality and identity are positively correlated and that both are positively correlated with recovery. Individuals with longer sobriety utilize the most mature identity style

(i.e., Information) and individuals with shorter sobriety utilize the less mature styles (i.e., Normative and Diffuse). Additionally, interactions were found between recovery behavior and identity styles for quality of recovery and spirituality. Individuals with an Information style who engaged in more recovery behaviors had higher quality of recovery and spirituality scores than individuals with the Normative or Diffuse categories and who had fewer recovery behaviors. Greater understanding of the influence of the spirituality and identity constructs, especially over time, are called for. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Woolverton, J. F. (1983). Evangelical Protestantism and alcoholism 1933-1962 :
Episcopalian Samuel Shoemaker, the Oxford Group and Alcoholics Anonymous.
Historical Magazine of the Protestant Episcopal Church, 52, 53-65.

For a short space of time in the 1930s three movements came together: AA, a typically American self-help movement, the revivalistic "Moral Re-armament" as Frank N D Buchman's restitutionist crusade came to be known, and Anglican evangelicalism represented by Samuel Shoemaker. An interesting cross-fertilization then took place. For reasons analyzed in the essay, the three then split apart, though at the time of the 25th anniversary of AA, Shoemaker once again made contact with AA's leaders. By that time, however, AA had become an independent and stunningly successful organization.

Windows, S. (1997). *Practice these principles and what is the oxford group?* Minneapolis, MN: Hazelden.
The two classics reprinted here present topics that are hallmarks of AA's Twelve Step recovery program: spirituality, successful living, positive attitudes and action, ideas for self-examination, surrender...conversion...spiritual awakening, making restitution for harm done to others, sharing one's story, acknowledgment of one's character defects, the four absolutes (honesty, purity, unselfishness, love), working with others, living a day at a time, prayer and meditation, and improving relationships with others.

Prayer

Twelve Step prayer book: A collection of favorite Twelve Step prayers and inspirational readings. (1990). Seattle, WA: Lakeside Recovery Press.

This anthology of best-loved prayers and inspirational readings was compiled to assist members of all 12 Step fellowships with their prayer life and spiritual progress. The table of contents is designed to help in selecting a specific topic, and the Guide for Daily Reading offers an easy-to-follow method of using the book.

Gabriel, G. (1992). *Prayer and meditation: A twelve step guide.* Minneapolis, MN: Hazelden.

Prayer and meditation are vital to the Twelve Step program of recovery. Here you will find suggestions on how to pray and how not to pray. Staying within the Twelve Step tradition, you will learn what the Steps say about prayer and what types of prayer and meditation AA and Al-Anon recommend. As a recovering person or a family member, you can seek renewal as you begin to explore the spiritual dimension of the Twelve Steps.

Jerry, S., Pittman, B., & Friends in Recovery. (1993). *12 step prayers for a way out.* San Diego: RPI Publishing.

Annotation was not available for this source.

Moriarty, P. J. (1989). *Evening prayers, morning promises: Understanding twelve step spirituality.* Seattle, WA: Glen Abbey Books, Inc.

This book of reflections and quotes is a guide through the spiritual characteristics of each of the Twelve Steps. It is written to help the reader gain a new perspective of his or her own spirituality.

Pittman, B. (1999). *12 Step Prayer Book*: Seattle, WA: Glen Abbey Books.
Annotation was not available for this source.

Professional Care Givers

Davis, D. R., & Jansen, G. G. (1998). Making meaning of Alcoholics Anonymous for social workers: myths, metaphors, and realities. *Social work, 43*(2), 169-182.

Alcoholics Anonymous (AA), the increasingly popular mutual-help program for alcoholics, is often criticized for being just another substitute addiction, emphasizing "powerlessness" to already disenfranchised groups, being a religion or cult, adhering to a medical model of disease instead of a strengths perspective, and other such areas of concern to social workers. Many of these interpretations are based on viewing AA as an alternative treatment model or a rational service delivery model. This article addresses common critiques of AA by offering a way of understanding it as a "normative narrative community," where identity transformation takes place through the use of metaphor and storytelling. The article suggests alternative meanings of key metaphors, such as "powerlessness," describes areas of program strength and potential barriers for social workers, and reviews current research on AA effectiveness.

Hanna, F. J. (1992). Reframing spirituality: AA, the 12 steps, and the mental health counselor. *Journal of Mental Health Counseling, 14*(2), 166-179. Retrieved from PsycINFO Online Database.

Explores ways in which Alcoholic Anonymous (AA's) spirituality can be understood. Topics explored range from Jungian and Jamesian psychology, to Stoicism, the work of G. Bateson (1971), and transpersonal psychology and therapy. It is speculated that the difficulty some mental health counselors have in accepting AA as a viable form of therapeutic change could be due to unsophisticated terminology and counselors' lack of familiarity with relevant literature. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Koch, G. R. (1998). Spirituality and alcoholics anonymous: Implications for counselors. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 58*(9-B), 5193. Retrieved from PsycINFO Online Database.

Due to the increase of spirituality in the United States, counselors have dealt with issues of this nature far more often than ever before. Since many members of Alcoholics Anonymous have sought counseling and the 12 Step program of AA has been so prolifically re-applied, counselors need to have a reasonable understanding of what spirituality means to AA members and how it affects their lives. AA has often been investigated and the relationship between spirituality and recovery has been established. However, there have been conflicting interpretations of some AA concepts. Although researchers have made assessments of these concepts, spirituality has not been reviewed qualitatively and ethnographically from AA members' perspectives. This study investigated this issue within AA through members' own voices. Five focus groups were used to interview 30 participants. The primary purpose of the study was to describe how AA members define, develop, use and find meaning in spirituality. Issues of: powerlessness and surrender; empowerment differences between counseling and AA; participants' concept of spirituality; and, their affiliation with religions and attendance at services were pursued, while controlling for gender. Grounded theory was used to produce theory from data. Results indicated some differences between AA and counseling empowerment, specifically AA's focus on spirituality as the essence of humanness. Some gender differences occurred. Males tended to use more concrete terms and to view their actions on social order; whereas, females used more conceptual terms and with a stronger affiliation focus. Powerlessness and surrender promoted spiritual growth and were essential to recovery. Participants suggested counselors become more open to discussing spirituality and learn more about the 12 Step programs. Most participants associated with organized religion and attended services regularly. Focus Groups were an excellent method for

this population. Future research might investigate racial, gender, and/or religious bias. For example, whether AA is a Caucasian, male and Christian-oriented program. Also, a study could analyze the 12 Steps one at a time to discover members' own interpretations of the steps vs. professional (non-AA member) interpretations. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Kurtz, L. F. (1984). Ideological differences between professionals and AA members.

Alcoholism Treatment Quarterly, 1(2), 73-85. Retrieved from PsycINFO Online Database.

Surveyed 41 alcohol counselors and 31 Alcoholics Anonymous (AA) members concerning their attitudes toward 5 therapeutic positions (psychotherapeutic, behavioral, social, medical, and AA) most often used in treating alcoholics. Results indicate significantly different attitudes between AA and professional Ss on the majority of items. These ideological differences influence the extent to which the 2 groups cooperate in assisting alcoholics who ask for help. (28 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Kurtz, L. F. (1985). Cooperation and rivalry between helping professionals and members of

AA. *Health and Social work*, 10(2), 104-112. Retrieved from PsycINFO Online Database.

Because Alcoholics Anonymous (AA) is an important resource for recovering alcoholics, most treatment centers want to work cooperatively with it. To identify factors that enhance this cooperation, the author surveyed 42 directors of community-based alcoholism programs and 31 AA members from 19 of the same communities. A profile of their interactions, ideological similarities, and linking activities is presented. Findings show that Ss who perceived frequent interaction between professionals and AA members also perceived cooperation. Domain similarity did not result in decreased perception of cooperation. Ss who reported ideological similarity also reported cooperation. Cooperating professionals chose linking roles that were more acceptable to AA members than did non-cooperating professionals. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Thompson, D. L., & Thompson, J. A. (1993). Working the 12 steps of Alcoholics

Anonymous with a client: a counseling opportunity. *Alcoholism-Treatment-Quarterly*, 10(1/2), 49-61.

This paper describes problems clients may experience with alcoholism once they have begun recovery in Alcoholics Anonymous (AA): sponsorship, spirituality, and working the steps. Of special interest are those clients in AA who are also in therapy and the difficulties encountered engendered by misconceptions on the part of the client and counselor. A procedure is described that enables the counselor to work the steps with the client as a foundation of counseling. (Journal abstract, edited.)

Religion

Chalfant, H. P. (1992). Stepping to redemption: Twelve Step groups as implicit religion.

Free Inquiry in Creative Sociology, 41(3), 115-120.

It is argued that secularization as predicted by early sociologists has not occurred, & that the need for ultimate meaning in life remains strong in late modernity despite a decline in formal "church" religion. Here, it is maintained that late modernity has ushered in a range of new belief systems, which, while outside the domain of formal religion, nonetheless offer individuals strategies for attaining ultimate meaning. One such belief system is Alcoholics Anonymous (AA). Analysis of AA's twelve-step program reveals that AA, & other self-help programs, conform to the basic sociological definitions of religion.

Kapsch, S. G. (1997). A Lutheran reflection on the "Twelve Steps of AA". *Journal of*

Ministry in Addiction & Recovery, 4(2), 53-67.

This article will delve into the spirituality inherent within the "Twelve Steps of AA," as perceived through the eyes of a Lutheran seminary graduate. It will compare the secular/non-sectarian twelve-step program to the Christian understanding of God's creating, redeeming, and sanctifying work in our fallen and broken world. It will also identify the underlying theological and biblical assumptions within the twelve-step program and then critique such assumptions on the basis of a biblical and theological interpretation that is decidedly "Lutheran." The article will conclude with suggestions for implementing twelve-step programs within the congregations.

Roland, E. J., & Kaskutas, L. A. (2002). Alcoholics Anonymous and church involvement as predictors of sobriety among three ethnic treatment populations. *Alcoholism Treatment Quarterly*, 20(1), 61-77. Retrieved from PsycINFO Online Database.

Examined the impact of spirituality and religiousness, and involvement in Alcoholics Anonymous (AA) on sobriety among 3 ethnic groups, African Americans, Caucasians, and Hispanics. Participants (African Americans: n=253; Hispanics: n=60; and Caucasians: n=538) completed survey questionnaires upon entry into public, private, and health maintenance treatment programs. Results indicate that among the 3 groups, African Americans, who described themselves as more religious, were less likely to substitute church attendance for participation in AA. African Americans reporting high AA attendance at the end of 1 year, in addition to church attendance, were more likely to report sobriety over the past 30 days than were those African Americans reporting only high church attendance. Among Caucasians and Hispanics, participants reporting primarily high AA attendance were more likely to report past 30 day sobriety. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Rudy, D. R., & Greil, A. L. (1989). Is Alcoholics Anonymous a religious organization?: Meditations on marginality. *Sociological Analysis*, 37(3), 41-51.

Analogies between the structure, activities, dynamics, & ideology of Alcoholics Anonymous (AA) & those of religious organizations are apparent, but AA literature & AA members deny that AA is a religious organization. Based on a review of AA literature & participant observation research with 5 groups, it is argued that both the religious features of AA & the denial of AA's religious nature are integral to the structure & functioning of the organization. Claims that AA is a religion are based on the following: it has historical roots in the Oxford movement; it plays a meaning-providing role for its members; & many AA members accept the existence of a "higher power." While AA denies it is a religion in order to better realize its therapeutic goals, its statement that it is spiritual but not religious is ambiguous. It is argued that, as an identity change organization, AA encapsulates its members & creates an atmosphere in which members are likely to experience a sense of institutionalized awe for the power of the group. AA is properly classified as a quasi-religion insofar as a tension between sacred & secular is crucial to its functioning.

Schaler, J. A. (1997). First amendment rights and state-supported addictions treatment programs: Current issues, considerations, and implications for clinical and public policy (Vol. 45): Society for the Study of Social Problems.

US courts increasingly view Alcoholics Anonymous (AA) as religion (eg, Griffin v. Coughlin [1996] & Maryland v. Norfolk [1989]). State entanglement with religion occurs via court-ordered attendance in AA & the use of state funds to support programs integrating its 12-step philosophy. Plaintiffs' arguments focus on the First Amendment's free exercise clause. The establishment clause is avoided to allow for secular alternatives. Here, these & related cases are briefly reviewed, arguing that any involvement by the state with treatment for addiction violates the establishment clause. Important issues debated in Maryland regarding the state's role in shaping self-concept are addressed. Project MATCH (acronym not defined) findings show that 12-step-based treatment is as effective as the best contemporary cognitive psychology offers. Therefore, it is argued that insurance companies should not be coerced by the state to reimburse for addiction treatment. Self-help groups are likely to be just as effective as professional programs. An argument is made in

favor of encouraging the establishment & proliferation of diverse, free, & autonomous self-help groups.

Shoopman, J. G. (1994). Twelve step addiction recovery groups: An American religious movement. *Dissertation Abstract International*, 55(4), 999-A.

This dissertation argues that Twelve Step addiction groups, modeled on Alcoholics Anonymous, are an American religious movement, deserving a place in American religious scholarship. Chapter one argues that twelve step groups are not a religious institution, but a social movement, working of recovery from addiction. Secondarily and functionally they constitute a religious movement. Working for change in the way people experience spiritual life. Chapter two shows that the original twelve step fellowship, alcoholics anonymous, developed a methodology for overcoming addiction to alcohol with what they described as a spiritual way of life. AA is shown to have a history of religious goals. Chapter three shows that AA borrowed methods and language from two religious traditions of the early Twentieth Century: the Oxford Group, a conservative Christian renewal movement and New Thought, a mystical movement affirming spirituality over religion. Twelve Steps was also heavily influenced by Harvard philosopher William James and the medical theories of alcoholics. Chapter four shows how the patterns of AA are socialized a ritualized to apply to the addictions. Chapter five discussed theological beliefs central to the movement. Chapter six describes the movement as a mystical fellowship with sectarian tendencies, seeking transformation of the self not the worlds; synthesizing the best in culture with the revaluation of the Higher Power. Chapter seven discussed the movement's impact on religious insinuation and the larger culture.

Swora, M. G. (2001). Personhood and disease in Alcoholics Anonymous: A perspective from the anthropology of religious healing. *Mental Health, Religion & Culture*, 49(6), 1-21.

Alcoholics Anonymous (AA) is the most widely known therapy for excessive drinking or alcoholism, yet little is understood about how AA "works." Clues to AA's therapeutic mechanisms can be uncovered when the fellowship is approached from the perspective of the anthropology of religious healing. This article examines AA's vision of the alcoholic as a kind of person, or agent-in-society, & a member of a moral community. Conceptualizing alcoholism as a "disease" works to create a sense of consubstantiality or kinship among AA members. Sobriety is shown to be more than abstinence from beverage alcohol, & abstinence is itself value-bearing, meaningful conduct. AA's view of the alcoholic as an example of "self-will run riot," & of certain emotions as indicative of self-centeredness are explored. "Therapy" for "self-centeredness" that leads back to drinking is shown to be prayer & service to the community. AA does not "treat" the suffering alcoholic self but the self-centered alcoholic person.

Taylor, G. A. (1953). *A sober faith; religion and Alcoholics Anonymous*. New York, NY: Macmillan.

Annotation was not available for this source.

Special Populations

Kus, R. J. (1987). Alcoholics Anonymous and gay American men. *Journal of Homosexuality*, 14(1-2), 253-276. Retrieved from PsycINFO Online Database.

Explores the nature of self-help groups in general and of Alcoholics Anonymous (AA) in particular. Differences and similarities between gay and heterosexual alcoholics are discussed. It is suggested that because AA has been effective in treating alcoholism and because alcoholism is pandemic among gay men, counseling professionals should be aware of this resource. Suggestions are provided for how rural homosexual alcoholic men might be better treated in light of an

unavailability to them of gay AA groups. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Kus, R. J. (1992). Spirituality in everyday life: Experiences of gay men of Alcoholics Anonymous. *Journal of Chemical Dependency Treatment*, 5(1), 49-66. Retrieved from PsycINFO Online Database.

Conducted in-depth interviews with 50 gay men in Alcoholics Anonymous (AA) to learn how gay men define the concept of spirituality, how they define and communicate with a Higher Power, and how they go about "doing spirituality" in everyday life. Ss in the study practiced spirituality by maintaining sobriety, ridding themselves of internalized homophobia, communicating with their Higher Power (defined primarily as God), turning their lives over to God, performing good works, meeting adult social roles, engaging in self-examination, applying AA slogans to everyday life and attending meetings, seeking forgiveness, and doing everyday tasks as well as possible. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

McGregor, J. G. (2002). Spirituality in recovery: A model of progression. *Dissertation Abstracts International*, 63(2), 509A.

The spiritual progression of 14 members of Alcoholics Anonymous (AA) was studied using a transtheoretical approach, with object relations theory as a primary framework. The subjects were aged 35-45, had a minimum of one year of continuous sobriety, and professed belief in the efficacy of the Twelve Steps. The subjects participated in multiple-subject interviews and completed a questionnaire. A six-stage model of spiritual progression was developed. It is noted that within AA, spiritual progression in recovery is based on application of AA's Twelve Suggested Steps of Recovery. Stage one marks the beginning of recovery, Stages two and three address relationships with God; stage four relates to subjects' relationships with themselves; stage five relates to subjects' relationships with others; stage six relates to maintenance of spirituality through application of the Twelve Steps. Three case studies representing successful, moderately successful, and unsuccessful spiritual integration illustrate the experiences of alcoholics in working through AA's Twelve Suggested Steps of Recovery. The results of the study indicated that spiritual integration comprising a sound triadic relationship with God, self, and others is not easily attained. Of the 14 AA members included in the study, 9 have achieved spiritual integration; 3 have achieved moderately successful spiritual integration, and 2 have been unsuccessful.

Smith, D. E., Buxton, M. E., Bilal, R., & Seymour, R. B. (1993). Cultural points of resistance to the 12-Step recovery process. *Journal of Psychoactive Drugs*, 25(1), 97-108.

This article addresses some of the key issues in developing culturally relevant approaches to drug abuse treatment and recovery, using the HAFC/Glide African-American Extended Family Program as a positive example of effective cultural adaptability within recovery. Cultural points of resistance to the recovery process are also addressed, including the perception that 12-Step fellowships are exclusive and confused with religion, confusion over surrender versus powerlessness, and concerns about low self-esteem, dysfunctional family structure, communication difficulties, and institutionalized and internalized racism. The authors also focus on professional resistance in other countries, where different treatment approaches and philosophies block the acceptance of a recovery concept in general and the 12-Step process in particular. In explicating these issues, addiction is presented as a multicultural problem in need of multicultural solutions. The challenge is to adapt the process of recovery to all cultures and races, to counter stereotypes on all sides, and to eliminate the perception that recovery only works for addicts from the White mainstream.

Tonigan, J. S., Connors, G. J., & Miller, W. R. (1998). Special populations in Alcoholics Anonymous. *Alcohol Health and Research World*, 22(4), 281-285. Retrieved from PsycINFO Online Database.

Discusses how minority groups (i.e., Black and Hispanics) in the US use Alcoholics Anonymous (AA) and whether practices among AA members vary because of ethnic and cultural differences. The vast majority of AA members in the US are White, and only a few studies have investigated the program's effectiveness for ethnic minorities. Project MATCH (1993, 1997), a multisite research study aimed at developing guidelines for assigning alcoholics to appropriate treatment approaches, also assessed AA effectiveness for minority clients. Findings show that some differences in AA attendance existed among White, African-American, and Hispanic Project MATCH participants who had received some inpatient treatment before entering the study, but not among participants who had not received inpatient treatment. Further analyses of White and Hispanic Project MATCH participants demonstrate that although Hispanic clients attended AA less frequently than White clients, their involvement with and commitment to AA was higher than among White clients. For both Hispanics and Whites, AA involvement predict increased abstinence. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Spiritual Awakening

Groups, AA F. (1998). *Having had a spiritual awakening: Al-Anon Family Group Headquarters, Inc.* Retrieved from PsycINFO Online Database.

Examined the hypothesis that emotional empathy rather than cognitive empathy is associated with burnout, using 71 Salvation Army officers. It was examined whether the dimensions of empathy could predict 3 aspects of burnout: personal accomplishment (PSA), emotional exhaustion, and depersonalization. Data indicate the following: (1) Personal distress and empathic concern were significant predictors of PSA; (2) personal distress was a significant predictor of emotional exhaustion; and (3) empathic concern was a significant predictor of depersonalization. Personal distress was negatively associated with PSA, whereas empathic concern was positively associated with PSA. A multidimensional approach to the role of empathy in counseling may help human services professionals to manage their emotional reactions when they engage in counseling with distressed clients. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Greil, A. L., & Rudy, D. R. (1983). Conversion to the world view of Alcoholics Anonymous: A refinement of conversion theory. *Qualitative Sociology*, 32(1), 5-28.

The conversion process by which individuals come to identify with the ideology propounded by Alcoholics Anonymous (AA) is analyzed using observational data. AA provides prospective alcoholics with both a solution to drinking problems & an overarching worldview with which to reinterpret their past experience. The AA conversion process can be divided into six phases: hitting bottom, first stepping, making a commitment, accepting your problem, telling your story, & doing Twelfth Step work. Each of these phases is described in detail. Similarities & differences are noted between the observed AA conversion process & the model generally described in the sociological literature on religious conversion. Weaknesses in the process-model explanation of conversion are indicated & the necessity of taking into account organizational context & situational variables is underscored.

Moberg, S. C. (1989). A phenomenological study of the process of transformation of consciousness in the recovering alcoholic. *Dissertation Abstracts International*, 50(5-A), 1256.

The purpose of this investigation was to clarify and describe the essence of the shift or transformation of consciousness in the recovering alcoholic/addict in Alcoholics Anonymous (AA). Research has suggested that AA is the treatment of choice for alcoholism and that certain changes in the mental experience or consciousness of the alcoholic were necessary for recovery to begin. The present study investigated the phenomenon of transformation of consciousness using a qualitative-phenomenological approach consisting of three phases: (1) The Participative Phase, (b) The Reflective/Descriptive Phase, and (c) The Synthesis Phase. In the Participative Phase, eleven

(11) subjects were interviewed to produce eleven Individual Case Synopses. In the Reflective/Descriptive Phase, significant statements were delineated, themes language and free imaginative variation was employed to derive the psychological meaning and structure of each case. The Synthesis Phase of the inquiry was the explication of common meanings across all Individual Psychological Structure summaries to discover a psychology of transformation or the General Psychological Structure summary. The result of the inquiry described the transformation of consciousness as consisting of five parts: (a) The Before, (b) The Struggle for Control, (c) The Crisis Experience; (d) the Moment, and (e) The Afterwards. Copyright 1994 - University Microfilms, Inc. University Microfilms International (UMI)

Spirituality

Albers, R. H. (1999) The spirit and spirituality of twelve step groups [Editorial]. *Journal of Ministry in Addiction & Recovery*, 6(1), 1-7.

Annotation was not available for this source.

Alcoholics Anonymous. (1975). *Living sober*. New York: Alcoholics Anonymous World Services.

Annotation was not available for this source.

Alcoholics Anonymous. (1990). *Daily reflections: A book of reflections by AA members for AA members*. New York, NY: Alcoholics Anonymous World Services.

Annotation was not available for this source.

Bjorklund, P. (1983). *What is spirituality?* Minneapolis, MN: Hazelden.

Bjorklund explores our relationships with people and situations, and discusses the difference between religion and spirituality in the AA program.

Borman, P. D., & Dixon, D. N. (1998). Spirituality and the 12 Steps of substance abuse recovery: Measuring spirituality according to Spiritual Well-Being Scale. [bibliog]. *Journal of Psychology and Theology*, 26, 287-291.

This article discusses spirituality and the 12 steps of substance abuse recovery in terms of establishing empirical support for treatment modalities. Forty-two outpatient clients from five facilities participated; 28 clients in 12-step programs (e.g. Alcoholics Anonymous) and 14 clients in non-12-step programs based on Self-Management and Recovery Training. The Spiritual Well-Being Scale (SWBS), a 20-item questionnaire, was used to measure the participants' spirituality. Questionnaires were administered to the subjects during one of their regularly scheduled meetings. The retrospective pretest posttest method was used. Additional data on gender, age, race, religion, previous exposure to a 12-step program, and present treatment was gathered. Repeated multivariate analysis of variance measures showed no significant Group x Time interaction on the SWBS. Both treatments led to a significant increase over time of client spirituality. Findings suggest that clients who prefer programs not based on the 12 steps may still experience an increase in their spirituality. Since participants in both types of treatment experienced a significant increase in spirituality, further support was found for the presence of spirituality in all clients, and supports the appropriateness of addressing spirituality openly in treatment sessions. Future research may examine which aspects of the treatment programs contribute to the increase on participants' sense of religious well-being and which aspects contribute to the increase of existential well-being.

Buxton, M. E., Smith, D. E., & Seymour, R. B. (1987). Spirituality and other points of resistance to the 12-Step recovery process. *Journal of Psychoactive Drugs*, 19(3), 275-286. Retrieved from PsycINFO Online Database.

Discusses misconceptions of 12-Step recovery programs for alcoholics among outsiders and controversies within such programs. Among the key areas of difficulty surrounding 12-Step programs are the confusion of religion with spirituality and what that means for compulsory attendance, the confusion of dual addictions with dual diagnoses, and prejudices against medicinal facilitation of recovery and early intervention. The role of spirituality in recovery is discussed in detail. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Carol, G. (1991). *Alcoholics in recovery: Spiritual and cultural revitalization*. Minneapolis, MN: Hazelden.

This is a study of some of the spiritual ideas, practices, and experiences of individuals who are recovering from alcoholism with the help of Alcoholics Anonymous. It is an exploration of their ways of being and seeing; an exploration of what William James describes as conversion--the religious reunifying of a discordant personality--and is told in prose, poetry and pictographs. It is concluded that AA serves as a revitalization movement (identified by Anthony Wallace), and that members find in recovery a deepened awareness of the confluence of often opposed pairs. General topics: polarization and the imbalance of pairs apart; stories from scholarly sources; principles and a program for practicing peace; people practicing peace; a pattern of recovery from alcoholism; and parallels and patterns in the larger community.

Carroll, S. (1993). Spirituality and purpose in life in alcoholism recovery. *Journal of Studies on Alcohol*, 54(3), 297-301. Retrieved from PsycINFO Online Database.

Examined the relationship between spirituality and recovery from alcoholism. Spirituality was defined as the extent of practice of AA Steps 11 and 12 and was measured by a Step Questionnaire developed for this study. Step 11 suggests prayer and meditation, and Step 12 suggests assistance of other alcoholics. It was postulated that the extent to which Steps 11 and 12 were practiced would be positively correlated with the extent of purpose in life reported by 100 AA members. Positive correlations between practice of Step 11 and purpose in life scores and between Step 11 and length of sobriety were found. Number of AA meetings attended was significantly correlated with purpose in life scores and length of sobriety. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Carter, B. A. (2000). *Creativity, spirituality, and the recovering person*. Minneapolis, MN: Hazelden Graduate School Of Addiction Studies.

There is a myth of a positive relationship between alcohol and creativity, which serves as a roadblock for creative people who might desire to stop their alcohol and drug use. There is a fear that if the alcohol and drug use stop, so will creativity and creative output. Writers, artists, and other creative people with alcohol and drug related problems may need additional, specialized therapeutic techniques and education as part of their recovery process to aid them in preserving or modifying their existing creative process. There are ways a creative recovering individual may be aided by the adoption of spiritual practices, through the spiritual aspects of a 12-step program, and through cognitive restructuring processes as well.

Corrington, J. E. (1989). Spirituality and recovery: Relationships between levels of spirituality, contentment and stress during recovery from alcoholism in AA. *Alcoholism Treatment Quarterly*, 6(3-4), 151-165. Retrieved from PsycINFO Online Database.

Explored relationships between amount of time spent in Alcoholics Anonymous (AA), level of spirituality, level of contentment with life, and stressors encountered in the past year. 30 AA participants (primarily aged 18-70 yrs) completed 3 instruments measuring these variables. There was a direct correlation between levels of spirituality and contentment with life, regardless of time in AA. Ss who were more spiritually aware and evolved were also more content with their life and surroundings. Also, continued attendance at AA meetings seemed to provide an effective stress management program. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Edwards, G. (1989). The puzzle of AA. In S. L. Berg (Ed.), *Alcoholism and pastoral ministry: Readings on recovery*. Lake Orion, MI: Guest House Inc.

AA is a puzzle because logically, it ought not to work. In trying to unravel the puzzle, Edwards explains the spiritual nature of AA recovery.

Fowler, J. W. (1993). Alcoholics Anonymous and faith development. In B. S. McCrady & W. R. Miller (Eds.) (pp. 113-135). Piscataway, NJ: Rutgers Center of Alcohol Studies.

The usefulness of faith development theory as a vehicle for research into the role of spirituality in Alcoholics Anonymous (AA) is discussed. Section headings in this monograph chapter include: (1) faith development and AA, meaning-making and conversion; (2) the focus on faith; (3) AA and faith, a reading both implicit and explicit; (4) conversion in faith development theory and AA; (5) stages of faith, patterns of cognitive and emotional restructuring; (6) a brief introduction to faith development theory; (7) the faith stages by operational aspects; (8) stages of faith and phases of recovery; and (9) conclusions and questions for further research. It is concluded that there are qualitative stages or phases in the recovery process. AA acknowledges and sponsors a full variety of spiritual orientations and functional images of a higher power, while guarding against spiritual tendencies that are divisive or that perpetuate detrimental forms of individualism. Three case studies are included. Faith stages by aspects, relations between stages of faith and phases of recovery, are presented in table form.

Hart, K. E. (1999). A spiritual interpretation of the 12 steps of Alcoholics Anonymous: From resentment to forgiveness to love. *Journal of Ministry in Addiction & Recovery*, 6(2), 25-39.

This essay describes how Alcoholics Anonymous (AA) has split into secular ("psychological") and spiritual ("religious") branches, and how little is known, from a scientific point of view, about the planned program of spiritual awakening embodied in the 12-steps, which characterize "authentic AA". It also outlines a program of scientific-grounded research which seeks to promote a greater understanding of the spiritual and religious processes and outcomes associated with "doing" Steps 8 and 9 (the forgiveness steps). Specifically, the paper describes theoretical issues and expected benefits associated with the Forgiveness for Alcoholics Treatment Study (FATS). The FATS project is a randomized controlled clinical trial, funded by the John Templeton Foundation, designed to document the benefits of psychological and spiritual ("religious") approaches to facilitating forgiveness among AA members who suffer from dysfunctionally high levels of interpersonal anger and resentment. It is concluded that the project may represent a possible way in which the behavioral scientist might help cultivate the greater realization of agape love among people who have failed to live in harmony with the Divine Plan (abstract from article).

Hemfelt, R., Minirth, F., Meier, P., & Fowler, R. (1992). *Path to serenity: Book of spiritual growth and personal change through Twelve-Step recovery*. Thomas Nelson.

Annotation was not available for this source.

Hemfelt, R., & Fowler, R. (1990). *Serenity: A companion for twelve step recovery*. Atlanta, GA: Thomas Nelson Publishers.

Annotation was not available for this source.

Kurtz, E. (1975). *Not God*. Center City, Minneapolis, MN: Hazelden Educational Services.

Annotation was not available for this source.

First meeting. (1989). Minneapolis, MN: Hazelden.

This pamphlet is a fictional account of what the newcomer may expect at his or her first Alcoholics Anonymous meeting. It portrays ordinary people who happen to have a disease--alcoholism. It

confronts the myth of the skid-row bum as the typical alcoholic and illustrates AA's concept of spirituality.

Mariolini, N., & Rehm, J. (1995). Alcoholics Anonymous and its finances: The interrelationship of the material and the spiritual. *Alcoholism Treatment Quarterly*, 12(4), 39-59.

The financial structure of Alcoholics Anonymous is examined in this study through an analysis of its activities in some European countries and the U.S. A focus on the interrelational between the material and the spiritual, in light of the philosophy and traditions of Alcoholics Anonymous, guides this discussion.

Martin, F. J. C. (1989). *Chalk talks on alcohol*. San Francisco: Harper Row.

This no-nonsense guide to understanding and recovering from alcoholism provides new hope for alcoholics, their fails, and friends,. Hard won experience – Father Martin is a recovering alcoholics – underlies this thorough yet always clear presentation. Chalk Talks sheds new light upon the complex problems of alcoholism, which affects the mind, body, soul, and emotions. Father Martin does not preach or moralize but remains practical in discussing attitudes toward, and reasons for, alcoholism; the physiological/psychological effects; health problems; symptoms; interventions; treatment and support; and where to turn for further information and assistance. Chalk Talks is not a scientific treatise but a message of hope to all persons concerned with America's number-one health problem.

McAuliffe, J. D. (1996). Inordinate mood-altering behavior as symptomatic of spiritual disorder: The twelve steps of Alcoholics Anonymous in light of the establishment of formative spirituality. *Dissertation Abstracts International*, 56(12), 7050B.

This projects undertaken in response to the claims of Alcoholics Anonymous regarding the spiritual etiology of alcohol addiction in light of the recent growth of various Twelve Step groups, and the concurrent retreat of hospital-based treatment programs. The analysis displays commonalties between the Twelve Steps and Islam that are validated by van Kaam's constructs, and could be seen as predicted by his theories. It is these commonalties that have clinical merit and can lead to clinical testing. It was hypothesized that inordinate mood-altering behaviors, the precursor to an addiction, could be understood in a contemporary and clinically relevant manner as symptomatic of spiritual disorder. It was also hypothesized that confusion over the meaning of the term "spirituality" resulted in clinical confusion, disarray and ineffective clinical procedures, and that the new field of Formative Spirituality, especially as articulated by Adrian van Kaam, would provide the theoretical constructs needed to understand the term "Spirituality" in a clinically relevant manner. This understanding of spirituality would then enable the understanding of Bill Wilson's claims regarding the etiology of addictions. Evidence is provided from the most recent and presumably academically sound writings that "spirituality" is not understood in a clear and distinct manner. Evidence is also provided that indicates the possibility that any mood-altering behavior may be indicative of spiritual disorder. This finding was not anticipated at the beginning of the research. Directions for clinical praxis are indicated at various points in this study.

Monahan, M. (2001). *Seeds of grace: A nun's reflections on the spirituality of Alcoholics Anonymous*: Putnam Publishing. New York.

Sister Molly Monahan had been a nun for the better part of three decades when the misery of compulsive drinking drove her to seek help for her alcoholism. She began attending Alcoholics Anonymous meetings and found the support she needed to stay sober. At the same time, she found something more, something that surprised her: a spirituality deeper than she had experienced in her religious community, which led to a reawakening of her faith. How could a nonreligious group espousing the most basic of spiritual beliefs have anything to teach a nun who

had spent thirty years steeped in the values, rituals, and traditions of the contemplative life? The mystery of the effectiveness of AA has yet to be explained. In *Seeds of Grace*, Sister Molly Monahan approaches the question from a new perspective that will appeal to anyone who has ever marveled at the power of this movement to change lives. Drawing on her experience as a Roman Catholic nun and a member of AA, she explores subjects of interest not only to alcoholics, but to all spiritual seekers: conversion, enlightenment, grace, forgiveness, gratitude, community, prayer, the part that feelings play in the spiritual life, and a "spiritual awakening" that brings one to peace, freedom, and service of others. Along the way, in a series of meditations, she shares her insights on why AA works, how it works, and how it has changed her life and that of millions of others.

Morjaria, A., & Oxford, J. (2002). Role of religion and spirituality in recovery from drink problems: A qualitative study of alcoholics anonymous members and South Asian men. *Addiction Research and Theory*, 10(3), 225-256.

The spiritual aspect of recovery for people with drinking problems was explored in a comparative analysis of South Asian men recovery from drink problems with white members of Alcoholics Anonymous (AA). In depth semi-structured interviews were carried out with participants to explore significant factors that assisted recovery. Interviews were analyzed using grounded theory. Ten participants in total were interviewed; 5 were South Asian men receiving and/or group counseling with South Asian therapist either in a NHS or non-statutory specialist alcohol treatment services, and 5 were white members of AA. 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 multilayered, 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.

Moyers, P. A. (1997). Occupational meanings and spirituality: The quest for sobriety. *American Journal of Occupational Therapy*, 51(3), 207-214.

This article compares two differing models of intervention for persons with alcohol dependence--the Moyers Model for occupational therapy and Alcoholics Anonymous (AA). Both models were found to share practice strategies but to differ in their emphasis on spirituality and self-control. Additionally, the Moyers Model was basically procedural in its description of the clinical reasoning process, whereas AA places great emphasis on the spiritual aspects of recovery. Because this disparity may lead to confusion when the person with alcohol dependence is involved in both an occupational therapy program (using Moyers Model) and an AA program, the Moyers Model was revised to include a conditional reasoning structure (i.e., a process for therapists to help clients find meaning in actions). By providing opportunities to explore meaning through action during occupations, the revised Moyers Model is both more consistent with the AA principles of spiritual recovery and in keeping with the occupational therapy philosophy of addressing the needs of the whole person.

Nelson, J. D. (1984). *Stepping stones to recovery: A comparison of the healing practices of Jesus Christ, Carl Jung, and the twelve steps of AA* Unpublished doctoral dissertation, St. Bernard's Institute, Colgate, Rochester.

This dissertation demonstrates the parallel principles of Jesus, Jung & AA and provides a model for teaching them in a seminary setting.

Nelson, J. D. (1989). *Awakening: Restoring health through the spiritual principles of Shalom, Jesus, and the Twelve Step recovery pro*: McGraw-Hill Professional Publishing.

From the Publisher: This book connects today's quest for spiritual healing to its origins in the Judeo-Christian tradition, and more recently, the Alcoholics Anonymous movement. Dr. Nelson presents a clear and readable overview of how spirituality came to play such an important role in recovery, describing each step of AA's 12-step program in terms of how and where spirituality is involved and how it contributes to healing.

Oakes, K. E., Allen, J. P., & Ciarrocchi, J. W. (2000). Spirituality, religious problem-solving, and sobriety in Alcoholics Anonymous. *Alcoholism Treatment Quarterly, 18*(2), 37-50. Retrieved from PsycINFO Online Database.

This study focused on the problem-solving or coping aspect of religiousness as well as spiritual support, spiritual openness, and religious faith practices as the key predictors of long-term sobriety in Alcoholics Anonymous (AA). Purpose in life and AA involvement were also included as important indicators for sustained abstinence from drinking. The 78 participants were members of AA clubs located in Maryland, New York, Kansas, Missouri, South Carolina, and California. Results confirmed the findings of previous studies that indicated AA involvement to be the single most important predictor of abstinence and sobriety in AA. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Pittman, B. (1988). *Stepping stones to recovery*. Seattle, WA: Glen Abbey Books.

Pittman presents selected spiritual insights into recovery drawn from the membership of Alcoholics Anonymous over the past 50 years.

Roberts, M. (1994). Spirituality of AA (Alcoholics Anonymous) helps alcoholics. In C. Wekesser (Ed.), *Alcoholism* (pp. 69-71). San Diego, CA: Greenhaven Press, Inc.

The 12 steps of AA provide a framework for moving through the phases of suffering outlined by theologian Dorothee Soelle, from mute isolation to lamentation to repentance in solidarity with the community. Suffering is what holds the community together in common union. Shared suffering is what brings redemption to others. Just as Jesus shared his suffering with us and for us, so the recovering addict/alcoholic shares her/his suffering with others and for others in the AA community. The foundation of recovery is not willpower but surrender of one's will to God. AA is a community where weakness and mistakes are accepted as part of the human condition and where the experiences of each are supported, shared, challenged, or refined by those called by God to be the community that shares the suffering and the joys of its members.

Sandoz, C. J. (1996). The effect of spiritual experience on the AA promises, locus of control and family dynamics in recovery within Alcoholics Anonymous. *Journal of Ministry in Addiction & Recovery, 19*(2), 79-90.

Examines the effect of the two types of spiritual experiences found in Alcoholics Anonymous (AA) on the promises of AA - locus of control measures & family dynamics - using questionnaire data from 71 AA members in southern NJ. Results indicated that those with slower spiritual experiences had more conflict (triangulation) with their parents, felt more parental intimidation, were more external on a locus of control measure, & spent less time in daily prayer than those with a sudden spiritual experience. More promises were attained by those claiming a spiritual experience.

Sandoz, C. (1999). Exploring the spiritual experiences of the Twelve Steps of Alcoholics Anonymous. *Journal of Ministry in Addiction & Recovery, 6*(1), 91-107.

This article describes the process of spiritual experience in recovery of 57 members of Alcoholics Anonymous from groups located in Southern New Jersey. Eighty-two percent of the participants claimed to have had a spiritual experience. The process of spiritual experiences described by the participants was slow, 72%, sudden, 22% and both slow and sudden 6%. This spiritual experience phenomenon was not found to be related to religious denomination, regular church attendance, or

daily prayer. Chi-square analysis revealed significant associations between claiming to have had a spiritual experience along with completion of Steps 4, 5, 8, and 9 (abstract from article).

Sandoz, C. (1999). The spiritual experience in recovery: A closer look. *Journal of Ministry in Addiction & Recovery, 6*(2), 53-59.

This article examines the effect of the spiritual experiences found in Alcoholics Anonymous (AA) as related to the numerous factors associated with recovery. Participants in the study included volunteers from AA groups located in Southern New Jersey. Of the 56 participants involved in the study 46 reported a spiritual experience were found to be older, have greater lengths of sobriety, heard more 5th Steps and made more 12th Step calls than those who claimed no spiritual experience. Included are anecdotal comments of those who claimed to have a conversion experience (Abstract from article).

Sebenick, C. W. (1997). Spirituality and AA recovery. *Counselor, 15*(1), 14-17.
Annotation was not available for this source.

Sister Florence. (1989). Recovery. In S. L. Berg (Ed.), *Alcoholism and pastoral ministry: Readings*[Sister Florence, 1989 #2941] on recovery. Lake Orion, MI: Guest House Inc.

Sister Florence argues that staying sober is not really as simple as saying I'm not going to take a drink. Recovery is a process that needs to be learned. AA provides the type of reinforcement which the alcoholics needs to learn the recovery process.

Smith, D. E. (1994). AA recovery and spirituality: An addiction medicine perspective.

Journal of Substance Abuse Treatment, 11(2), 111-112. Retrieved from PsycINFO Online Database.

While the article by E. J. Khantzian and J. E. Mack (see record 1994-42839-001) makes an important contribution to the literature on the 12-step recovery process, this author believes it omitted discussion of the spiritual aspects of Alcoholics Anonymous (AA) as well as the cultural points of resistance to AA. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Spalding, A. D., & Metz, G. J. (1997). Spirituality and quality of life in Alcoholics Anonymous. *Alcoholism Treatment Quarterly, 15*(1), 1-14.

Members of the program of Alcoholics Anonymous were surveyed with the expectation that certain spiritual perspectives would be more adaptive than others in the alcoholism recovery process in terms of perceived quality of life in sobriety. A collaborative spiritual coping style was found to be superior to a deferring spiritual coping style or self-directing spiritual coping style in predicting better quality of life. Intrinsic versus extrinsic spiritual focus did not predict quality of life in recovering alcoholics but social support from friends and family did. (Journal abstract, edited.)

Thiele, W. E. J. (1993). Critical analysis of the relationship between the spiritual attitudes implicit in representative writings on contemplative spirituality and those found in the AA Twelve Steps. *Dissertation Abstracts International, 53*(12), 4267-A.

This research was designed to determine the nature of the relationship between the spiritual attitudes implicit in representative writings on contemplative spirituality and those found in the AA Twelve Steps. Chapter one contains the statement of the problem; statement of the sub problems; hypotheses; delimitations; definitions of terms; assumptions; importance of the study; a review of the related literature; the data, their treatment, and their interpretation; and the qualifications of the researcher. Chapter two consists of a survey of contemplative spiritual attitudes. The attitudes are communion, awareness, willingness, honesty, humility, simplicity, and dependence as evidenced in metaphors of the divine-human relationship. The chapter concludes with a brief summary. Chapter three consists of a survey of spiritual attitudes in the AA Twelve Steps. The attitudes are spiritual awakening, which includes spiritual awareness and spiritual

contact; willingness; honesty, which includes facing the truth and confession; humility; and dependence, as evidenced in views of the divine-human relationship. The chapter concludes with a brief summary. Chapter four consists of an analysis of the relationship between the spiritual attitudes of the two approaches. There are analyses of the similarities and differences in necessary spiritual attitudes; the possibility of a relationship of expanding or simplifying, which reveals a relationship of duplication; and the similarities and differences in views of the divine-human relationship, which reveals a relationship of duplication. The chapter includes a synthesis of spiritual attitudes and applications for addiction recovery and spiritual growth. The chapter offers a final summary and conclusions.

Tonigan, J. S., Miller, W. R., & Schermer, C. (2002). Atheists, agnostics and Alcoholics Anonymous. *Journal of Studies on Alcohol*, 63(5), 534-541.

This study of the Project MATCH samples tested three hypotheses about the role of client God belief and Alcoholics Anonymous (AA) attendance and benefit, taking into account that some individuals may, in fact, deny the existence of a God. Longitudinal analyses were conducted (N=1,526) investigating client God beliefs, AA attendance, patterns of AA attendance and alcohol use. Assessments were conducted at intake and in 3-month intervals using the Form 90, Religious Behaviors and Background, and the Alcoholics Anonymous Inventory. The results indicated that 12-Step treatment was more likely to promote pre-post shifts in client God beliefs, and atheist and agnostic clients attended AA less often throughout follow-up relative to clients self-labeled as spiritual and religious. AA attendance, however, was associated with increased abstinence and reductions in drinking intensity regardless of God belief. No differences in percent days abstinence and drinking intensity were found between atheist and agnostic versus spiritual and religious clients, but clients unsure about their God belief reported higher drinking frequency relative to the other groups. God belief appears to be relatively unimportant in deriving AA-related benefit, but atheist and agnostic clients are less likely to initiate and sustain AA attendance relative to spiritual and religious clients. This apparent reticence to affiliate with AA ought to be clinically recognized when encouraging AA participation. 35 Ref. Copyright 2002 - Alcohol Research Documentation, Inc.

Turnbull, L. (1997). Narcissism and the potential for self-transformation in the Twelve Steps. *Health*, 47(3), 149-165.

Alcoholism and its legacies of disease can be understood psychoanalytically in terms of disturbed or pathological narcissism. The Twelve Steps program of recovery provides the fragile self with the conditions for a ritualized rebirth through offering a community based on relations of reciprocity and a spiritual relationship to the Other. The holding environment of the group and the paradox at the heart of the relation to the Other are potent therapeutic elements. The Twelve Steps is an innovatory ethical practice of self-care drawing on a varied lineage of traditional philosophies and religions. In a philosophical anthropology, this innovation is an antidote to the estrangement and nihilism experienced by many in contemporary life. The interdisciplinary analysis uses the experience of participation in the Twelve Steps and examines the first three steps in exploring the connections between ethics, well-being, and the social conditions of self-transformation.

Turner, C. (1995). Spiritual experiences of recovering alcoholics. *Dissertation Abstracts International*, 56(3), 1128A.

While the topics of spirituality and alcoholism are linked in both religious literature and alcoholism treatment literature, little empirical effort has been made to explore this relationship. Consequently, this study's focus is on spiritual experiences and recovery in alcoholics. Recovering alcoholics, all members of Alcoholics Anonymous, who had maintained at least two years of sobriety, and had a distinctive and self-defined spiritual experience provided the sample for this exploratory study (N = 24). An in-depth interview was used to describe, define, assess the nature,

meaning, and impact of spiritual experiences in these recovering alcoholics. An experience based definition of spiritual experience was derived from the interviews. The role of spirituality in establishing and maintaining sobriety was assessed. The three precursors: calamity, defeat, and appeal; and four qualities of mystical states: ineffability, noetic, passivity, and transiency derived from the works of the 19th century philosopher, William James, were empirically substantiated. Spiritual experiences were found to be extremely meaningful although in a variety of ways. Lasting, positive changes were a key feature of spiritual experiences and they impacted the lives of these recovering alcoholics in ways well beyond issues of sobriety. The theory of constructivism was reviewed as a means of conceptualizing spiritual experiences of recovering alcoholics. This theory offers a framework for examining spiritual experiences in terms of their purpose rather than their objective reality.

Warfield, R. D., & Goldstein, M. B. (1996). Spirituality: The key to recovery from alcoholism. *Counseling and Values, 40*(3), 196-205. Retrieved from PsycINFO Online Database.
Suggests that a condition of "negative spirituality" underlies and sustains alcoholism, and perhaps all addictions, and that a secure recovery is not possible unless a "spiritual awakening," such as is envisioned by Alcoholics Anonymous (AA), is achieved. A broadly applicable conceptual model of spirituality is inferred from the AA 12-step rehabilitation program. The 12 steps are designed to confront a diseased ego and promote its transcendence through creation and maintenance of positive spirituality, shown by loving, accepting, and trusting relationships with the self, others, the world, life, and ultimately with God. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Watkins, E. (1997). Essay on spirituality. *Journal of Substance Abuse Treatment, 14*(6), 581-583.

For many alcoholics who participate in Alcoholics Anonymous, spirituality is the foundation of their sobriety. Spirituality can provide the recovering alcoholic an opportunity to modify their lifestyle and character development to exceed their expectations. The relationship between spirituality and the experience of Alcoholics Anonymous is discussed in the essay. The opinion expressed is that spirituality should be given more of a priority in the alcohol treatment literature and should be considered a necessary adjunct to any therapeutic intervention.

Wyatt, M. D. (1989). What must I believe to recover: The spirituality of twelve step programs. *Quarterly Review, 9*, 28-47.
Annotation was not available for this source.

Studies

Alfords, G. S., Koehler, R. A., & Leonard, J. (1991). Alcoholics Anonymous-Narcotics Anonymous model inpatient treatment of chemically dependent adolescents: A two year outcome study. *Journal of Studies on Alcohol, 52*(2), 118-126.
Annotation was not available for this source.

Bales, R. F. The therapeutic role of Alcoholics Anonymous as seen by a sociologist. *Quarterly Journal of Studies on Alcohol. 1944; 5: 267-278*. Retrieved from PsycINFO Online Database.

The program facilitates breaking through the psychosocial isolation of the confirmed addict, which is the chief barrier to success of any sort of treatment. The job of attacking the fixation on drinking and replacing it with a set of effective inhibitions, through social and religious means, is done more effectively and economically by Alcoholics Anonymous than by any other present therapeutic agency. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Bean Bayog, M. (1993). In B. S. McCrady (Ed.), *AA processes and change: How does it work?* (pp. 991-112). Piscataway, NJ: Rutgers Center of Alcohol Studies. Retrieved from PsycINFO Online Database.

Uses clinical observation to describe how alcoholic people use or avoid using AA [Alcoholics Anonymous] ... [this chapter] is based primarily on clinical work with alcoholics in and out of AA and distills observations from about 10,000 hours over a twenty year period spent with alcoholic patients seen individually in treatment, in teaching sessions, and in AA meetings ... how does it feel to develop alcoholism ... impact of alcoholic psychological distortions on entry into treatment ... the AA response to resistance to treatment ... recovery from alcoholism ... self image and identification ... the process of participation (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Best, D. W., Harris, J. C., Gossop, M., Manning, V. C., Man, L. H., Marshall, J., et al. (2001). Are the Twelve Steps more acceptable to drug users than to drinkers? A comparison of experiences of and attitudes to Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) among 200 substance misusers attending inpatient detoxification. *European Addiction Research*, 7(2), 69-77.

The present study is a cross-sectional interview-based investigation comparing experiences of and attitudes towards Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) in a sample of 200 patients attending inpatient substance misuse detoxification services. Two hundred consecutive admissions were recruited; 100 each from one drug and one alcohol in-patient treatment service in which attendance at AA/NA was a voluntary adjunct to a generic treatment programs. Although there were no differences in the history of AA/NA attendance, the drug users (who were on average younger) reported significantly more positive attitudes towards AA/NA, more willingness to attend during their in-patient treatment and greater intention to attend following completion of their detoxification. In particular, despite no differences in spiritual/religious orientation, the drug users reported more positive views of the Twelve Steps. As AA/NA remain popular and accessible forms of substance misuse support, it is critical that we develop a clearer understanding of their impact and of the scope for their integration with generic forms of substance misuse treatment. Copyright 2001 S. Karger AG, Basel MEDLINE

Bishop, C. & Pittman, B. (1989). *The annotated bibliography of Alcoholics Anonymous, 1939-1989* (1st limited ed.). Wheeling, WV: Bishop of Books.

This bibliography presents abstracts and annotations of recent published in the United States and Canada on Alcoholics Anonymous (AA). It contains AA-approved publications, Grapevine Articles, Grapevine Articles by Bill Wilson, books and pamphlets about AA, chapters about AA in books, popular magazine articles about AA, scholarly journal articles about AA, and theses and dissertations about AA. The Twelve Steps of AA, the Twelve Traditions, and the Twelve Concepts of AA are also listed. An author and subject index is included.

Bishop, C., & Pittman, B. (1994). *To be continued: The Alcoholics Anonymous world bibliography, 1935-1994*. Wheeling, WV: Bishop of Books.

This second edition of the bibliography on Alcoholics Anonymous contains over 2,900 citations. It covers journals, books, magazines, dissertations, foreign publications, grapevine articles and publications, ephemera, electronic medium and works in progress, tapes, records, films and videos.

Bloomfield, K. (1991). *International comparison of spirituality among members of Alcoholics Anonymous*. Berkley, CA: Prevention Research Center.

Spirituality of members of Alcoholics Anonymous (AA) in four different countries was compared. The research data were derived from a total of 1799 questionnaires returned from gay American, Icelandic, Mexican, and Swedish attendees at AA meetings in their own countries. Two scales

were used to operationalize spirituality as a concept distinct from religion. The results of the study suggest that the two scales are basically equivalent across the cultures involved in the study. The gay American sample was the most organized religion, and the Icelandic sample was the least organized religion. It is noted that this research is a preliminary step in the process of developing and refining accurate measures of spirituality.

Bradley, A. M. (1988). Keep coming back: The case for a valuation of Alcoholics Anonymous. *Alcohol Health and Research World*, 12(3), 192-199. Retrieved from PsycINFO Online Database.

Reviews the research literature on Alcoholics Anonymous (AA), the organization whose 12-step program forms the basis of most of the over 2,000 professional programs in the US. Research is discussed under the following topics: evaluating AA, AA as treatment adjunct, AA as primary intervention, AA as pretreatment influence, AA as aftercare, AA as a multimodal treatment component, correlates of AA affiliation, and correlates of AA participation. It is concluded that the idiosyncrasies of the AA approach may prove valuable for the development of a conceptual framework for guiding future research. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Bridgman, L. P., & McQueen, W. M. (1987). The success of Alcoholics Anonymous: Locus of control and God's general revelation. *Journal of Psychology and Theology*, 15(2), 124-131. Retrieved from PsycINFO Online Database.

Contends that the success of the Alcoholics Anonymous (AA) program for non-Christian members is a source of cognitive dissonance for Christians, who question where the power to change comes from, since AA does not emphasize a personal relationship with Christ. It is proposed that the research data demonstrate that it is the alcoholic's change from an internal to an external locus of control (LOC) regarding his/her drinking behaviors that accounts for the success of the AA program. A dual LOC theory, with one LOC for drinking behaviors and another LOC for life events in general, is proposed to explain some of the conflicting data in the research. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Chappel, J. N. (1992). Effective use of Alcoholics Anonymous and Narcotics Anonymous in treating patients. *Psychiatric Annals*, 22(8), 409-418. Retrieved from PsycINFO Online Database.

Describes the program of Alcoholics Anonymous (AA) and discusses the value of combining it with professional psychiatric treatment. Research findings are presented which show that AA is the most effective method for maintaining sobriety. Topics discussed include AA's history, policies, program elements, and goals. Also presented are skills necessary to support recovering patients who are in psychiatric treatment. It is suggested that psychiatrists assess the level of their patients' recovery and avoid prescribing dependence-producing medications that may interfere with recovery. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Chappel, J. N. (1994). Working a program of recovery in Alcoholics Anonymous. *Journal of Substance Abuse Treatment*, 11(2), 991-104. Retrieved from PsycINFO Online Database.

Discusses points made by E. J. Khantzian and J. E. Mack (see record 1994-42839-001) in their article examining how the Alcoholics Anonymous (AA) recovery program works. That article emphasized the importance of AA meetings and described storytelling as the primary vehicle for change. However, this author notes that those observations only begin to describe what it means to work a recovery program. For example, Khantzian and Mack failed to pay sufficient attention to issues of step work or the theory of self-medication. The status of a person's recovery from alcoholism or other addiction can be assessed accurately by the Recovery Status Examination, each question of which taps into a different aspect of the 12-step approach to recovery. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Chappel, J. N. (1995). Teaching and learning recovery. *Substance Abuse*, 16(3), 141-153. Retrieved from PsycINFO Online Database.

Teaching recovery is recommended for inclusion in the curriculum and clinical experiences of all health professionals. Recovery is a continuum which starts with intervention and detoxification. It extends, over years, to stable, secure, or serene sobriety. G. E. Vaillant (1983) has described the necessary conditions for this process as abstinence, substitute dependencies, behavioral and medical consequences, enhanced hope and self-esteem, and social support in the form of unambivalent relationships. The easiest way to obtain these conditions in the continuing treatment of addictive disorders is to work a 12-step program of recovery. Alcoholics Anonymous can serve as both a model for teaching and a source of valuable field experience in health professional education. The main components of working a 12-step program are attending meetings, choosing and participating in a home group, developing and using a phone list, and working the steps with the help of a sponsor. The recovery status exam is recommended as a clinical tool for monitoring and motivating patients in recovery from addictive disorders. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Chappel, J. N., & DuPont, R. L. (1999). Twelve-step and mutual-help programs for addictive disorders. *Psychiatric Clinics of North America*, 22(2), 425-446. Retrieved from PsycINFO Online Database.

The twelve-step programs are an invaluable complement to psychiatric and medical care. This article reviews recent research on the effectiveness of Alcoholics Anonymous and considers other mutual help programs. Problems with patient and professional resistance to the twelve-step programs are reviewed. Suggestions are made for working with these clinical problems. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Cooper, F. A. (1995). Alcoholics Anonymous: Spirituality and the collective conscious. *Dissertation Abstracts International: The Humanities and Social Sciences*, 43(4), 2588-A.

This study is an analysis of if and how Alcoholics Anonymous has influenced recovering alcoholics, of how group affiliations have been instrumental in the maintenance of sobriety among recovering alcoholics, and most of all of how the spiritual aspects of the AA program parallel the social processes of a religious institution, as detailed by Emile Durkheim in his classic sociological analyses of the sociology of religion. Twenty-five alcoholics with a minimum of two years of sobriety were interviewed. Subjects for the sample were obtained through different members of Alcoholics Anonymous who themselves had two years or better of sobriety and who regularly attends AA meetings. In the general group of this study the numerical results seem to be consistent with the idea that AA serves as a spiritual symbol and social force which lead toward salvation of recovery and immersion within the group life. The collective conscious that Durkheim describes in relation to religion is more than just similar to Alcoholics Anonymous, and the spirit of the concepts that dictate AA's belief system is that a part of the universal Higher Power or God exists in the consciousness of each human being. Alcoholics Anonymous has tapped into and spread this universal knowledge and wisdom.

Recovered, book one: Absolute victory over alcoholism: (2000). Ursa Publishing Company, Inc.

This book is a compilation of the recovery stories and personal God concepts of twenty recovered-NOT recovering-alcoholics who have over two hundred fifty (250) years of combined, continuous sobriety, who debunk the myth that complete recovery from alcoholism is impossible. All recovered using the 12 Steps of AA, all are alive at this time, and none has ever had another drink after working the 12 Step recovery program of AA.

Eckhardt, W. (1967). Alcoholic Values and Alcoholics Anonymous. *Quarterly Journal of Studies on Alcohol.*, 28(2), 277-288. Retrieved from PsycINFO Online Database.

White's method of value analysis was applied to the pre-alcoholic, alcoholic, and recovery periods of 12 case histories. The alcoholic period was defined by the loss of control of one's drinking to mark the beginning of this period and by the acceptance of Alcoholics Anonymous (AA) to mark its end. Alcoholic values were characterized by concerns for individuals, satisfaction, security, and success, without regard for the interests of others for the long-run consequences to oneself. Recovery values were characterized by concern for others and long-run consequences, as well as concern for one's own immediate satisfactions. The procedures and techniques used by AA to help the alcoholic convert from egocentric values to more ethical values seemed to be characterized by 2 basic principles: the provision of service without compensation, and the acceptance of frustration without retaliation. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Emrick, C. D., Tonigan, J. S., Montgomery, H., & Little, L. (1993). Alcoholics Anonymous: What is currently known? In B. S. McCrady (Ed.), (pp. 41-76). Piscataway, NJ, US: Rutgers Center of Alcohol Studies.

Provides an exploratory meta-analysis integrating research findings to date on affiliation processes and treatment outcomes within Alcoholics Anonymous.

Galanter, M. (1999). Research on spirituality and Alcoholics Anonymous. *Alcoholism: Clinical and Experimental Research*, 23(4), 716-719.

Many alcoholics say that spirituality is important to their sobriety, and Alcoholics Anonymous (AA) members consider it central to their fellowship. This commentary examines the psychological mechanisms that underlie spirituality and considers how they may be applied to research on the treatment of alcoholism. One recent national survey revealed that a third of Americans had turned to alternative therapies (therapies outside the medical mainstream) within the previous years; AA is a prime example given as a source for this kind of alternative therapy. Aside from traditional treatments that produce a direct physiological effect, alternative treatments often address a psychological effect operated by "nonspecific" means, such as suggestion or the influence of cultural overlay. For instance, AA is organized around the belief in a "Higher Power." In order to accept a healing movement like AA, a sick person must attribute the cause of his symptoms and the potential for relief to the movement's model of illness. Acceptance of the "beliefs" of the organization is essential to the recovery process. The socially-based reinforcement of compliance that takes place in a spiritually oriented healing movement like AA offers members relief from distress, which in turn serves as a reinforcer of compliance with the demand for abstinence. The physiological impact of approaches like spirituality, coupled with a group social support, is difficult to assess, but may be important in terms of treatment outcome. A better understanding of the AA approach may be a useful tool to support, develop, and improve cost-effective psychosocial treatments.

Gallo-Treacy, C. (1994). Social transformation of self in Alcoholics Anonymous. *Dissertation Abstract International*, 54(8), 3212A.

This study examines the impact of a social group, Alcoholics Anonymous (AA), on the behavior, identities, and beliefs of members. A group of variables used as indicators of religious conversion from studies in the sociology of religion were used. Special interest was given to processes of conversion within this perspective, including affiliation and integration of new members into the group. In large part, the theories of Peter Berger within the sociology of knowledge were incorporated into the conceptualization of the transformation process. The sociological perspective of symbolic interactionism was also used to conceptualize "self" and "identity." Participant observation and in-depth interviews were the methodologies utilized. The observations were conducted over a three-year period with approximately one year at each of the different groups. A small pilot study of five AA members and their spouses was also conducted through in-depth interviews. The study confirmed the importance of specific features of the AA program in the

process of self-change particularly, the role of a ritualized story-telling format by new and old members, and its capacity to disclose various stages of change as people engage in the construction and reconstruction of their lives as "alcoholics." Biographical reconstruction was also found to be a group process undertaken by both AA members together with their families and/or "significant others. In the ideal circumstances for AA members, self-change was accompanied by parallel processes of biographical reconstruction for family members attending Al-Anon and Ala-Mar. The study disclosed parallel processes of self-change for non-alcoholic family members as those observed for their relatives and spouses. Copyright 1994 - University Microfilms, Inc. University Microfilms International (UMI)

Gorsuch, R. L. (1993). Assessing spiritual variables in Alcoholics Anonymous research. In W. R. Miller (Ed.). *Research on Alcoholics Anonymous: Opportunities and alternatives* (pp. 301-318). New Brunswick, NJ: Rutgers Center of Alcohol Studies.

The spiritual variables of Alcoholics Anonymous (AA) are discussed. Section headings in this monograph include: (1) what is spirituality; (2) Christian spirituality; (3) general spirituality; (4) past research, how does spirituality relate to alcohol use; (5) possible roles of spiritual factors on Alcoholics Anonymous; (6) alcoholism as the failure of spirituality; (7) the possibility of spirituality in AA programs; and (8) methodological note. It is concluded that only when spirituality is truly used within the AA programs will it be possible to evaluate that aspect of 12-step programs. The percentage of alcohol abuse in United States Christian and non-Christian groups is presented in table form. 36 Ref.

Horstmann, M. J., & Tonigan, J. S. (2000). Faith development in Alcoholics Anonymous (AA): A study of two AA groups. *Alcoholism Treatment Quarterly*, 18(4), 75-84. Retrieved from PsycINFO Online Database.

This study offers a theoretical perspective to view spiritual faith development of AA members. Survey data from two AA groups (N = 47) were used to test the hypothesis that completion of steps 1 through 3 promoted a deferring God relationship while completion of additional steps engendered a more collaborative God relationship. Extent of self-reported step work did not predict preferred spiritual coping style, while two measures of AA longevity did predict preferred spiritual coping style. In disagreement with earlier work (e.g., J. S. Tonigan et al, 1995), findings suggested that AA groups differ in spiritual beliefs and practices. Clinical and research implications are discussed. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Kondo, C., Iimuro, T., Iwai, K., Kurata, K., Kouda, M., Tachikawa, H., et al. (2000). A study of recovery factors about drug addiction recovery center "DARC". *Nihon Arukoru Yakubutsu Igakkai Zasshi*, 35(4), 258-270.

This study examines the effectiveness of the 'DARC' (Drug Addiction Rehabilitation Center) and its program in treating patients with drug dependence. DARC is the only rehabilitation facility group managed by recovered drug users in Japan. It uses the 'Twelve Step Program' as part of its recovery regime. Through structured questionnaires, the changes of participants' and ex-participants' everyday behavior, their acceptance of spirituality, attitude toward drugs, self-esteem, their coping skills and loneliness were examined. The results revealed: a.. Negative partial correlation between loneliness and everyday behavior. b.. Negative partial correlation between loneliness and positive/effective coping skills. c.. Positive partial correlation between acceptance of 'spirituality' and attitude toward drugs. d.. Positive partial correlation between acceptance of 'spirituality' and positive/effective coping skills. These results suggest that the acceptance of 'spirituality' and decreasing loneliness are important factors in the recovery from drug dependence (abstract from MEDLINE).

Kurtz, E. (1982). Why AA works: The intellectual significance of Alcoholics Anonymous. *Journal of Studies on Alcohol*, 43(1), 38-80. Retrieved from PsycINFO Online Database.

Discusses Alcoholics Anonymous (AA) in terms of its origins, the parallels between its insight and that of existential philosophy, the influence of its ideas on other social phenomena, and its recognition as a movement of intellectual significance. The influences of the Oxford Group, W. James, Jung, and W. D. Silkworth on AA are noted. AA recognizes that the alcoholic is essentially limited, consistent with existential philosophy. The 1st step to a psychological cure occurs when a patient learns that more security may be obtained by abandoning some security-seeking behavior. The larger insight of AA is the wholeness of limitation which enables true acceptance of limitation. Four aspects of this insight are "letting go," the nature of the human condition, limited control, and limited dependence. A crucial step in AA is self-transcendence, which involves embracing a new relationship with others who are also essentially limited and requires a recognition that to be fully human is to need other humans. (125 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Kurtz, E., & Kurtz, L. F. (1985). The social thought of alcoholics. *Journal of Drug Issues*, 15(1), 119-134. Retrieved from PsycINFO Online Database.

Concern about alcoholism historically involves concern about the social thought of alcoholics. It is contended that Alcoholics Anonymous (AA) works by changing the social thought of its members. However, also for historical reasons, large differences exist between the wisdom-orientation of the social thought of AA and the knowledge-orientation that characterizes the social thought of modern alcoholism treatment professionals. A study was conducted to investigate and measure this potential for ideological conflict between members of AA and professionals who work in the field of alcoholism treatment, based on 73 questionnaire responses from and 26 interviews with members of both populations. Findings indicate that AA members valued limitation, mutuality, participatory validation, and the tradition dimensions of thought. While both AA members and professionals valued efficiency and control highly, results suggest that professionals and AA members hold somewhat antithetical views. It is suggested that understanding those differences is essential to establishing rapport between treatment professionals and AA members. (5 p ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Montgomery, H. A., Miller, W. R., & Tonigan, J. S. (1993). Differences among AA groups: Implications for research. *Journal of Studies on Alcohol*, 54(4), 502-504. Retrieved from PsycINFO Online Database.

Members of 4 Alcoholics Anonymous groups completed a modified version of the Group Environment Scale. A total of 76 questionnaires were completed. All groups were rated equally as encouraging spirituality but discouraging innovation. Groups were also rated equally in their encouragement of individual expression, independence, and self-discovery. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Ronel, N. (1997). The universality of a self-help program of American origin: Narcotics Anonymous in Israel. *Social Work and Health Care*, 25(3), 87-101.

A phenomenological field study of Narcotics Anonymous (NA) in Israel focused on the way a self-help program, based on American Christian ideology was adopted in Israel. Acculturation problems were anticipated, due to cultural, demographic and religious differences. Participant observations and open-ended interviews supplied the raw data. Emphasis was placed on the factors and processes definable as typically American: voluntarism and pragmatism, personal sharing as a basis for relationships, spiritual rather than religious faith, the idea of a "personal God" guiding individuals, faith in God without religious tradition and formal ritualism. The results showed that, for the substance-dependents, the issue is generally irrelevant, and they accepted most "American" components of the program unquestioningly. However, two discrete features of Christian ideology required conscious incorporation by NA's Israeli members: (1) the concept of a "Loving God" who is non-punitive, which for many members was opposed to their traditions and upbringing, and (2) kneeling to pray, a recommendation which many members

initially found problematic. The conclusion denotes a factor facilitating the transfer of therapeutic programs from one culture to another—that of personal suffering as a universal domain. It transcends all cultural boundaries and generates willingness to accept foreign concepts which reveal suffering and propose a pragmatic way to end it.

Rush, M. M. (1997). *A study of the relations among perceived social support, spirituality, and power as knowing participation in change among sober female alcoholics in Alcoholics Anonymous within the science of unitary human beings*. Dissertation. Abstracts International: Section B: The Sciences and Engineering. 57(8-B). Retrieved from PsycINFO Online Database.

Despite the many studies of short-term sobriety and treatment outcome, using time-since-inpatient discharge as the research variable, there is a 'gap' in the literature concerning those sober over one year, especially among women. This exploratory, correlational study adds to an empirical understanding of the experience of sobriety in alcoholic women who are understudied and about whom there is little knowledge. In a health-care climate where cost-effectiveness is of primary concern, acquiring an understanding of how a supportive community works in dealing with substance abuse is of great importance. A multivariate, correlational design provided beginning information about power as knowing participation in change in 125 sober female alcoholics relative to perceived social support and spirituality. The average participant was 47 years old, married, middle- to upper-middle-class, Caucasian and sober nine years. Data were analyzed through univariate analyses, One-way ANOVAs, and simultaneous and hierarchical multiple regressions. The results of this study revealed that perceived social support and spirituality contributed collectively and uniquely to the variance of power. Together perceived social support and spirituality contributed to explaining 22% of the power variance ($F(2,122) = 17.386, p = .000$). The second hypothesis predicted that perceived social support and spirituality would individually relate positively to power in sober female alcoholics. Based on a series of hierarchical multiple regression analyses, this hypothesis was supported. In the first analysis, spirituality was entered first into the equation, contributing 19% of the variance in power. This amount is statistically significant ($F(1,123) = 27.96, p = .0001$). Perceived social support was then entered next into the regression equation, producing a change in R^2 of .04 which is statistically significant ($F(2,122) = 17.39, p = .000$). In the second analysis, perceived social support was entered first (Database Record (c) 2000 APA, all rights reserved)

Stowe Johns, L. (1990). *Climbing Jacob's ladder: Twelve Steps in your spiritual journey*. Nashville, TN: Abington Press.

Annotation was not available for this source.

Tonigan, J. S., Ashcroft, F., & Miller, W. R. (1995). AA group dynamics and 12-step activity. *Journal of Studies on Alcohol*, 56(6), 616-621. Retrieved from PsycINFO Online Database.

Examined differences in 3 Alcoholics Anonymous (AA) groups in perceived social dynamics, emphasis on, and completion of the 12 steps of AA. Questionnaires were completed by 69 Ss affiliated with 3 mainstream AA groups (mean age 39.90 yrs; 36.22 yrs; and 42.41 yrs respectively), to elicit demographic information, discuss the frequency with which each of the 12 steps was used, and assess group environment. Results show that the 3 groups differed in perceived group cohesiveness, independence, aggressiveness, expressiveness and in how frequently members reported that 12 steps were discussed in meetings. Step discussion was lowest in the group with highest aggressiveness. The group with highest cohesiveness and step discussion reported having completed the fewest surrender steps (1-3 steps). It is concluded that AA groups differ not only in perceived social environment characteristics, but in AA implementation of the 12 steps. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Tonigan, J. S., Toscova, R., & Miller, W. R. (1995). Meta-analysis of the literature on Alcoholics Anonymous: Sample and study characteristics moderate findings. *Journal of*

Studies on Alcohol, 57(1), 65-72. Retrieved from PsycINFO Online Database.

Used meta-analytic procedures to summarize the findings of 74 studies that examined Alcoholics Anonymous (AA) affiliation and outcome. Results were divided by whether samples were outpatient or inpatient, and a global rating of study quality that jointly considered use of S selection and assignment, reliability of measurement, and corroboration of self-report. AA studies lacked sufficient statistical power to detect relationships of interest. Findings show that AA participation and drinking outcomes were more strongly related in outpatient samples, and better designed studies were more likely to report positive psychosocial outcomes related to AA attendance. It is concluded that AA experiences and outcomes are heterogeneous, and it makes little sense to seek omnibus profiles of AA affiliates or outcomes. Well-designed studies with large outpatient samples may afford the best opportunity to detect predictors and effects of AA involvement. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Tonigan, J. S., & Hiller Sturmhoefer, S. (1995). Alcoholics Anonymous: Who benefits?

Alcohol Health and Research World, 18(4), 308-310. Retrieved from PsycINFO Online Database.

Discusses the efficacy of Alcoholics Anonymous (AA) programs. Factors that predict AA membership and how involvement in AA predicts outcome are considered. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Valverde, M., & White-Mair, K. (1999). 'One Day at a Time' and other slogans for everyday life: The ethical practices of Alcoholics Anonymous. *Sociology*, 47(5), 393-410.

Argues that the unique role of Alcoholics Anonymous (AA) in the history of popular ethical practices can be traced to several original features. (1) AA incorporates elements of the disease model of alcoholism, while remaining fundamentally a spiritual program, thus mapping an important hybrid terrain often ignored by students of medicalization. (2) AA was able to steer away from the political controversies about temperance, prohibition, & control of alcoholic beverages that made the old temperance movement founder. (3) AA uniquely managed to combine the once-in-a-lifetime experience of total transformation that is characteristic of religious conversion with the development of a series of slogans & mental techniques for dealing with the trivial details of life. After first outlining the hybrid terrain of AA between medicine & religion, some techniques at the core of AA's success are examined, including anonymity, the Higher Power, & the 24-hour cycle. 1 Appendix, 29 References. Adapted from the source document

Whitley, O. R. (1977). Life with Alcoholics Anonymous: The Methodist class meeting as a paradigm. *Journal of Studies on Alcohol*, 27(1), 831-848.

A participant-observer study of a metropolitan Denver Alcoholics Anonymous (AA) group is presented. The first meeting observed was the regular monthly metropolitan area open meeting of a group of about 125 people. The following meetings observed were 4 consecutive small neighborhood AA meetings of groups ranging from 22 members to 32, beginning 11 Jan through 1 Feb 1972. What occurs when an AA group is engaged in acting out its lifestyle is described in the style set by W. F. Whyte (See SA 5:1/2916). The picture that emerged was that AA is a parareligious group, utilizing identifiably religious resources in the effort to achieve its goals. The paradigm for the group life & the subculture of AA was quite similar to that of the Methodist class meeting, an approach to group process conceived by J. Wesley (The Journal of the Reverend John Wesley, 8 Vol, Curnock, N. [Ed], New York: Eaton & Mains, 1909-1916). The meaning of the paradigm is explored in order to understand the group life of AA.

Winzelberg, A., & Humphreys, K. (1999). Should patients' religiosity influence clinicians' referral to 12-step self-help groups? Evidence from a study of 3,018 male substance

abuse patients. *Journal of Consulting and Clinical Psychology*, 67(5), 790-794. Retrieved from PsycINFO Online Database.

Twelve-step self-help organizations maintain that anyone, regardless of his or her religious beliefs, can benefit from participation in their groups. Yet many addiction professionals have reservations about referring nonreligious patients to 12-step groups. The present study examined the influence of patients' religiosity on whether they were referred to and benefited from 12-step groups. Participants were 3,018 male substance abuse inpatients. Individuals who engaged in fewer religious behaviors in the past year were referred to 12-step groups less frequently by clinicians. However, referrals to 12-step groups were effective at increasing meeting attendance, irrespective of patients' religious background, and all experienced significantly better substance abuse outcomes when they participated in 12-step groups. The viewpoint that less religious patients are unlikely to attend or benefit from 12-step groups may therefore be overstated. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(journal abstract)

Treatment

Crothers, L. J. (2001). Affiliation to the twelve-step philosophy of Alcoholics Anonymous and its impact on substance abuse treatment. *Dissertation Abstract International*, 61(12), 6699-B.

This study examined relationships between social network affiliation, affiliation to supernatural or God-mediated control beliefs, religiosity, and affiliation to the 12-Step philosophy of Alcoholics Anonymous. The aim was to assess how endorsement of social network support and religious or spiritual experiences and beliefs were related to 12-Step affiliation and how these affiliations might subsequently influence substance abuse treatment outcomes. Data were collected on persons (N = 95) entering a substance abuse treatment facility associated with a drug court. All subjects were given the Twelve-Step Participation Questionnaire, Network Orientation Scale, and the Belief in Personal Control Scale, and 77 subjects were given the Addiction Severity Index. Subjects still in the program after 6 months received follow-up assessment. Many of the hypothesized relationships proved to be nonsignificant, but significant relationships were found between initial measures of 12-Step affiliation and number of close friends, greater belief in personal control, and having experienced a spiritual awakening. Reduced alcohol problems at 6 months was significantly associated with 6-month 12-step affiliation. A significant relationship was found between 12-step meeting attendance at 3 months and dropout status. Having fewer family and relationship problems at 6 months was associated with fewer drug problems.

Denzin, N. K. (1987). *Treating alcoholism: An Alcoholics Anonymous approach*. Newbury Park, Calif.: Sage Publications.

Annotation was not available for this source.

Fiorentine R, H. M. (2000). Exploring the additive effects of drug misuse treatment and Twelve-Step involvement: does Twelve-Step ideology matter? *Substance Use & Misuse*, 35(3), 367-397.

Previous research revealed an additive effect of recovery activities in that those who attended Twelve-Step meetings on a weekly basis during and after outpatient drug-user treatment had higher rates of abstinence compared to those who participated in either treatment or Twelve-Step programs alone. The current investigation extends the previous research by examining the possible effects of Twelve-Step ideology on participation in Twelve-Step programs and abstinence from drug use. The findings from this treatment outcomes study indicate that the acceptance of Twelve-Step ideology, particularly strong agreement with the need for frequent, lifelong attendance at Twelve-Step meetings, and the need to surrender to a "higher power" are significant predictors of weekly or more frequent attendance at Twelve-Step meetings independent from other potentially mediating variables. Twelve-Step ideology, specifically the notion that controlled or nonproblematic drug use is not possible, predicted abstinence independent from Twelve-Step participation and other potentially mediating variables. These findings often a number of

implications concerning group process and recovery from drug misuse which are addressed in the Discussion section under the following topics: 1) spirituality and group cohesion, 2) spiritual transcendence, social transcendence, and recovery; 3) spirituality and the obstruction of recovery; 4) Twelve-Step ideology and learning; 5) perceived control of drug use, self-efficacy theory, and recovery; and 7) perceived control of drug use and optimistic illusions. Directions for future research are discussed (abstract from MEDLINE).

Fiorentine, R., & Hillhouse, M. P. (2000). Drug treatment and 12-step program participation: The additive effects of integrated recovery activities. *Journal of Substance Abuse Treatment, 18*(1), 65-74. Retrieved from PsycINFO Online Database.

The purpose of this study is to answer questions concerning client participation in drug treatment and 12-step programs and their separate and combined effects on recovery. Ss were 360 outpatient clients of substance abuse treatment facilities who were followed up 8 mo. Results of a treatment outcomes study indicate that rather than recovery alternatives, drug treatment and 12-step programs are utilized by the client as integrated recovery activities. Treatment participants with pretreatment 12-step involvement stayed in treatment longer, and were more likely to complete the 24-week program. Both pretreatment 12-step involvement and duration of participation in drug treatment are associated with subsequent 12-step involvement. Most importantly, there is an additive effect of these recovery activities in that those who participated concurrently in both drug treatment and 12-step programs had higher rates of abstinence than those who participated only in treatment or in 12-step programs. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Giffen, D. L. (1997). *Lifestyle change and in treatment outcome in a national sample of outpatient substance abuse clients*. Dissertation Abstracts International: Section B: The Sciences and Engineering. 57(12-B). Retrieved from PsycINFO Online Database.

Chronic use of psychoactive substance (such as cocaine, alcohol, and marijuana) eventually leads users into a set of habits, social associations, and activities that can be said to constitute a substance-abusing 'lifestyle.' Research suggests that this lifestyle powerfully influences continued substance abuse and may encourage relapse after treatment. Affiliation with an alternative 'culture of recovery,' represented by the Twelve Step self-help programs, may effectively counterinfluence-recovering substance abusers. The present study investigated the substance-abusing lifestyle concept by examining changes in lifestyle variables (such as friendships, leisure activities, employment, criminal activity, and living arrangements) and their relationship to remaining in treatment and to changes in self-reported substance use. Twelve Step self-help group affiliation and the consequences of affiliation were also explored. A national database provided a sample of 2,191 subjects who entered outpatient drug-free treatment centers in 11 cities in the United States between 1991 and 1993. Of this study sample, 682 subjects remained in treatment at least 3 months. Results indicated that, for those remaining in treatment, many of the lifestyle variables changed in a hypothesized 'recovery lifestyle' direction, from intake to the third month of treatment. However, lifestyle variables at intake were not effective in predicting those who would remain in treatment at least 3 months. In addition, variables hypothesized to predict affiliation with Twelve Step groups were identified. Results suggested that subjects endorsing particular religious or spiritual beliefs, and those acknowledging problems with substance abuse, were more likely to attend Twelve Step meetings while in treatment. In addition, subjects affiliating with Twelve Step groups were more likely to report total abstinence after 3 months of treatment than those who did not affiliate. Implications for enhancing the effectiveness of outpatient substance abuse treatment, by giving greater attention to influencing aspects of lifestyle, are discussed. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Johnson, N. P., & Chappel, J. N. (1994). Using AA and other 12-step programs more effectively. *Journal of Substance Abuse Treatment, 11*(2), 137-142. Retrieved from PsycINFO Online Database.

Describes characteristics of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups and ways to enhance the positive outcomes of referrals to these groups. Meetings in this type of 12-step recovery program include open meetings, closed meetings, discussion meetings, speaker meetings, step meetings, and big book meetings. There are also several types of specialized groups including nonsmokers, single-gender groups, alternative lifestyle meetings, and home group meetings. In referring clients to AA or NA groups, therapists should consider additional factors that may influence their clients' decision. These include availability of temporary contacts or recovery guides who agree to help new clients, spirituality emphasized by some groups, expenses, continuous availability, and babysitting services. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Keller, J. E. (Ed.). (1994). *Spirituality in treatment and recovery*. Notre Dame, IN: University of Notre Dame Press.

Offers [a] view of the founding and history of the AA [Alcoholics Anonymous] movement ... highlights the role that spirituality has always played in AA programs of recovery, and how the regnant medical and psychological communities have found the spiritual aspect of AA's program (coupled with its undeniable success in promoting recovery of alcoholics) difficult to accept.

Kurtz, L. F. (1984). Linking treatment centers with Alcoholics Anonymous. *Social work in Health Care*, 9(3), 85-94. Retrieved from PsycINFO Online Database.

Surveyed, by mail and personal interviews, 42 treatment center directors and 31 members of Alcoholics Anonymous (AA). 36 centers reported good relationships with AA, although some professionals evaluated cooperation as better than did AA members. Six centers refrained from cooperating with AA. Respondents shared methods of coordination and recommended linking practices. Good relationships with AA existed when professionals interacted frequently with the fellowship and where these interactions followed certain patterns of activity. (18 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Kurtz, E. (1996). Twelve step programs. In *Spirituality and the secular quest* (pp. 277-302). New York: Crossroad.

Annotation was not available for this source.

Lawson, G. W. (1992). Twelve-step programs and the treatment of adolescent substance abuse. In G. W. Lawson (Ed.), *Adolescent substance abuse: Etiology, treatment, and prevention* (pp. 219-229). Gaithersburg, MD: Aspen Publishers Inc.

Discusses the effectiveness of twelve-step programs in the treatment of adolescent substance abuse.

Mason, M. J. (1995). An interpretation of an adolescent treatment center's use of Alcoholics Anonymous' 12-Step program and its parallel to classical rites of passage : [bibliog, table]. *Journal of Ministry in Addiction & Recovery*, 2(2), 87-95.

An interpretative analysis is presented of an adolescent substance abuse treatment center. The alcoholics Anonymous (AA) 12-step program is examined against Van Gennep's (1960) model of "Rites of Passage." Parallels are drawn between Van Gennep's model and the AA model of treatment. Suggestions for treatment and fur further inquiry are provided.

Miller, W. R., & Kurtz, E. (1994). Models of alcoholism used in treatment: Contrasting AA and other perspectives with which it is often confused. *Journal of Studies on Alcohol*, 55(2), 159-166. Retrieved from PsycINFO Online Database.

Distinguishes among core Alcoholics Anonymous (AA) precepts and other beliefs peripheral or even antithetical to AA, with which it has been confused. Current popular and professional conceptions of alcoholism in the US blend four models that differ in their emphases and

implications and contain mutually contradictory beliefs. Elements of moral-volitional, personality and dispositional disease models have been confused with, and mistakenly attributed to, the essentially spiritual views of AA. An original AA model can be distinguished from prior and subsequent beliefs with which it has been added. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Montgomery, H. A., Miller, W. R., & Tonigan, J. S. (1995). Does Alcoholics Anonymous involvement predict treatment outcome? *Journal of Substance Abuse Treatment, 12*(4), 241-246. Retrieved from PsycINFO Online Database.

Examined AA attendance and involvement in the 12 steps of AA and whether these behaviors were related to pretreatment patient characteristics and posttreatment outcomes. 66 Ss (aged 18-58 yrs) receiving inpatient treatment for alcohol dependence were interviewed 1, 3, and 6 mo after discharge. AA attenders, when compared with non-attenders, were not distinguishable on pretreatment patient characteristics. Posttreatment attendance of AA was not predictive of drinking outcomes. However, a measure of the degree to which Ss had become involved in AA did predict more favorable outcomes. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Nealon-Woods, M. A., Ferrari, J. R., & Jason, L. A. (1995). Twelve-step program use among Oxford House residents: spirituality or social support in sobriety? *Journal of Substance Abuse 1995, 7*(3), 311-318.

Oxford House is a self-help, self-governed, democratic communal-living environment for recovering alcoholics and polysubstance abusers. In this study, 134 male residents (M age = 34 years old) were personally interviewed on their recovery process and, in particular, on their experience with 12-step programs such as Alcoholics Anonymous (AA). Most residents (76%) reported they attended weekly AA meetings to assist in their recovery, mainly to acquire effective techniques to maintain sobriety (72%). Many AA attendees (43%) claimed no sense of spirituality prior to joining AA, and for most of these men (71%), attendance at weekly meetings was not motivated by "spirituality" aspects of the program. In contrast, the majority of residents (53%) attending weekly AA meetings claimed that a sense of fellowship with similar recovering others was their reason for program involvement. It appears that among men living in a communal setting with other recovering addicts, the need for social support for sobriety from similar others continues beyond the confines of their residence (abstract for MEDLINE).

Tonigan, J. S., Toscova, R. T., & Connors, G. J. (1999). Spirituality and the 12-step programs: A guide for clinicians [bibliog]. In *Integrating spirituality into treatment* (pp. 111-131). Washington, DC: American Psychological Association.

This chapter is designed to acquaint practitioners with several key aspects of 12-step programs such as Alcoholics Anonymous, Overeaters Anonymous, and Gamblers Anonymous. After a brief review of the history of 12-step programs, distinctions between the 12-step program and fellowship are discussed. Relationships between these constructs and core 12-step literature are also examined. In the second section of this chapter, spirituality is examined as it is prescribed and practiced in 12-step groups. Core beliefs and values of spirituality in 12-step programs are identified. Emphasis is placed on the practice and behaviors associated with "working" the Twelve Steps. The final part of this section describes the subjective experience of spirituality in 12-step groups. The final section of this chapter reviews specific assessment tools for measurement of 12-step involvement and spirituality. Studies have shown that individuals affiliated with 12-step organizations are more likely to receive formal treatment than are non-12-step members. Self-examination is required to practice the 12-step program and this process in itself can be an important therapeutic asset. Theory-driven prospective research is needed to clarify how spirituality may predict or mediate mutual-help group participation.

Tonigan, J. S., Miller, W. R., & Connors, G. J. (2000). Project MATCH client impressions about Alcoholics Anonymous: Measurement issues and relationship to treatment outcome. *Alcoholism Treatment Quarterly*, 18(1), 25-41. Retrieved from PsycINFO Online Database.

Alcoholics Anonymous (AA) is the most popular mutual-help program for individuals with alcohol-related problems, and most treatment programs encourage AA attendance during and after treatment. As part of a larger study (Project MATCH, 1997; 1998), this study examined 621 aftercare clients' (mean age 41.73 yrs) and 415 outpatient clients' (mean age 10 yrs) subjective impressions about AA. As predicted, client ratings of the helpfulness of AA, the importance of encouragement to attend AA, spiritual experiences, and God consciousness were positively related with AA meeting attendance and practicing of prescribed AA-related behaviors, such as having a sponsor. Confirmatory factor analyses indicated that commitment to AA-related practices, AA meeting attendance, and subjective impressions about AA formed a single latent construct depicting how individuals experience AA. Increased engagement in AA-related practices and beliefs was predictive of statistically significantly more abstinence and less intense drinking when drinking occurred. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(journal abstract)

Tonigan, J. S. (2001). Benefits of Alcoholics Anonymous attendance: Replication of findings between clinical research sites in Project MATCH. *Alcoholism Treatment Quarterly*, 19(1), 67-77. Retrieved from PsycINFO Online Database.

Compared findings on the benefits associated with Alcoholics Anonymous (AA) attendance across eleven clinical sites in Project MATCH. 1,726 clients were recruited for the study. Results found that the largest benefit associated with AA attendance was increased abstinence, followed by reductions in alcohol-related consequences. The magnitude of these benefits did not differ between sites. A positive association was also found between AA attendance and increased purpose in life, but the size of this relationship was very small and was statistically significant only after controlling for measurement error. Several explanations are offered to reconcile findings in this study with earlier work concluding that: (1) treatment setting moderated subsequent AA benefit, and (2) AA attendance was associated with psychosocial improvement. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Toivainen, S. (1996). AA culture as the antithesis of alcoholic culture. *Alkoholipolitiikka*, 45(5), 336-354.

In the second part of a series on alcoholic culture (for Parts 1 & 3 [1996], see abstracts 9714651 & 9714650, respectively), the Hazelden method of treatment & the Alcoholics Anonymous (AA) culture is discussed as a programmatic antithesis to alcoholic culture. Drawing on a participant observation study conducted in 1991 while a patient at an institution applying the Minnesota model & the Hazelden method, the nature of treatment & characteristics of the patients are described, highlighting the unique solidarity that grew among the patients, more or less independently of the treatment model. Critical & polemic arguments are presented against the propaganda of the Hazelden model. It is argued that the Hazelden method & the AA culture represent a sort of voluntary coercion. The spiritual nature of the AA culture is also described, noting its crucial influence on the formation of AA traditions. In particular, the AA tripartite model - falling ill, deflation at depth (as a kind of spiritual experience), & recovery with the help of Higher Powers & AA groups - is regarded culturally coercive. Adapted from the source document

Voegtlin, W. L., & Lemere, F. (1942). The treatment of alcohol addiction: A review of the literature. *Quarterly Journal of Studies on Alcohol*. 1942(2), 717-803. Retrieved from PsycINFO Online Database.

Psychological methods of treatment include: compulsory and punitive measures, generally effective with only 15-35%; psychosocial therapy; religious appeal, as exemplified in Alcoholics Anonymous, successful apparently in 30-70%; conventional psychotherapy in a controlled

environment, such as farm or institution, giving 25-75% of cures, with adequate therapy including 20-100 hours of treatment; psychoanalysis, which so far has a lack of encouraging results; and hypnosis, for which there are no encouraging statistics. Physiological methods include conditioned reflex therapy, which with proper application gives 60-70% of cures; elevation of blood sugar levels; spinal drainage; convulsive therapy; serotherapy; and autohemotherapy. Pharmacological methods are reviewed and adjuvant methods mentioned. 239-item bibliography. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Twelve Steps

The presence at the center: The twelve steps and the journey deep within. (1986). Minneapolis, MN: Hazelden.

This book reveals the common struggles and Twelve Step process that continue to inspire recovery and nurture spiritual growth. Chapter topics: substitute addictions, the presence at the center, letting go, obstacles, the selfish reflection, reluctance and fear, a new way of living, the inner companions, relatedness, discernment, meditation, and the wounded healer.

Stairway to serenity: The eleventh step. (1988). Minneapolis, MN: Hazelden.

The author provides a practical, applicable, down-to-earth guide for finding serenity through spiritual growth.

Step Twelve: The language of the heart. (1983). Minneapolis, MN: Hazelden.

This pamphlet is one person's interpretive guide to Step Twelve. The author discusses what it means to have a spiritual awakening, offers several ways of carrying the message of a spiritual awakening to alcoholics, and suggests ways of living the Twelve Step Program on a daily basis.

The Twelve Steps: A healing journey. (1986). Minneapolis, MN: Hazelden.

The author meditates on the Twelve Steps of Alcoholics Anonymous and shares his spiritual experience of the inner Presence that has become a guiding force in his recovery.

The Twelve Steps: A spiritual journey: A working Guide for healing damaged emotions: Based on biblical teachings. (1994). San Diego: RPI Publishing, Inc.

This is a 30 week course designed for adults who seek healing from damaged emotions. Through use of Biblical principles, Twelve Step wisdom, and the power of self-disclosure, this book provides a road map on the journey toward lasting change, recovery, and healing.

The Twelve Steps of Alcoholics Anonymous interpreted by the Hazelden Foundation, The. (1993). Minneapolis, MN: Hazelden.

This book brings together a series of short discussions that interpret each of the Twelve Steps. Each discussion has a separate author (authors listed at the end of the book), providing a diversity of voices to keep the interpretations fresh and meaningful.

Baker, S., & Nowinski, J. (1992). *The 12-Step facilitation handbook: A systematic approach to early recovery from alcoholism and addiction.* New York: Lexington Bks.
Annotation was not available for this source.

Booth, F. L. (1991). *When God becomes a drug: Breaking the chains of religious addiction and abuse* New York, NY: Jeremy P. Tarcher Inc.

Religious addiction, like alcohol addiction, is a dysfunction that can be treated. In this book, Father Leo adapts the twelve-step program of Alcoholics Anonymous to the particular problems of this dysfunctional behavior, and offers a step-by-step program of exercises and affirmations that help turn religious addiction into a healthy relationship with God.

Carnes, P. (1993). *A gentle path through the twelve steps for all people in the process of*

recovery: A guidebook. Minneapolis, MN: CompCare Publishers.

This personal workbook will help you to understand your own story of the past and to begin planning a lifetime of sobriety. Here are over 40 Twelve Step exercises organized to help you progress gently through the Steps. As you work each one, your experience of each Step will be enriched and your understanding of the Twelve Step process will become real and personal. Also, spaces are provided to record both your progress and the challenges that lie ahead. In this way, the book becomes a "living document" of recovery.

Chapman, C. (1992). *Step spirit: The twelve steps as a spiritual program*. New York: Paulist Press.

For many people in recovery, the 12 Steps add up to a deeply spiritual process that brings them into a new relationship with God. For such people, Step Spirit will be an aid. It names the "higher power" as a God who saves and heals wounded humanity. It brings people to a new sense of prayer that nourishes themselves and others. Each chapter has a section "especially for women" which will help them recover a sense of personal power through the 12 Steps (Hazelden Database).

Else, J. D. (1999). Recovering recovery. *Journal of Ministry in Addiction & Recovery*, 6(2), 11-23.

A spiritual interpretation of the 12-Steps of Alcoholics Anonymous: from resentment to forgiveness to love.

Father Fred and the Twelve Steps: A primer for recovery. (1996). Worcester, MA: Ambassador Books Inc. Annotation was not available for this source.

Francis, J. (1998). *Walking with God through the 12 Steps: What I learned about honesty, healing, reconciliation and wholeness*: Liturgy Training. Annotation was not available for this source.

Homer, P. (1999). *Turning it over: A third step guide for recovering people*: Minneapolis, MN: Hazelden Information & Educational Services. Annotation was not available for this source.

Keller, R. (1992). *Twelve Steps to a new day: An interactive recovery workbook for spiritual growth*: Grand Rapids, MI: Thomas Nelson. Annotation was not available for this source.

Kus, R. J. (1995). Self-examination in addiction recovery: Notes on Steps 4 and 10. In R. J. Kus (Ed.). *Spirituality and chemical dependency* (pp. 65-77). New York, NY: Harrington Park Press/Haworth Press. Retrieved from PsycINFO Online Database.

Explores the 2 Steps of AA [Alcoholics Anonymous] devoted to self-examination [by the chemically dependent person], Steps 4 and 10 ... in Step 4, individuals make a searching and fearless moral inventory, while in Step 10, they continue to take a personal inventory and, when wrong, promptly admit it ... introduce the "WinterStar Life Assessment Guide" as a concrete tool for self-examination ... discuss how people go about doing Step 10, one of the so-called "maintenance" steps ... clinical implications will follow (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Lefever, R. (1988). *Spirituality for atheists and agnostics*. London: Promis Books Ltd.

By examining each of the 12-Steps of Alcoholics Anonymous, Lefever traces his personal continuing steps in the journey towards a healthy human spirit. He believes that each person

possesses a sense of spirituality, regardless of specific religious belief or even the total lack of it. He believes that the 12-Steps are a valuable working tool for the variety of life's challenges.

Linn, D., Linn, S. F., & Linn, M. (1993). *Belonging: Bonds of healing and recovery*. New York: Paulist Press.

The authors' roots in Ignatian spirituality led them to write this book integrating spirituality with psychology, along with the themes of Twelve Step recovery and Catholic Charismatic Renewal. Chapter topics: Bill W. and the search for belonging; two of our stories; are you getting stuck?; how do addictions begin?; 12-steps and 12 reflections; steps 1, 2, and 3; steps 4, 5, 6, and 7; steps 8 and 9; steps 10, 11, and 12; using the imagination for healing and recovery; course guide; and resources for further growth. Other themes: losses, affirmation, hurts and wrongs, amends, telling the truth vs. religious addiction, review of life, and giving and receiving love.

Odum, R. (1994). *Your companion to twelve step recovery*. Carson, CA: Hay House, Inc.

Odum's book is written for people involved in Twelve Step programs whose spirituality is metaphysically oriented. His foundation is New Age or New Thought, and the goal is balance, harmony, and recovery. Each Step is examined, with supporting personal exercises (which can involve the family, friends, and sponsor), affirmations, and meditations.

Randolph, J., & Martin, B. (1986). *Side by side: The twelve steps and a course in miracles*.

Tucson, AZ: Bette Martin Cundiff Publications.

This small volume captures the essence of two powerful spiritual pathways which are closely aligned in their concepts and practice: the 12 Steps of Alcoholics Anonymous and A Course In Miracles. Both are pathways of love and inner purification which emphasize surrender as the key to transformation by Grace.

Risher, D. D. (1993). The thirteenth step. *The Other Side, January-February*, 26-29.

Annotation was not available for this source.

Schnarr, G. R. (1989). *Spiritual Recovery: A Twelve-Step Guide*. West Chester, PE:

Swedenborg Foundation Inc.

Spiritual Recovery is a back-to-basics, twelve-step approach to personal spiritual development. Adapted from the twelve steps of Alcoholics Anonymous, Spiritual Recovery's non-sectarian program charts a map to spiritual growth. Working through these steps brings freedom from the destructive power of guilt, fear, anger, want, and resentment. Applying the program's insights, spiritual seekers can break free from destructive compulsions and develop more loving, knowing relationships by making choices that arise from the wisdom of the heart. Through compelling anecdotes, author Schnarr shows how to break free from the hold of destructive emotional behavior and move toward a loving, spiritual life. Thoughtful and rewarding exercises at the end of each chapter ground the insights and reinforce each individual step. The author also offers two appendices for the reader who wants to set up support groups. Spiritual Recovery is a revision of Schnarr's 1990 *Unlocking Your Spiritual Potential: A Twelve-Step Approach* (Abbey Press). In this new edition, Schnarr meticulously examines the reasons for the success of the twelve-step philosophy. This book has been used in such groups on five continents and has been translated in part or whole into several languages. Over 10,000 copies have been sold (From the Publisher).

Seppala, M. D. (2001). *Clinician's guide to the twelve step principles*. New York: McGraw-Hill Medical Publishing Division / Hazelden.

The Hazelden Chronic Illness Series offers information and advice on the treatment of chronic illness and related aspects of healthcare. This volume illustrates the treatment of alcohol and substance abuse with the Twelve Steps of Alcoholics Anonymous. It provides an overview of the Twelve Steps for treating alcoholism and addiction; thoroughly examines each Step; explains the

role of spirituality in the program; examines honesty; discusses criticisms of the Twelve Steps; utilizes an experiential approach to bridge the gap between clinical skills/training and the spiritual aspects of the program; includes inspiring individual recovery stories; and offers a historical perspective of the program.

Twelve Steps & Hebrew/Christian Scripture

The good book and the big book: AA roots in the bible. (1995). San Rafael, CA: Paradise Research Publications. Here is an account of what early AAs heard, studied, and borrowed from the Bible (Hazelden Database).

Doyle, P. B. (1989). *In Step with God: A scriptural guide for practicing the Twelve Step programs.* Brentwood, TN: New Directions.

This self-help guide and workbook is for persons seeking a better life through use of the 12 Step programs. Doyle sets forth the relationship between the 12 Steps and the teaching of the Bible, and writes for that element of the Christian community practicing a 12 Step program. He purposely maintains simplicity so that the book can be used by persons who either are or are not familiar with the Bible. He attempts to answer the question: "Where are the 12 Steps taught in the Bible?" The book is appropriate for any 12 Step program (not just chemical dependency).

Friends in Recovery, S., J., & Pittman, B. (1993). *Prayers for the twelve steps: A spiritual journey.* San Diego, CA: RPI Publishing, Inc.

The authors believe that prayer is caring communication and fellowship with God, as broad as life itself. This inspirational guide, based on Biblical references and Twelve-Step insights, includes over 100 prayers of petition, declaration, complaint, meditation, submission, penitence, imprecation, intercession, thanksgiving, and praise; also prayers for the Twelve Steps, and the practice of prayer. It suggests that prayers are vital to recovery and shows how to develop a personal style of prayer that will connect one to God/Higher Power.

Friends in Recovery, & S., J. (1993). *Meditations for the twelve steps: A spiritual journey.* San Diego, CA: RPI Publishing, Inc.

Each of the 137 Step meditations in this book is based on a Bible quotation and a Christ-centered version of the Twelve Steps. The authors reflect that we can live the Twelve Step life with the help of God as our Higher Power. This book is intended as a daily companion to Christians in Twelve Step programs.

Friends in Recovery. (1994). *Twelve steps for Christians: Based on biblical teachings.* Curtis, WA: RPI Publishing, Inc.

Here is a resource for merging the practical wisdom of the Twelve Steps with the spiritual insights of the Bible. The combination of recovery and spirituality offers Christians an effective way to work a traditional Twelve Step program and name Jesus Christ as their Higher Power.

Gaultiere, W. (1992). *A Walk with your shepherd: The twenty-third Psalm and the Twelve Steps to recovery:* Chicago, IL: Moody Press.

Annotation was not available for this source.

Knippel, C. T. (1994). *The Twelve Steps: The church's challenge and opportunity:* Concordia Publishing House.

Using the Bible to analyze the Twelve Steps, the author concludes that Christians need not totally reject the steps, nor dare they blindly endorse them. Rather, he helps us see the Twelve Steps for what they really are.

Lee, G. K. (1996). The Beatitudes of Jesus and the 12-Steps of AA. *Journal of Ministry in Addiction & Recovery*, 3(1), 17-32.

A close correlation exists between the Beatitudes of Jesus in Matthew 5:1-12 and The Twelve Step Program of AA. The twelve steps effective because they are based upon the spiritual nature of life as it is described in the Bible, particularly in the Beatitudes. Every person has a spiritual dimension to life just as real as the physical, emotional, and psychological aspects of life. The spiritual aspect is the organizing center of life. Understanding how this spiritual center functions in holding life together provides insight into both spiritual development and recovery from addictions (Abstract from article).

Michael, K. S. (1998). The twelve steps: A biblical foundation for recovery. *Journal of Ministry in Addiction & Recovery*, 5(2), 75-83.

The Twelve Steps have deep roots in the Christians Biblical Tradition. As Christian people work the Twelve Steps for recovery from all kinds of addictions, the Bible is a rich resource for spiritual understanding and growth. Step by step, Scripture reinforces and echoes the power and meaning of the Twelve Steps of Alcoholics Anonymous. The Bible is relevant to the program of recovery for Christian people (abstract from article).

Morreim, D. C. (1984). *A theological/ biblical perspective of the 12 steps of Alcoholics Anonymous for implementation in ministry*. Unpublished doctoral dissertation, Luther Northwest Theological Seminary.

Annotation was not available for this source.

Morreim, D. C., & Keller, J. E. f. b. (1990). *Road to recovery: Bridges between the bible and the twelve steps*. Minneapolis: Augsburg Fortress.

Morreim neither seeks to make AA into the Christian religion nor to make the Christian church the equivalent of AA, but concentrates on the bridges (overlapping and similarities) between the two. He provides a "bridge" between the language of AA and the language of the Bible.

Olitzky, K. M., & Z., A. (1992). *Renewed each day: Daily twelve step recovery meditations based on the bible: (Vols 1-2)*. Woodstock, VT: Jewish Lights.

Using a seven day /weekly format, this book reaches out to addicted people as it reflects on the traditional weekly Bible reading. It emphasizes strong spiritual support for daily living and recovery from addictions of all kinds: alcohol, drugs, eating, gambling, and sex. It combines Twelve step recovery programs with a rich and spiritually enlighten tradition. It is not just for Jewish people, but for all who would gain strength to heal and insight from the Bible and the teachings of Jewish tradition.

Selby, S. (2000). *Twelve step Christianity: The Christian roots and application of the twelve steps*. Minneapolis, MN: Hazelden.

Selby believes that no other set of principles is better suited to help Christians hear God's voice and submit to God's will than the Twelve Steps, and here helps Christians in recovery to connect their faith with their program. Laid out in a workbook format, with room for readers to write answers and track their progress, this book explores the roots of Twelve Step spirituality, examines the connections and distinctions between Christianity and Twelve Step programs, and offers readers a deeper and broader understanding of the many reasons for applying the Twelve Steps to their lives. Also: are the Steps just for addicts?; weakness; experiencing Christ; repentance; self-examination; confession; resisting temptation; pruning; restitution; daily sanctification; abiding; and witnessing.

Stoop, D., & Arterburn, S. (1991). *The twelve step life recovery devotional: Thirty meditations from scripture for each step in recovery*. Wheaton, IL: Tyndale House Publishers,

Inc.

The authors believe that the Bible contains the ultimate blueprint for recovery, being a book about broken people and broken relationships healed by God's loving hand. Each day's reading in this devotional relates wisdom from the Bible to the struggles we face in our recovery. Designed to encompass all the days of an entire year, each of the Twelve Steps has 30 meditations.

Tyndale House Publishers. (1998). *The life recovery Bible: New Living Translation*. Wheaton, IL: Tyndale House Publishers.
Annotation was not available for this source.

Umphrey, D. (1992). *Twelve steps to a closer walk with God: The biblical basis for overcoming addictions*. Joplin, MO: College Press.
Annotation was not available for this source.

Twelve Steps and Christianity

Bridge Builders. (1996). *The way home: A spiritual approach to recovery*. Orlando, FL: Bridge Builders, Inc.
Adapts AA's 12 steps into a workbook with a strong emphasis on the Christian faith.

Chambers, C. (1992). *Two tracks - one goal: How Alcoholics Anonymous relates to Christianity*. Langley, British Columbia: Credo Publishing Corp.
Chambers describes the parallel purposes of the Christian faith and Alcoholics Anonymous, believing both to originate from a common source and share a common destination—trust in God. Also discussed are genuine Christian humility, the inseparableness of humility and service, and atonement (Hazelden Database).

Davis, M. M. (1993). *Gospel and the Twelve Steps: Developing a closer relationship with Jesus*. San Diego, CA: RPI Publishing, Inc.
The author looks at the biblical principles embodied in the Twelve Steps and how those principles can offer a path to the gospel of Jesus Christ. Each of the Twelve Steps is examined in the light of various biblical narratives, integrating the wisdom of recovery groups with Christian spirituality. This book targets Christians who want to learn more about the Twelve-Step programs and those who are in recovery.

Hardin, M. (1994). The Twelve Step program and Christian spirituality. *Journal of Ministry in Addiction & Recovery*, 1(1), p. 47-67.
The compatibility of Christian spirituality and the definition of spirituality exposed by the twelve step program have often been set in antithesis to one another. The two might rather be set in juxtaposition whereby both their commonality and uniqueness are embraced and celebrated. The discussion is addressed from the perspective of an evangelical Christian understanding of the nature of spirituality with a plea for mutual understanding a respect (abstract from article).

Miller, J. K. (1991). *A hunger for healing: The Twelve Steps as a classic model for Christian spiritual growth*. San Francisco, CA: HarperSanFrancisco.
Annotation was not available for this source.

Alsdurf, J. (1991). A Hunger for Healing : [Review]. *Christianity Today*, 35, 54-56.
Annotation was not available for this source.

Ryan, D., & Ryan, J. (1999). *Twelve Steps - A spiritual kindergarten: Christian perspectives on the Twelve Steps*. San Diego, CA: RPI Publishing Inc.

Annotation was not available for this source.

Seleby, S. (2000). *Twelve Step Christianity: The Christian roots and application of the Twelve Steps*. Center City, MN: Hazelden Information Education.

Annotation was not available for this source.

St. Romain, P. (1984). *Becoming a new person: Twelve steps to Christian growth*. Liguori, MO: Liguori Publications.

By using the Twelve Steps of Alcoholics Anonymous, St. Romain presents a practical, easy-to-understand program that can help any adult Christian embark on a new way of life--a life of healthy self-love, acceptance of personal strengths and limitations, and a more fulfilling future.

Spears, G. E. (2000). Historical and theological analysis of the Twelve-Step process of human recovery. *Dissertation Abstract International*, 60(11), 4062A-4063A.

Twelve-Step groups have infiltrated evangelical churches to the extent that some evangelical writers have accepted the Twelve Steps as tools for discipleship and spiritual awakening in the church. This study examined the historical development of Alcoholics Anonymous (AA) and the Twelve-Step process of human recovery and to determine the validity of the claim that the Steps were based on the Bible and orthodox Christianity. Epistemological presuppositions of the Twelve Steps were separated from their pragmatic structure and then ordered into a limited theological outline against the historical backdrop of the Enlightenment. Theological concepts isolated within the AA literature and Steps were analyzed in their historical and literary context. Although several AA and Twelve-Step terms and concepts were found to have counterparts in biblical theology, it was not possible to hold them to the context of the Bible or orthodox Christian theism. The AA concepts dealing with the areas of revelation, God, man and sin, and salvation demanded that they be understood in the light of their own historical and literary context. The findings demonstrated that these concepts and terms reflected knowledge of natural revelation through human reason that resulted in a natural theology. This theology saw God in a theistic existentialism manner (possibly creeping toward pantheism) and man as Pelagian to Semi-Pelagian regarding constitution and salvific issues. From an analysis of the historical and literary data it was possible to conclude that the claim for a biblical and Christian origin of AA and the Twelve-Step process was without validity.

Webb, T. (1992). *Tree of renewed life: Spirituality renewal of the Church through the twelve step program*. New York, NY: Crossroad.

Annotation was not available for this source.

Crawford, R. (1994). [Review]. Webb, T. (1992). *Tree of renewed life: Spirituality renewal of the Church through the twelve step program*. Crossroad. *Journal of Ministry in Addiction & Recovery*, 1(1). P. 97-991

Annotation was not available for this source.

Salvation Army

Bromet, E., Moos, R., Wuthmann, C., & Bliss, F. (1977). Treatment experiences of alcoholic patients: An analysis of five residential alcoholism programs. *International Journal of the Addictions*, 12(7), 953-958. Retrieved from PsycINFO Online Database.

Studied 5 different residential alcoholism programs (milieu-oriented, aversion-conditioning, hospital-based, halfway house, and Salvation Army) to determine the influence of patient attributes on the treatment process. Sociodemographic characteristics, health, psychological functioning, and drinking severity of a total of 505 patients in the 5 programs were assessed. The relationship between patient characteristics and 8 treatment experiences (e.g., antianxiety drugs,

Antabuse, psychotherapy) was analyzed separately for each of the 5 programs. Results show that there was no systematic relationship between patient characteristics and the kind of treatment patients received or length of patient stay in treatment. It is recommended that more attention be paid to the type and intensity of treatment in relation to patient characteristics and a routine evaluation of program effectiveness. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Bromet, E. J., Moos, R. H., & Bliss, F. (1976). The social climate of alcoholism treatment programs. *Archives of General Psychiatry*, 33(8), 910-916. Retrieved from PsycINFO Online Database. Assessed the social climate of 4 residential alcoholism treatment programs, involving a total of 445 inpatients, with the Community-Oriented Programs Environment Scale (COPEs). The programs differed in terms of their treatment orientations (aversion-conditioning, milieu therapy) and the Sociodemographic characteristics of the patients. The 4 programs were housed in a public metropolitan hospital, a private residential facility, a Salvation Army installation, and a rural private facility. Results show that (a) COPEs profiles distinguished between the 4 programs in ways that were consistent with their respective treatment orientations; (b) the type of patient admitted to these programs did not systematically affect their treatment environment; and (c) changes occurring within an alcoholism program resulted in corresponding changes in relevant dimensions of the treatment environment. Other practical uses of the COPEs are discussed. (27 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Dexter, R. A. (1990). Treating homeless and mentally ill substance abusers in Alaska. *Alcoholism Treatment Quarterly*, 7(1), 25-30. Retrieved from PsycINFO Online Database. Describes the design and operation of a federally funded community demonstration project to expand services to homeless substance abusers in Anchorage, Alaska. The project, a diagnostic screening center, recruits staff chiefly from former homeless people who have remained sober for 2 yrs. Steps in the treatment process, which emphasizes vocational education, are described. In the 1st 5 mo, 1,097 individuals used the center for more than 1,000 admissions. 84% of the Ss were male. 60% were aged 25-44 yrs and 60% were Alaska natives. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Finney, J. W., Moos, R. H., & Chan, D. A. (1981). Length of stay and program component effects in the treatment of alcoholism: A comparison of two techniques for process analyses. *Journal of Consulting and Clinical Psychology*, 49(1), 120-131. Retrieved from PsycINFO Online Database. Evaluated the effects of length of treatment and specific treatment components (therapy sessions, Alcoholics Anonymous meetings, and films and lectures on alcoholism) of 3 residential alcoholism programs. Two statistical techniques--partial correlation and treatment-effect correlation--were compared for their estimates of treatment effects after controlling for patient background characteristics and functioning at intake. Longer periods of treatment were associated with better outcome for the 59 residents of a halfway house but not for the 92 patients at a milieu-oriented program or the 97 males at a Salvation Army center. Evidence suggest that the 3 program components tended to have moderately beneficial effects on outcome, although the results varied in some cases, depending on whether partial or treatment-effect correlation was used in the analysis. (43 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Gauntlett, S. L. (1991). Drug abuse control and the Salvation Army. *Bulletin on Narcotics*, xliii(1), 17-27.

The Salvation Army has been involved in the control of drug abuse since it was founded over 120 years ago, when alcohol was the predominant concern. Today, alcohol is still the most commonly abused substance, but the Salvation Army is increasingly tackling other forms of substance abuse as well. Highly priority is given to prevention of all levels and by all means through a network of

over 200 specialized rehabilitation centers throughout the world, in addition to programs within hostels for the homeless, where there is a high proportion of alcohol and other substance abusers. The Salvation Army endeavors to help drug-dependent person to abstain from using drugs and achieve a healthy and happy life. It is of the view that, as drug dependence is usually a manifestation of deeper needs, the spiritual components is vital in dealing with drug abuse of all types (abstract from article).

- Glick, H. L. (2000). Sober and socially responsible: A two-pronged approach to treating federal offenders. *Federal Probation, 64*(2), 19-23. Retrieved from PsycINFO Online Database.
Proposes the integration of characterological therapy with substance abuse treatment for the federal offender population. The article also describes the maladaptive personality patterns and disorders clients present, the theory behind characterological therapy, and major limitations in most current outpatient treatment in addressing the client's presenting problems. In the community corrections setting, 4 distinct maladaptive personality patterns are seen repeatedly: antisocial, schizoid, borderline, and dependent. Commonly, the clients' substance abuse and personality disorders have a reciprocal relationship, with each continually reinforcing the other in a circle of escalating dysfunction. In characterological work, personality disorders are conceptualized as long-term consequences of developmental deficits, with responsibility for characterological change placed on the client. (PsycINFO Database Record (c) 2000 APA, all rights reserved)
- Gross, P. R. (1994). A pilot study of the contribution of empathy to burnout in Salvation Army officers. *Work and Stress, 8*(1), 68-74. Retrieved from PsycINFO Online Database.
Examined the hypothesis that emotional empathy rather than cognitive empathy is associated with burnout, using 71 Salvation Army officers. It was examined whether the dimensions of empathy could predict 3 aspects of burnout: personal accomplishment (PSA), emotional exhaustion, and depersonalization. Data indicate the following: (1) Personal distress and empathic concern were significant predictors of PSA; (2) personal distress was a significant predictor of emotional exhaustion; and (3) empathic concern was a significant predictor of depersonalization. Personal distress was negatively associated with PSA, whereas empathic concern was positively associated with PSA. A multidimensional approach to the role of empathy in counseling may help human services professionals to manage their emotional reactions when they engage in counseling with distressed clients. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)
- Knight, D. K., Hood, P. E., Logan, S. M., & Chatham, L. R. (1999). Residential treatment for women with dependent children: One agency's approach. *Journal of Psychoactive Drugs, 31*(4), 339-351. Retrieved from PsycINFO Online Database.
Reports findings of a 5-yr program evaluation study of the Salvation Army First Choice Program in Fort Worth, Texas, a 12-mo residential program for drug-addicted mothers (aged ≥ 18 yrs) with dependent children. 41 mothers of 60 children completed the Child Behavior Checklist (T. M. Achenbach, 1991), and monthly reports during residency, at discharge, and 6 and 12 mo after discharge. Results show that Ss who dropped out within the 1st 90 days of the program were more likely to use alcohol on a daily basis, have 2 or more children in treatment with them, report no support from a spouse or partner, and rate religion as more important than those who continued. Findings suggest complex relationships between client characteristics, program participation, client progress, specific problems, dysfunction level, amount of available social support, and received services. (PsycINFO Database Record (c) 2000 APA, all rights reserved)
- Katz, L. (1966). The Salvation Army men's social center: II. *Quarterly Journal of Studies on Alcohol, 27*(4), 636-547. Retrieved from PsycINFO Online Database.
Data were gathered on the population served and the results of the rehabilitation program. The demographic characteristics of about 300 men are similar to those demographic characteristics

described in other large samples of homeless and jailed alcoholics. The educational level and past occupational attainments, however, are somewhat better than those of the typical homeless alcoholic, and more nearly like those of outpatient clinic samples. After going through a varied rehabilitation program, about 3 of the men located for follow-up reported increase abstinence, and less than ½ reported an improved work pattern. Earning increased, the amount of institutionalization decreased, and residential mobility decreased. Overall evaluation indicated that about 40% of the men showed a measurable increase in gainful employment and almost half showed improvement in their drinking patters. Improvement was highly correlated with length of stay in the program, and also seemed related to motivation, prior socialization, and utilization of various specific aspects of the program, particularly vocational counseling. There seem to be many paths to rehabilitation, and a varied program seems of particular value in working with this population (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned).

Lum, D. (1970). Training lay counselors for church and community mental health. *Pastoral Psychology*, 21(204), 19-26. Retrieved from PsycINFO Online Database.

Describes pilot projects demonstrating volunteer training, including college students as companions to mental patients in the state hospital, middle-aged women as mental health counselors in outpatient clinics, and college graduates as mental health workers for socio-environmental therapy. The present responsibility of pastoral counseling is to widen its boundaries to include such laymen in a meaningful way. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

McKinley, E. H. (1986). *Somebody's brother: A history of the Salvation Army men's social service department, 1891-1985*. Lewiston, NY: Edwin Mellen Press.

Annotation was not available for this source.

McKinley, E. H. (1995). *Marching to glory: The history of the Salvation Army in the United States, 1880-1992* (2nd ed., rev. and expanded. ed.). Grand Rapids, MI: W.B. Erdmann's Pub. Co.

Annotation was not available for this source.

Moos, R. H., Mehren, B., & Moos, B. S. (1978). Evaluation of a Salvation Army alcoholism treatment program. *Journal of Studies on Alcohol*, 39(7), 1267-1275. Retrieved from PsycINFO Online Database.

Assessed the participation and functioning of 97 men, most of whom were over age 40, in a treatment program for Skid Row alcoholics. The residents showed significant improvement on 7 of 9 outcome criteria (e.g., alcohol consumption, psychological well-being, and social functioning) after treatment; mean length of stay was 63 days. (18 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Ponce, D. E., & Jo, H. S. (1990). Substance abuse and psychiatric disorders: The dilemma of increasing incidence of dual diagnosis in residential treatment centers. *Residential Treatment for Children and Youth*, 8(2), 5-15. Retrieved from PsycINFO Online Database.

Briefly summarizes the impact of a sharp increase in the percentage of dual diagnosis admissions (DDAs) or drug and substance abuse problems in addition to or concomitant with customary psychiatric disorders, on a residential treatment center (RTC). The effect of the increase in DDAs from 17% in 1986 to 53% in 1988 is discussed in terms of clinical implications (e.g., diagnostic considerations) and administrative implications (e.g., the impact of the increase on staffing patterns and staff training. Suggestions for coping include the reexamination of treatment philosophy/policies, the involvement of funding and referring agencies, and the active and ongoing training of staff. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Sullivan, A., & Brems, C. (1997). The psychological repercussions of the sociocultural oppression of Alaska native peoples. *Genetic, Social, and General Psychology Monographs*, 123(4), 411-440. Retrieved from PsycINFO Online Database.

Issues of the mental health of arctic and subarctic Alaska Natives are explored. Their sociopolitical history is described to familiarize psychologists with the special circumstances of several groups of peoples in Alaska that have been ignored in psychological literature. This history demonstrates how intervention by European Americans in Alaska has prompted a self-alienation of Native peoples that has contributed to exorbitant suicide rates, increasing levels of addiction, high rates of interpersonal violence, and high teenage pregnancy. These developments are contrasted with traditional lifestyles. Recommendations are made about the role of psychology in the facilitation of the recovery process of Alaska native peoples. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(journal abstract)

Szuster, R. R., Rich, L. L., Chung, A., & Bisconer, S. W. (1996). Treatment retention in women's residential chemical dependency treatment: The effect of admission with children. *Substance Use and Misuse*, 31(8), 1001-1013. Retrieved from PsycINFO Online Database.

Statistical analyses were conducted on data from archived clinical records to determine whether there were different outcomes, with regard to type of discharge and length of time in treatment, for women with children in treatment and women without children in treatment. Ss were 61 women (aged 18-44 yrs) with their children and 69 women (aged 18-50 yrs) with no children in treatment who participated in a residential chemically dependent treatment program between 1988 and 1993. Results indicate that women admitted to treatment with their children had substantially better treatment retention and higher rates of successful treatment completion than women admitted without their children. Findings suggest that a woman having her child in residential treatment has a substantial positive effect in improving treatment retention. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Wilson, G. D., & Lillie, F. J. (1972). Social attitudes of Salvationists and Humanists. *British Journal of Social and Clinical Psychology*, 11(3), 220-224. Retrieved from PsycINFO Online Database.

Compared the social attitudes of 43 Salvation Army officer cadets and 31 members of the Young Humanist Association (mean age of each group = 25 yr.), using the Wilson-Patterson Conservatism Scale. The distributions of Conservatism scores for the 2 groups were clearly separated with minimal overlap, and this discrimination could not be accounted for by religious items alone. The Salvationists were not only more conservative in terms of religion, but were relatively more anti-hedonistic, punitive, militaristic, politically conservative, and conventional. The 2 groups did not differ on racial issues or artistic conservatism. Results are discussed in relation to general and 2-factor theories of social attitudes. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Wolf Branigin, M., & Sawilowsky, S. (1994). Perceived importance of self-determination factors by consumers in substance-abuse treatment. *Perceptual and Motor Skills*, 79(1, Pt 1), 284-286.

Annotation was not available for this source.

Zlotnick, C., & Agnew, J. (1997). Neuropsychological function and psychosocial status of alcohol rehabilitation program residents. *Addictive Behaviors*, 22(2), 183-194. Retrieved from PsycINFO Online Database.

Examined the relationship between changes in psychosocial status and changes in neuropsychological function of clients undergoing treatment for substance use. 74 men enrolled at a Salvation Army rehabilitation program for substance use were randomly assigned to 2 groups. Ss were tested 3 times over 60 days on self-esteem, motivation, depression, and neuropsychological function. Consistent with other studies, Ss demonstrated impaired baseline

neuropsychological function that improved with alcoholic abstinence; however, changes in motivation and depression were associated with positive changes on few tests of neuropsychological function. The more common predictor of improved motor function test scores was low baseline function. Ss who remained in treatment were more likely to be Black, homeless, report less alcohol consumption, and score lower on a motivational scale than those who left treatment. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

SECTION 2: RELIGION/SPIRITUALITY AND ADDICTION

Arts

Chickerneo, N. B. (1993). *Portraits of spirituality in recovery: The use of art in recovery from co-dependency and/or chemical dependency*. Springfield, US: Charles C. Thomas Publisher.

Spiritual growth and art have been an important part of the recovery process for each personal story in this book, including [the author's]. The question that each recovering co-dependent and/or chemical dependent answered was, "How has art contributed to the spiritual part of your recovery?" This book describes the effect art making has had on the experience of spirituality in these ten people [aged 20-52 years].

Feen Calligan, H. (1995). The use of art therapy in treatment programs to promote spiritual recovery from addiction. *Art Therapy, 12*(1), 46-50. Retrieved from PsycINFO Online Database.

Illuminates the relationship between art therapy, spirituality, and recovery and offers a model in which art therapy can be used in treatment programs to facilitate spiritual recovery from addiction. Literature related to recovery, art, and spirituality is summarized. Recovery, art, and spirituality are seen as sharing certain qualities that lend support to the use of art as therapy in addiction treatment. Because there are no shortcuts or instant transformations in any of these areas, art therapy is viewed as a helpful influence. Art therapy "doing by not doing" groups provide time to stop and listen, to get in touch with the inner self, and with the higher power. Personal and professional experiences of the author are presented to illustrate methods, and benefits acquired from participation in art therapy sessions. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Walker, J. (1994). Music therapy, spirituality and chemically dependent clients. *Alcoholism Treatment Quarterly, 11*(2), 89-117. Retrieved from PsycINFO Online Database.

Discusses music therapy and how it can be used with the chemically dependent population ... includes (a) a definition, examples, and an overview of music therapy, (b) rationale and benefits gained from using music as a therapeutic tool, (c) specific music therapy techniques such as songwriting, lyric analysis, music movement and relaxation, and creativity through music which can be used to help with spirituality issues, and (d) recommendations for clinicians who are not music therapists (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Adult Children of Alcoholics

Carroll, M. M. (1993). Spiritual growth of recovering alcoholic adult children of alcoholics. *Dissertation Abstracts International, 54*(4-A), 1541.

The primary purposes of this exploratory multi-case study were: (1) to identify resources and methods which clinician may use for promoting personality-spiritual development; and (2) to clarify and expand the profession's knowledge and understanding of spirituality and the transpersonal dimension of the person. The research participants, recovering alcoholic adult children of alcoholics, were assigned to one of two groups based on level of self-actualization (ten self-actualized; seven-not-self-actualized) are determined by the Personal Orientation Inventory. A quantitative approach was used to identify the number of resources and methods which recovering alcoholic ACOAs used in their recovery and to relate level of spiritual development with current life functioning which included length of sobriety, faith stage, symptomatology, and problems in daily living. Quantitative methods addressed the types of resources and methods used in the recovery process as well as the respondent's views of spirituality and creativity.

Respondents identified specific resources and methods as being particularly helpful. Positive relationships were found between level of self-actualization and most indicators of current life functioning, however, a negative relationship was found between level of self-actualization and length of sobriety. Different definitions of spirituality were made explicit, and a sketch of a new model which offers a broader view of the person was presented as a way of extending the current thinking about spirituality and a person's spiritual development. Implications of the findings for clinicians, researchers, and theoreticians were discussed. Copyright 1994 - University Microfilms, Inc. University Microfilms International (UMI)

Carroll, M. M. (1997). Spirituality, alcoholism, and recovery: An exploratory study. *Alcoholism Treatment Quarterly*, 15(4), 89-100.

The goals of this exploratory study were to identify mental health and social resources as well as treatment methods which recovering alcoholic adult children of alcoholics (ACOAs) found effective for spiritual recovery. Specific resources (workshops and retreats) and treatment methods (journaling and imagery) were identified as particularly helpful. Emerging themes were self-trust and the interrelationship of spirituality and human behavior. Discussion includes implications for practice. (Journal abstract.)

Autobiographies/Biographies

Anderson, S. (1999). *Divine Intervention: An unexpected journey from chaos to clarity*. Hillsboro, OR: Beyond Words Publishing, Inc.

This is a story of spiritual transformation, providing hope and inspiration for anyone facing the challenge of a major crisis or life change. Susan's spiritual emergency causes her to reconnect with her true self and experience an authentic sense of fulfillment and joy that she believes could only be created by divine intervention. She presents a personal narrative or memoir of psychiatric hospital care, mysticism, and the experience of religion and spiritual life.

Doherty, E., & Huston, R. (2001). *Matt Talbot*. Combermere, Ontario, Canada: Madonna House Publisher.

Here is the biography of Matt Talbot, born in 1856 in Dublin. At the age of 28 he vowed to quit drinking, and maintained a lifelong struggle against alcohol. At the same time led a life so devoted to Christianity, a life of poverty and hardship, that he became the Catholic Church's patron to those afflicted with alcoholism.

Darrah, M. C., Ford, J. C., & Pittman, B. (2001). *Sister Ignatia: Angel of Alcoholics Anonymous*. Center City, MN: Hazelden Information Education.

This is the story of an exceptional woman, "the little sister" of AA Working with Bill Wilson and Dr. Bob Smith, Sister Ignatia arranged for the hospitalization of alcoholics at a time when alcoholism was seen as a weakness of character rather than a disease. In St. Thomas Hospital in Akron, she began her crusade to aid those suffering from alcoholism. This is her biography--the story of a Catholic nun who was the spiritual cofounder of AA Her example gave Bill Wilson and Dr. Bob Smith a living illustration of love and service (Hazelden Database).

Goodson, W., & J., D. (1993). *Re-souled: Spiritual awakenings of a psychiatrist and his patient in alcohol recovery*. San Diego, CA: LuraMedia.

Here is the personal story of two men who found their way to wholeness and healing through a profoundly spiritual experience. For both--one a psychiatrist, the other his patient--it was the discovery of their own weakness and brokenness that made possible a renewed consciousness of the reality and power of God and the sustaining support of community.

Hayford, J. W. (1999). *Pure desire: How one man's triumph over his greatest struggle can*

help others break free: Ventura, CA Gospel Light.
Annotation was not available for this source.

J., K. (1990). *Healing connections: Sharing the recovery journey*. Minneapolis, MN: Hazelden.

This is how Kathleen J. began her healing connection to recovery. Her story is a message of hope and recovery to other alcoholics. The journey of recovery involves healing old wounds, making new connections, cultivating spiritual faith, and becoming emotionally whole. By confronting her real feelings and sharing honestly with other recovering people, Kathleen realized that she needed these people to help her find, and heal, herself--making the miracle of recovery work in her life.

Jampolsky, G. G. (1989). *Out of darkness into the light: A journey of inner healing*. New York, NY: Bantam Books.

At the age of 63, the author realized that he had been fighting with God most of his life. Here Dr. Jampolsky recounts his journey from severe depression, guilt, and alcoholism, to a true healing of the mind and spirit, and his discovery of the transformative power of love and giving. He sheds new light on the path to personal happiness, on letting go of fear and guilt, and on escaping the ego defenses that keep us in darkness. He provides a book of advice and inspiration from a man who has been there and back.

Klobuchar, J. (1998). *Pursued by grace: A newspaperman's own story of spiritual recovery*. Minneapolis: Augsburg.

Here is the story of one man's spiritual journey through doubt, alcoholism, divorce, and serious illness to a relationship with God and the fellowship of the church. It offers inspiration and guidance for all who struggle toward faith, wrestle with addictions, and long for inner peace and the experience of God's grace.

M, Joyce(1994). From death to life: A spiritual journey into, through, and out of addiction. *Journal of Ministry in Addiction & Recovery*, 1(2), 71-85.

This is my personal story coming from my Christian perspective as part of a small Protestant denomination. It deals with the centrality of spiritual issues while moving in and through, and out of the bondage of illness, depression, and addiction, describing some of my fear, guilt and shame, sense of isolation and despair. My story touches on my relationships with self and God, family or origin and nuclear family, faith community and Alcoholics Anonymous. I share how the gift of recovery and joy in the new life came to me and continues through spiritual, professional and AA help (abstract from article).

Mcdermott, I. (1994). Conversation with Monsignor Ignatius McDermott. *Addiction*, 89(7), 791-797.

The author interviews Monsignor Ignatius McDermott, who has spent his life developing help for homeless or disadvantaged people with alcohol or drug problems. Monsignor McDermott first became aware of alcoholism as a family sickness in the Skid Row area of Chicago in the 1920's. At that time, there was incarceration but no rehabilitation. In the 1970's, he began working to establish non-medical detoxification facilities. Today, Haymarket House helps about 16,000 people annually. Monsignor McDermott founded the McDermott Foundation in 1986. One facility is for women who are in the last 3 months of pregnancy.

O'Connor, R. (1985). Spirituality and recovery: A personal account. In S. Wegscheider-Cruse & R. Esterly (Eds.), *Alcoholism and the family: A book of readings* (pp. 63-67). Wernersville, PA: Caron Institute.

A personal account of the spiritual recognition of and recovery from alcoholism is presented. The feelings of addiction to alcohol and other drugs, the hopelessness and desperation, and the change that came about through treatment at Chit Chat Farms (Pennsylvania) are described.

- Purcell, M. (1977). *Matt Talbot and his times*. Chicago, IL: Franciscan Press.
This is the biography of Matt Talbot (1856-1925), the Dublin workman who, rising above alcoholism, lived a holy and blessed life of religious (Catholic) convictions.
- Roman, F. W. (2000). *God Exists!: One man's discovery of God-leading to recovery from alcoholism and drug addiction*: Bloomington, IN: 1stBooks Library.
Annotation was not available for this source.
- Scherer, C. W. (1998). The women of my family: Wealth, addiction and spiritual awakening. *Dissertation Abstracts International. The Humanities and Social Sciences*, 46(6), 2079-A.
Annotation was not available for this source.
- Trudeau, L. (1999). *Spirit knows*. Victoria, BC, Canada: Trafford Publishing.
Here is Trudeau's personal story of depression, alcohol and drug abuse, denial, and recovery and spiritual growth. She is currently employed in an all-native treatment center.
- Turner, B. V. (2000). *One man - one cross: A spiritual journey*. Brandon, MS: Graystone Publishers.
Gives readers a revealing account of one person's comeback from what Reverend Bill Turner describes as a "living hell." He tells what it is like to depend on a substance and what that dependence does to a person and his or her family members. It not only tells tells of the demons of addictions, but more importunately it related how he found strength and forgiveness through God (from cover).
- Wegscheider, D. (1996). Grace and grit: Spirituality and healing in the life and death of Treya Killam Wilber. *Journal of Ministry in Addiction & Recovery*, 3(1), 79-80.
Annotation was not available for this source.

Belief Therapy

- Carlin, G. W. (1995). *Twelve keys to developing and maintaining mature relationships*. Crockett, TX: The Kerusso Company.
Annotation was not available for this source.
- Carlin, G. W. (2001). *Mastering life through belief therapy: Why we do what we do when we do it*. Crockett, TX: The Kerusso Company, Inc.
Annotation was not available for this source.

Bibliographies & Literature Reviews

- Berg, S. L. (1993). *Spirituality and addiction: A bibliography* (1st limited ed.). Wheeling, WV.: Bishop of Books.
Annotation was not available for this source.
- Dyson, J., Cobb, M., & Forman, D. (1997). The meaning of spirituality: A literature review. *Journal Advanced Nursing*, 26(6), 1183-1188.
This paper presents a literature review in relation to the meaning of spirituality. It is proposed that meeting the spiritual needs of patients is a fundamental part of providing holistic nursing care, but that the assessment and meeting of those needs is impeded by inadequate definitions and conceptual frameworks. It should not be assumed that spirituality is either synonymous, or

coterminous, with religion, and it is suggested that to adopt this restrictive view is unhelpful in the provision of individualized care. Reflection on the literature reveals that the self, others and 'God' provide the key elements within a definition of spirituality, and that other emerging themes namely meaning, hope, relatedness/connectedness, beliefs/belief systems and expressions of spirituality, can be articulated in the context of those three key elements. In particular, it is proposed that the nature of 'God' may take many forms and, essentially, is whatever an individual takes to be of highest value in his/her life. It is suggested that the themes emerging from the literature can be utilized as a framework to give practitioners and researchers a direction for future exploration of the concept of spirituality.

Gartner, J. (1996). Religious commitment, mental health, and pro-social behavior: A review of the empirical literature. In E. P. Shafranske (Ed.), *Religion and the clinical practice of psychology* (pp. 187-214). Washington, DC: American Psychological Association. Retrieved from PsycINFO Online Database.

Reviewed approximately 200 recent studies on the relationship between religious commitment and psychopathology as well as a half dozen previous review articles ... integrate findings from studies that used different measures of religious commitment ... these include comparing members of religious organizations to nonmembers, measuring degree of participation in religious activities . . . measuring attitudes concerning the importance or salience of religious experience (i.e., religiosity), measuring belief in traditional religious creeds (i.e., orthodoxy), and examining a variety of religious typologies that compare one religious type to another (e.g., intrinsic vs extrinsic) ... the review is divided into the following 3 sections: (a) a review of the literature suggesting that religion is associated with mental health, (b) a review of the literature suggesting that the relationship between religion and mental health is ambiguous or complex, and (c) a review of the literature suggesting that religion is associated with psychopathology (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Larson, D. B. (1993). *The faith factor: An annotated bibliography of systematic reviews and clinical research on spiritual subjects (Vol 1)*. Washington DC: National Institute for Healthcare Research.

This annotated bibliography is intended to bring together a series of studies on the impact of religion upon medicine and psychology.

Matthews, D. A., Larson, D. B., & Barry, C. P. (1993). *The faith factor: An annotated bibliography of clinical research on spiritual subjects (Vol 2)*: Washington DC: National Institute for Healthcare Research.

This annotated bibliography is intended to bring together a series of studies on the impact of religion upon medicine and psychology.

Martin, G. (1977). *Spiritus contra spiritum: The struggle of an alcoholic pastor*. Philadelphia, PA: Westminster Press.

Here is one pastor's search for God, search for recovery from alcoholism, and search for a renewed faith through the experience of Alcoholics Anonymous. More than an account of an alcoholic's ordeal, this narrative is explores a pastor's spiritual struggle.

Miller, W. R. (1993). Researching the spiritual dimensions of alcohol and other drug problems. *Addiction*, 7, 979-900. Retrieved from PsycINFO Online Database.

Although religions have been far from silent on the use of psychoactive drugs, and spirituality has long been emphasized as an important factor in recovery from addiction, surprisingly little research has explored the relationships between these two phenomena. Current findings indicate that spiritual/religious involvement may be an important protective factor against alcohol/drug abuse. Individuals currently suffering from these problems are found to have a low level of

religious involvement, and spiritual (re)engagement appears to be correlated with recovery. Reasons are explored for the lack of studies testing spiritual hypotheses, and promising avenues for future research are discussed. Comprehensive addictions research should include not only biomedical, psychological and socio-cultural factors but spiritual aspects of the individual as well. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(journal abstract)

Mullen, K. (1990). Religion and health: A review of the literature. *The International Journal of Sociology and Social Policy*, 38(5), 85-96.

Based on a review of the literature, the influence of religion on health status is considered, with focus on how epidemiological studies have ignored religion as a variable. Examples of studies that have attempted to measure religion's influence on mortality are presented, as well as examples of studies that have focused on legal & illegal drug use & religion, alcoholism & religious affiliation, & morbidity & religious influence, especially psychological morbidity. Recommendations are made for future research. 31 References. S. G. Yates

Worthington, E. L. J., Kurusu, T., & McCullough, M. E. (1996). Empirical research on religion and psychotherapeutic process and outcomes: A 10 year review and research prospectus. *Psychological Bulletin*, 119(3), 448-487.

A decade of research on religion and counseling, consisting of 148 empirical articles, was reviewed. Methodological sophistication, poor a decade ago, has approached current secular standards, except in outcome research. Religious people cannot be assumed to be mentally unhealthy. Nonreligious and religious counselors share most counseling relevant values but differ in the valid they place on religion. Those religious differences affect clinical judgment and behavior, especially with religious clients. Religious interventions have been techniques imported from formal religious traditions and used as adjuncts to counseling or traditional theories of counseling adapted to religious clients. The authors suggest a research agenda and speculate about future mental health practices.

Christianity

Adams, J. K. (1988). Setting free chemical dependency: Christian spiritual care. *Alcoholism and Addiction*, 8(4), 20-21

Annotation was not available for this source.

Bakken, K. L. (1985). *Call to wholeness: Health as a spiritual journey*, The. New York: Crossroad.

Here a physician specializing in preventive medicine integrates learning from both science and religion to present a holistic approach to well-being that is rooted in a new understanding of Christian principles.

Dunn, J., & Palmer, B. A. (1986). *God is for the alcoholic*. Chicago, IL: Moody Press.

This is a book written by someone who, through God's power, escaped the pit of alcoholism. Jerry Dunn helps you understand alcoholism, gives ways to help the alcoholic, and shows the alcoholic how he can help himself.

Dunnam, M. (1993). *The workbook on Christians under construction and in recovery*.

Nashville: Upper Room Books.

Dunnam guides the reader through themes of codependency, recovery, perfectionism, procrastination, trust, self-esteem, guilt, shame, vulnerability, and compulsions to rescue, control, or be a victim. Topics for his seven weeks of study include: getting ourselves off our hands, when being good is bad for you, growing in self-esteem, overcoming the destructive don'ts that have

shaped our lives, dealing with guilt and shame, getting ourselves out of hock, and pay attention to yourself.

Fish, M. (1990). *I can't be an addict: I'm a Christian*. Grand Rapids, MI: Fleming H. Revell.

Christians are not immune to addictive/compulsive behavior problems, and those who commit their lives to Christ are not automatically cured of their habits. Addressing these issues forthrightly and from a biblical perspective, Melinda Fish offers a Christian approach to overcoming many kinds of addictions, including food, alcohol, money, shopping, pornography, work, sex, illegal and prescription drugs, and unhealthy relationships. Incorporating scriptural principles and many illustrations from her own pastoral experience, the author provides practical advice for people who struggle with these problems, as well as guidance for those in the church who want to help (from publisher).

Imbach, J. D. (1991). *Recovery of love: Christian mysticism and the addictive society*: New York, NY: Crossroad Publishing Company.

Annotation was not available for this source.

Jackson, W. C. (1994). Codependence and the Christian faith: An introduction to compassion addiction. *Review and Expositor*, 91, 31-41.

Annotation was not available for this source.

Kopor, S. (2001). *Alcoholic Christians*: Frederick, MD: Publish America, Inc.

This book focuses on the process of transforming the drunk, who is a creature in darkness, into a creature in light. This is not another 12-Step clone. It presents very deep spiritual truths which are not present in other recovery literature. It sheds light on Satan's secret plans to destroy the soul of the drunk. The book is rich in information about the spiritual warfare associated with transforming the drunk into a mature Christian. The spiritual battles associated with conversion from drunkenness are explained. The alcoholic's recovery initially focuses on relapse and abstinence issues. As recovery continues, the alcohol-specific issues lessen and the core issues common to all Christians become the spiritual battle line. The Christian alcoholic who is serious about sobriety will learn that recovery depends on continuous spiritual progress. It will show the alcoholic how to have a successful, productive, sober life amid all the spiritual perils unique to recovery (from the publisher).

Marsh, J. (1983). *You can help the alcoholic: A Christian plan for intervention*. Notre Dame, IN: Ave Maria Press.

This book is written for the family member, friend, or employer who is anxious to help the drinking alcoholic. Methods of intervention are presented in which this audience can come between alcohol and the alcoholic in a loving confrontation which, hopefully, will convince the alcoholic to seek a positive program of recovery.

Pratt, A. (1998). *Christian revolution: practical answers to welfare and addiction*: Hunting House Publishers.

From the Publisher: Christian Revolution questions a simplistic Christian morality and advocates an initial dependence on the Personhood of Christ. The author is speaking of a revolution that starts with the reader, not what is wrong with others or society. The text begins with some of the author's experiences in East Africa, then in the slums of Baltimore and Indianapolis and outlines involvement with Federal projects on alcoholism and welfare.

Welch, E. T. (2001). *Addictions: A banquet in the grave: Finding hope in the power of the gospel*: Phillipsburg, NJ: P & R Publishing.

Annotation was not available for this source.

Williams, D. (1993). *Jesus and addiction: A prescription to transform the dysfunctional church and recover authentic Christianity*. San Diego, CA: Recovery Publications Inc.

Williams makes the case that only Jesus can lead people out of addiction--from spiritual emptiness (the root of all addiction) to authentic Christianity. In addition, he examines how working the Twelve Steps can help one overcome fear, experience freedom, and make a positive contribution. He concludes with a model of what a Church in recovery can look like (Hazelden Database).

Clergy

Apthorp, S. P. (1985). *Alcohol and substance abuse: A clergy handbook*. Wilton: Morehouse-Barlow.

The intent here is to provide clergy with practical information for dealing effectively with the complex issues of substance use, misuse, and abuse. It is written especially for those who do not want to know about this information.

Barber, R. L. (1986). Alcohol and substance Abuse: [Review]. *Christian Ministry* (3), 37.

Annotation was not available for this source.

Denson, L. (1987). Alcohol and substance Abuse: [Review]. *Saint Luke's Journal of Theology* (1), 79.

Annotation was not available for this source.

Greenfield, G. (1987). Alcohol and substance Abuse: [Review]. *Southwestern Journal of Theology* (2), 72.

Annotation was not available for this source.

Hewitt, T. F. (1987). Alcohol and substance Abuse: [Review]. *Faith and Mission*, 5, 106-107.

Annotation was not available for this source.

Lenters, W. R. (1986). Alcohol and substance Abuse: [Review]. *Reformed Journal*(6), 30-31.

Annotation was not available for this source.

Schacht, G. L. (1986). Alcohol and substance Abuse: [Review]. *Book Newsletter of the Augsburg Publishing House*(522), 10-11.

Annotation was not available for this source.

Handspicker, M. B. (1990). Alcohol and substance Abuse: [Review]. *Andover Newton Review*, 1, 37-39.

Annotation was not available for this source.

Stock, A. J. (1986). Alcohol and substance abuse: [Review]. *Christian Century*, 103 No 18, 526-527.

Annotation was not available for this source.

Else, D. J. (1994). In giving we receive: The view from Russia. *Journal of Ministry in Addiction & Recovery*, 1(2), 23-28.

A trip to Russia to help assess a program of the Russian Orthodox Temperance Fellowship helped put into perspective a significant role which churches in America might play in the treatment and

prevention of addictive diseases in this country. From that experience the author briefly outlines what such a church-based effort might include and how it might bring healing not only to the addict but to the church itself (abstract from article).

Fontaine, D. (1990). A study of the journeys of Roman Catholic priests and religious brothers through alcohol abuse to recovery. *Dissertation Abstract International*, 51(4), 2060-B.

This study examines the historical development of the priesthood and the religious life in the Roman Catholic Church and the historical role of celibacy in both lifestyles. It documents the various theories about alcoholism as a disease, the effects of codependency, heredity, and the dysfunction family which have evolved over the past half century. The most informative and convincing documentation was together through interview with recovery alcoholic priests and brothers and from a survey of brother who have life in religious communities with alcoholic confreres, as well as the personal experiences of the author, who has lived with and counseled alcoholic brother for thirty-five years. This study balances historical research with the personal histories of the men interviewed, examining the relationship between alcoholism and celibacy, as well as the relationship of the alcoholic priest/brothers with this parish or community. This research attempts to determine the causes of the disease by examining the family backgrounds of each man. The research also shows the ways in which one man's alcoholism can affect the lives of the persons with whom he lives and works. The author emphasizes the importance of communal intervention and the role of the community during recovery.

Goggins, G. E. (1995). *Anonymous disciple, the*. Worcester, MA: Ambassador Books, Inc.

Here is the story of Father Jim Collins, a Jesuit priest, and his journey from spiritual darkness and alcoholism to renewed life, faith, and joy. He gave hope and strength to many, and his wisdom is still remembered.

Hardin, M. (1995). Do clergy encourage codependence. *Journal of Ministry in Addiction & Recovery*, 2(1), 79-91.

There is a fundamental difference between codependency and the Christian concept of self-giving. This article seeks to delineate the multiplicity of ways in which clergy foster codependency within the context of their congregations and the wider community in which they serve. Personal codependence proclivities are both encouraged and sanctioned by the larger cultural context in which the clergy serve.

Kloss, W. E. (1986). Clergypersons: Potential healers in the disease of alcoholism. *Engage/Social Action*(6), 41-44.

Annotation was not available for this source.

Ryan, P. (1993). Alcohol programs for Catholic clergy in Florida. *Journal of Alcohol and Drug Education*, 38(2), 41-49. Retrieved from PsycINFO Online Database.

Surveyed the 7 Roman Catholic dioceses of Florida to find out the level of awareness of alcoholism as a disease and the need for treatment as indicated by the existence of programs for education, intervention, and treatment for this disease. Four of the 7 dioceses had some strategy in place, while of the 3 that did not, 2 said they saw such a need, while the remaining 1 said consciousness of the need was gradually emerging. Treatments included inpatient and outpatient treatment, attendance at Alcoholics Anonymous, and psychotherapy. A review of the relevant literature is also presented. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Rice, O. R. (1989). The contribution of the minister to the treatment of the alcoholic. In S. L. Berg (Ed.), *Alcoholism and pastoral ministry: Readings on recovery*. Lake Orion, MI: Guest House Inc.

Rice gives an excellent summary of the special resources and how they can be used to help alcoholics receive appropriate treatment. Originally published in 1951, the advice is still relevant today.

Sorensen, AA (1973). Need for power among alcoholic and nonalcoholic clergy. *Journal for the Scientific Study of Religion*, 22(5), 101-108.

Much of the literature exploring motivation for drinking alcoholic beverages asserts that people drink to resolve conflict over dependency wishes or feed their sense of dependency. David McClelland & his associates contend that people drink to make themselves feel more powerful. 2 types of need for power are identified: personalized need for power (p-power) & socialized need for power (s-power). McClelland's hyp's for soc alcoholics were adapted & tested with 121 Roman Catholic & Episcopal clergyman--65 alcoholics & 56 nonalcoholics. It was found that alcoholics are characterized by p-power & nonalcoholics by s-power or no need for power, regardless of denominational affiliation. Support is offered for the inference that clergy with personalized need for power tend to drink excessively (& later become alcoholic) whereas clergy with soc'ized need for power or no need for power tend to drink less (& hence are less likely to become alcoholics).

Congregations

Ascolesce, R. J. (1995). Finding a way: Programmed continuing education for church workers helping parishioners deal with addictive lifestyles. *Dissertation Abstract International*, 56(2), 582-A.

This dissertation has been researched and developed to provide local churches with resources for ministry to addicts and their families. Through interviewing and observations, this project has found from the experience of professional ministers who work in the field of chemical dependency treatment (as well as addicts and their families), the great need for preparing churches to help addicted families. Many ministers find themselves in charge of the spiritual care of addicted persons but are themselves untrained in the ministerial knowledge and techniques that provide an effective spiritual guidance and pastoral relationship. This being so, many addicts and their families are often put off, or offended by religious communities rather than spiritually nourished and inspired toward recovery. Thus, the aim of this dissertation to help churches prepare and equip themselves to help addicts and their families by providing information about why churches should be involved in this area; what personal and parochial assumptions about addiction must be replaced with current scientific data; what attitudes and beliefs should motivate our work; and what specific ministries churches can provide to their own congregants and communities as services of the spirituality of recovery. Finally, the appendix presents a detailed outline of a five week training program for clergy and lay ministers. Titled: Finding a Way; its contents are: Session I, The Addiction Process; Session II, The Pharmacology of Psychoactive Substances; Session III, An Intervention Model; Session IV, Community Resources (when treatment is not available); Session V, The Spiritual Means of Recovery. Copyright 1994 - University Microfilms, Inc. University Microfilms International (UMI)

Bailey, P. L. (1994). Resources for ministers [on alcohol/chemical dependency]. *Review and Expositor*, 91, 53-67.

Annotation was not available for this source.

Bainton, R. H. (1989). The churches and alcohol. In S. L. Berg (Ed.), *Alcoholism and pastoral ministry: Readings on recovery*. Lake Orion, MI: Guest House Inc.

Church attitudes toward alcohol use and the disease of alcoholism vary from denomination to denomination. Furthermore, these attitudes have historical roots. In this essay, Roland H. Bainton distinguishes the differences between Catholic, Protest and, and Jewish reactions to alcohol by setting these attitudes in an historical context.

Bertram, E., & Crawford, R. (1992). Is the drug war a just war: Drug abuse, drug wars, and the church. *Church and Society*, 82, 46-77.

Annotation was not available for this source.

Bisplinghoff, J. A. (1971). *Alcohol and the southern church: A survey of propaganda*. University of Georgia.

Annotation was not available for this source.

Brush, S. C. (1989). Ministering to the afflicted through combining the spiritual resources of the Church and Alcoholics Anonymous. *Dissertation Abstracts International*, 50(6-A), 1693.

Annotation was not available for this source.

Cairns, T. H. (1986). *Preparing your church for ministry to alcoholics and their families*. Springfield, IL: Charles C. Thomas.

Discusses the role of churches in ministry to alcoholics and families. Responsibilities, opportunities, and resources are discussed as they relate to the standards for church ministry. In addition, models for church ministry are presented.

Cairns, T. H. (1992). The church as minister to alcoholics and their families. *Faith and Mission*, 9, 40-50.

Annotation was not available for this source.

Cairns, T. H. (1994). Addiction and the role of the Church. *Review and Expositor*, 91, 43-51.

Annotation was not available for this source.

Fuad, M. A. (1992). *Alcohol and the church: Developing an effective ministry*. Pasadena CA: Hope Pub. House.

Annotation was not available for this source.

Conley, P. C., & Sorensen, AA (1971). *The staggering steeple: The story of alcoholism and the churches*. Philadelphia, PA: Pilgrim Press Book.

Annotation was not available for this source.

Cook, C; Goddard, D; Westall, R. (1997). Knowledge and experience of drug use amongst church affiliated young people. *Drug Alcohol Dependence*, 6(46), 9-17.

A large and growing proportion of young people in the UK are using drugs. Research from the US suggests a protective effect of church affiliation or 'religiosity', but this has not been investigated in British young people. In the present study, the prevalence of drug use was estimated amongst 7666 church affiliated young people in the UK in 1995, using a self report questionnaire survey. In the 12-16 year old age group, 23.4% had been offered at least one of a list of drugs, and 9.7% had tried such drugs. In those aged 17-30 years the figures were 46.1% and 23.3%, respectively. These figures are perhaps slightly less than, those obtained in secular surveys. Those who gave more positive responses to questions on Christian commitment were less likely to have been offered any of the listed drugs, or to have used them, as compared with those who gave no such responses. A lifetime history of ever having smoked demonstrated a far stronger association, with smokers being 15-20 times more likely to have used one of the listed drugs (abstract from MEDLINE).

Couch, J. D. (1988). *Equipping members of Garner Memorial Baptist Church, Anderson, South Carolina, to minister to alcoholics and their families*. Unpublished doctoral thesis.

Southern Baptist Theological Seminary.

Annotation was not available for this source.

Crawford, R. (1997). The Presbyterian Church in the United States of America: A history of concern for the addictions. *Journal of Ministry in Addiction & Recovery*, 4(2), 69-79.

This article presents the "public health" model maintained by the Presbyterian Church (USA) for understanding the role of alcohol in contemporary culture. Following a discussion of reformed theological perspectives concerning the addictions, a history outlining the concern of the Presbyterian Church for problems associated with alcohol dependency is presented. The 1986 General Assembly of the Presbyterian Church (USA) developed a four-point guideline for the use of alcohol by members of the church: (1) abstention in all situations should be supported and encouraged; (2) moderate drinking in low-risk situations should not be opposed; (3) heavy drinking in any situation should be vigorously discouraged; and (4) any drinking in high-risk situations (e.g., during pregnancy or before driving an automobile) should be vigorously discouraged, as should all illegal drinking. Policy statements on the use of tobacco and behavior addictions, in general, are also outlined.

Crosby, M. H. (1994). *The dysfunctional church: Addiction and codependency in the family of Catholicism* Notre Dame, IN: Ave Maria Press.

Annotation was not available for this source.

Daaleman TP, F. B. (1998). Prevalence and patterns of physician referral to clergy and pastoral care providers. *Arch Family Medicine*, 7(6), 548-553.

BACKGROUND: There is a heightened interest in spiritual and religious interventions in clinical settings, an area marked by unease and lack of training by physicians. A potential resource for generalists is specialty consultation and referral services, although little is known about the prevalence and patterns of involvement of clergy or pastoral professionals in patient care. **OBJECTIVES:** To identify the prevalence and patterns of physician-directed patient referral to or recommended consultation with clergy or pastoral care providers and to describe attitudinal and demographic variables that can predict referring and nonreferring physicians. **DESIGN:** A mailed anonymous survey. **SETTING:** Family physicians in the United States. **PARTICIPANTS:** Active members of the American Academy of Family Physicians whose self-designated professional activity is direct patient care. Of the 756 randomly selected physicians for participation in the study, 438 (57.9%) responded. **MAIN OUTCOME MEASURES:** Physician reporting on their attitudes and referral behaviors, including referral frequency, and conditions or reasons for referral or nonreferral to clergy and pastoral care providers. **RESULTS:** More than 80% of the physicians reported that they refer or recommend their patients to clergy and pastoral care providers; more than 30% stated that they refer more than 10 times a year. Most physicians (75.5%) chose conditions associated with end-of-life care (ie, bereavement, terminal illness) as reasons for referral. Marital and family counseling were cited by 72.8% of physicians; however, other psychosocial issues, such as depression and mood disorders (38.7%) and substance abuse (19.0%), were less prevalent. Physicians who reported a greater degree of religiosity had a small increased tendency to refer ($r = 0.39, P < .05$) to these providers. In addition, physicians who were in practice for more than 15 years were more likely to refer to clergy ($P < .01$). **CONCLUSIONS:** Most family physicians accept clergy and pastoral professionals in the care of their patients. In medical settings, the providers of religious and spiritual interventions have a larger and more expanded role than previously reported (abstract from MEDLINE).

Dennis, W. D. (1982). The Church's attitude toward drugs. In J. M. Burgess (Ed.), *Black gospel/white church* (pp. xv, 108). New York, NY: Seabury Press.

Annotation was not available for this source.

Faud, M. (1992). *Alcohol and the Church*. Pasadena, CA: Hope Publishing House.

This book is a "unique and most valuable resource work for anyone who truly wants to help the church pick up its role and responsibility and opportunity to reduce and prevent alcohol and other drug problems," says Rev. David C. Hancock, president of Minneapolis-based "Prevention of Alcohol Problems, Inc." "At present in the US, of persons who drink (about 70 percent of the adult population) 1.2 million people have one or more symptoms of alcoholism. Beyond this, four others close to each one of these persons is affected adversely. Adding to this total of six million people the estimated ten million who are chronic alcohol abusers (but not alcoholics) plus those whose lives are affected by this group, we now confront a quarter of our society.... Alcohol is America's #1 drug problem." This book is actually 4 books in 1: Alcohol Ministry; A Mission of the Church; An honest and comprehensive study of what the Bible says about the use of alcoholic beverages; A study outline/syllabus on alcohol problems. Over 150 practical ideas for doing alcohol ministry!

Fichter, J. H. (1982). *Rehabilitation of clergy alcoholics: Ardent spirits subdued*. New York, NY: Human Sciences Press.

The purpose of this book is to discuss alcoholic clergy who have recovered from their addiction and to investigate the rehabilitation process by which they were restored to the active ministry. Data were gathered from alcoholism rehabilitation staff, church officials, and recovered alcoholic clergy to answer questions regarding identification of the clergy addict, intervention, treatment experience, and restoration to the ministry. The general framework in which the findings have been conceptualized addresses four central concerns: ecclesial, vocational, moral, and spiritual. The book is organized into the following chapters: (1) deviant alcoholic clergy; (2) the alcoholic as church employee; (3) confrontation and intervention; (4) the healing process; (5) alcoholism among religious order clergy; (6) clergy alcoholics on and off the AA program; (7) spirituality, religiosity, and sobriety; and (8) born-again alcoholics. The survey instrument administered to recovered alcoholic clergy is appended.

Gable, W. J. (1999). Substance abuse prevention project among youths in an urban Baptist church. *Dissertation Abstract International*, 60(4), 1170-A.

A project to provide educational awareness and prevention in the use of alcohol and other drugs to young people of the Progressive Baptist Church in New Orleans, Louisiana is described. The project included eight training sessions from the Discovery Kit published by the U.S. Department of Health and Human Services, handouts on alcohol and other drugs, videotapes, and sermons. The results of the study revealed that the 12 participants had undergone changes of attitude and behavior. In addition, they had committed themselves to communicate to their peers and their families, as well as to their community, the dangers in the use and abuse of alcohol and other drugs.

Haarer, D. L. (1984). *Church's attitudes toward alcohol: A study guide*. Newton, KS: Faith and Life Press.

It is contended that a person needs to take responsibility for any decisions about beginning to drink, for controlling drinking once he or she decides to drink socially or moderately, and for treatment if one has reached the stage of disease. While an alcoholic has reached a stage of compulsive drinking, where it is impossible to control the drinking alone, there are still elements of personal responsibility for decisions made in the past, and for trying to get well when others extend opportunities for help. However, acknowledgement of the responsibility of the alcoholic does not diminish the responsibility to extend the right kind of help to the alcoholic, assisting that person to regain the capacity for effective living and responsible decision-making. The physical and moral dimensions of alcoholism, and the role and responsibility of the church to alcoholic members are discussed.

Halvorson, R., & Deilgat, V. (1991). *Living Free: A guide to forming and conducting a*

recovery ministry. Curtis, WA: Recovery Publications.

By developing a recovery ministry within the church, pastors and other church leaders can reach out with hope and healing to congregational members who are suffering from the lingering effects of an addictive or dysfunctional family environment. Includes a dynamic blueprint for recovery based on Scriptural Principles and the Twelve Steps.

Hancock, D. C. (1982). Alcohol and the church. In e. a. E. L. Gomberg (Ed.), *Alcohol, Science, and Society Revisited* (pp. 355-370). Ann Arbor, MI: University of Michigan Press.

Reference is made to a chapter in *Alcohol, Science and Society* (published in 1945) on the source and background of the religious community's teachings and preachings about alcohol. In the present chapter, the author discusses what the religious community has been saying and doing about alcohol and alcohol problems during the last 35 years. It is concluded that the religious community does not have all the answers to the prevention and treatment of problem drinking, but does have a significant contribution to make far greater than it has yet made; it must now begin to take its rightful place as a member of the community team.

Hancock, D. C. (1992). The Presbyterian Church and alcohol: A brief historical outline. *Church & Society*, 82(May-June), 123-125.

Annotation was not available for this source.

Hancock, D. C. (1991). *Making a difference: A Church guide on alcohol and other drug concerns*. Nashville, TN: Cokesbury.

Annotation was not available for this source.

Jetty, J. G. (1985). *A model for an alcohol education program in the local church*. Boston, MA: Boston University.

Annotation was not available for this source.

Johnson, K., Noe, T., Collins, D., Strader, T., & Bucholtz, G. (2000). Mobilizing church communities to prevent alcohol and other drug abuse: A model strategy and its evaluation. *Journal of Community Practice*, 7(2), 1-27.

This article presents a community mobilization strategy that focuses on the dynamics of organizing church communities to implement and evaluate alcohol and other drug (AOD) abuse prevention programs. Although the literature abounds with extensive discussions and case studies of community practice models, it clearly lacks documentation of successful strategies for empowering communities to engage in program implementation and evaluation. A model community mobilization strategy is described that highlights the involvement of church congregations in family recruitment, retention and replication of AOD prevention programs. The evaluation of the strategy provides evidence of the success in rural, suburban, and urban settings. Key lessons are presented to stimulate implementation of the model mobilization strategy in other church communities. (Journal abstract.)

Keller, J. E. (1991). *Alcoholics & their families: Guide for clergy & congregations*. New York: NY: Harper Collins Publishers.

The author examines the following issues: what the clergy need to know about alcoholics and their families; the most common misconceptions about alcoholism; how to distinguish between social drinking and problem drinking; alcoholism as a moral weakness versus alcoholism as a disease; and Alcoholics Anonymous -- its effectiveness and how it works. The author also discusses the key issues facing pastors and church members, including: identifying alcoholism's progressive symptoms, counseling for alcoholics and family members, treatment programs, intervention, and aftercare. He also introduces the idea of a Support Team Ministry within the congregation, a

church-connected network that raises awareness through education and that can help provide vital information on treatment programs. Tips are offered on how to begin such a group locally, staffed with volunteers.

Teague, W. (1992). Alcoholics and their families : [Review]. *Leadership*, 13, 68.

Annotation was not available for this source.

Krueger, D. L. (1995). The dysfunctional church: Barriers to positive spirituality within a congregation. *Journal of Ministry in Addiction & Recovery*, 2(1), 9-58.

Congregations possess corporate personae which can be dysfunctional. This idea is an extension of family systems theory. The addictions of a congregation are to processes rather than to substances. Models from the addictions field are used to recognize these processes. Spirituality is correlated with one's relationships to one's self, Others, and God. All people are spiritual and express their spirituality along a continuum between positive and negative behaviors. These concepts are compared to and are in conformity with this author's faith tradition. These insights suggest new avenues for comprehending troubled congregations and guiding them towards positive expressions of spirituality.

Kutter, C. J., & McDermott, D. S. (1997). The role of the church in adolescent drug education. *Journal of Drug Education*, 27(3), 293-305. Retrieved from PsycINFO Online Database.

In the present study, interactions among 3 dimensions of religiosity were evaluated in 238 adolescents (aged 13-18 yrs): (1) religious proscriptiveness, (2) involvement in church activities (ICA), and (3) the importance an individual places on church activities (IM). Each has previously demonstrated an inverse relationship with adolescent substance use. Religious proscriptiveness interacted with ICA and with IM in relation to adolescent use of alcohol, cigarettes, marijuana, and other drugs. Additionally, among adolescents who had ever used alcohol, a positive relationship was observed between religious proscriptiveness and binge drinking such that the highest incidence of binge drinking was reported by those affiliated with proscriptive religious groups. Findings suggest that the church may be an important vehicle for drug education. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

McLain, S. C., & ed. (1992). A body broken: Substance abuse and the church. *Church and Society*, 82, 1-135.

Annotation was not available for this source.

McFadden, J. S. (1997). Church of the Brethren's stance on alcohol, tobacco, drugs and recovery. *Journal of Ministry in Addiction & Recovery*, 4(2), 39-51.

This article will introduce the reader to the Church of the Brethren and look at this historical Brethren position on alcohol, tobacco and other drugs. An official 1976 Brethren statement on alcohol and recovery will be reviewed in some detail, highlighting the church's traditional call to abstinence. The paper concludes with current efforts to break the silence, suffering and shame caused by chemical use, abuse and addiction.

Morris, B. (1993). *The complete handbook for recovery ministry in the church*: Nashville, TN: Thomas Nelson.

A practical guide to establishing recovery support groups within your church. In this comprehensive guide, Morris offers proven strategies for organizing and maintaining a support group within your church (publisher).

Parham, A. P. (1983). *The Church and alcohol: A resource manual*. San Antonio TX: St. Paul's Episcopal Church ;

Annotation was not available for this source.

Rasmussen, S. (1982). What the church is doing in alcohol/drug awareness and ministry. *Church & Society*, 82(May-June), 126-135.

Annotation was not available for this source.

Roberts, M. (1973). *The abusive use of alcohol and the role of the church as a healing community*. Unpublished D. Min, Christian Theological Seminary.

Annotation was not available for this source.

Royce, J. E. (1981). Spiritual aspects. In J. E. Royce (Ed.), *Alcohol problems and alcoholism: A comprehensive survey* (Vol. xiii, pp. 281-290). NY:NY: The Free Press.

The spiritual needs of alcoholics as they described themselves are presented and the role of the church is discussed. Alcoholics described themselves as confused, discouraged, guilt-ridden, lonely, anxious, resentful, impatient, dishonest because of pride, fearful and selfish. Through prayer, the church and Alcoholics Anonymous, many alcoholics found peace of mind.

Page, M. S., & Colgate Rochester Divinity School Bexley Hall Crozer Theological Seminary. (1986). *The church and the alcohol addicted family: A co-dependent perspective*. Unpublished Thesis (D. Min.), Colgate Rochester Divinity School/Bexley Hall/Crozer Theological Seminary], Rochester NY.

Annotation was not available for this source.

Sanders, E. C., 2nd, & Metropolitan Interdenominational Church Nashville, T. U. S. A.

(2001). Opening inspiration for "Bridging the gap: integrating traditional substance abuse and harm reduction services" (May 3-4, 1999, San Francisco). *Journal of Psychoactive Drugs*, 33(1), 9-12.

This is an edited transcript of the opening speech by Rev. E.C. Sanders, II at the conference "Bridging the Gap: Integrating Traditional Substance Abuse and Harm Reduction Services," held in San Francisco, CA on 3-4-May-1999. The theme of the speech is the word "whosoever," which Sanders said is featured in capital letters along with a set of outstretched arms in a large painting at the entrance of the Metropolitan Interdenominational Church in Nashville, TN. The painting symbolizes the hope that people can come together and make the world a better place. Sanders observed that achieving the "whosoever" ideal requires dealing with "wherever" and "whatever." Because traditional channels for getting people into substance abuse treatment do not work for some people, it is necessary to go wherever those people are and do whatever is necessary to help them. Sanders concluded his speech with the hope that participants could let go of mental barriers and get beyond strict, limited, and narrow conventional ideas about substance abuse treatment.

Scott, A. B., & Rosenberg, H. (1998). Presbyterian congregation members' perceptions of drinking problems in clergy and other helping professionals. *Addiction Research*, 6(1), 35-42. Retrieved from PsycINFO Online Database.

Examined how 181 members of the Presbyterian Church, USA rated symptoms of problem drinking exhibited by clergymen compared to other helping professionals. Vignettes presenting case histories of a clergyman, counselor, or teacher who had experienced negative consequences of alcohol use were mailed to Ss. 76% of Ss rated that target in the vignette as a "problem drinker" regardless of occupation. Occupation was associated with the Ss' ratings of the severity of the drinking; however, contrary to the hypothesis, respondents perceived the drinking of clergy as more severe than the drinking of the control occupations. Clergymen were seen as needing professional help more frequently than members of the control occupations. Occupation was not associated with Ss' decisions about whether the target should keep his job or how much his drinking would interfere with his work. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Shefrin, J. (1998). The faith community as a support for people with mental illness. *New directions for mental health services, Winter*(80).

The Reverend Craig Rennebohm has found in his work as a mental health chaplain that "the church can be a primary base for organizing the community to do ministries that change society, transform individual lives and create a community of compassion" (Stamp, 1993, p.1). For people with mental illness the church and synagogue are creditable, stable organizations that can give long-term, ongoing support and opportunities for integration. These communities have a long history of developing organized responses to the concerns and affect their members and those they serve, including individuals with mental illness. Such responses provide opportunities to integrate people with mental illness into the life of the congregation and the community and to develop educational and service projects (from the introduction to the article).

Svendsen, R., & Griffin, T. (1991). *Alcohol and other drugs: A planning guide for congregations*. Anoka MN: Health Promotion Resources.

Annotation was not available for this source.

Williams, C., & Laird, R. (1992). *No hiding place : empowerment and recovery for our troubled communities* (1st ed.). San Francisco, CA: Harper San Francisco.

The nationally known minister shares his insights and ideas for helping crisis-ridden cities recover through community-based programs (from publisher).

Womack, S. A. (1981). Therapeutic aspects of Pentecostal church on alcohol and drug abusers. *Dissertation Abstracts International, 41*(7-A), 3172.

Observations are presented on an efficient way of rehabilitating drug and alcohol abusers and a non-rational mechanism for transforming attitudes and behaviors. Whether the rehabilitation that ensues from joining the church is accessible and beneficial to every personality type and capable of being adapted to secular therapeutic programs is discussed. The church helps both short-and long-term rehabilitation because it offers social, psychological and psychophysiological alternatives to elements of drug/alcohol usage that are valued by substance users and offers substitutes rather than demanding sacrifices. It offers ecstatic trance to the excitement and euphoria that often accompanies drug/alcohol use and meets the social needs of its converts by offering a sense of community. The church also offers a way to reduce ambiguity in thinking about the world. Conversion provides substitutes for drinking and drug use. A Pentecostal church is ethnographically analyzed to understand its rehabilitative effects on converts who have histories of alcohol and drug abuse before joining the church.

Cognitive Therapy

Brown, H. P., Peterson, J. H., & Cunningham, O. (1988). A behavioral/cognitive spiritual model for a chemical dependency aftercare program. *Alcoholism Treatment Quarterly, 5*(1-2), 153-175. Retrieved from PsycINFO Online Database.

Presents a multimodal approach to alcoholism/addiction treatment based on AA Lazarus's (published 1966-1985) multimodal therapy, but modified in recognition of H. Maslow's (1968) work on self-actualized individuals. Such self-actualization is described as "spiritual actualization" since it includes the recovery behaviors suggested by the program of Alcoholics Anonymous. Treatment modalities in accordance with Lazarus's model are presented, with an additional spiritual component. It is suggested that belief in a traditional deity is unnecessary for the efficacy of such an approach. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Brown, H. P., & Peterson, J. H. (1990). Rationale and procedural suggestions for defining and actualizing spiritual values in the treatment of dependency. *Alcoholism Treatment*

Quarterly, 7(3), 17-46. Retrieved from PsycINFO Online Database.

Presents a behavioral/cognitive approach to spirituality in the treatment of addiction. A review of the literature suggests at least 4 common inadequacies found in alcoholism treatment programs or approaches: primary care, aftercare, treatment of psychological difficulties, and attention of spirituality. The behavioral/cognitive model employs a unique combination of spiritual and psychotherapeutic components. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Brown, H. P., Peterson, J. H., & Cunningham, O. (1988). An individualized behavioral approach to spiritual development for the recovering alcoholic/addict. *Alcoholism Treatment Quarterly*, 5(1-2), 177-196. Retrieved from PsycINFO Online Database.

Describes the individual alcoholic/addict's recovery as a threefold spiritual journey best facilitated by a humanistic yet behaviorally-oriented therapeutic relationship with a counselor, utilizing behavioral methodologies and personally following a similar path of spiritual growth. With the availability of a wide variety of psychological and psychospiritual personal growth manuals and cassette programs, expertise in pastoral or psychological counseling is seen as unnecessary for the counselor's efficacy in assisting the recovering individual. Appendices include a daily spiritual behavior checklist and suggested materials for use in clinical settings. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Brown, H. P., Peterson, J. H., & Cunningham, O. (1988). Rationale and theoretical basis for a behavioral/cognitive approach to spirituality. *Alcoholism Treatment Quarterly*, 5(1-2), 47-59. Retrieved from PsycINFO Online Database.

Presents a behavioral/cognitive approach to spirituality in the treatment of addiction. A review of the literature suggests at least 4 common inadequacies found in alcoholism treatment programs or approaches: primary care, aftercare, treatment of psychological difficulties, and attention of spirituality. The behavioral/cognitive model employs a unique combination of spiritual and psychotherapeutic components. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Carter, L., & Minirth, F. B. (1993). *The anger workbook*. Nashville: T. Nelson.
Annotation was not available for this source.

Carter, L., & Minirth, F. B. (1997). *The choosing to forgive workbook*. Nashville, TN.: T. Nelson Publishers.
Annotation was not available for this source.

Cloud, H. (1992). *Changes that heal: How to understand your past to ensure a healthier future*. Grand Rapids, MI: Zondervan.
Annotation was not available for this source.

Cloud, H., & Townsend, J. S. (1992). *Boundaries: When to say yes, when to say no to take control of your life*. Grand Rapids, MI: Zondervan Pub. House.
Annotation was not available for this source.

Cloud, H., & Townsend, J. S. (1994). *False assumptions*. Grand Rapids, MI: Zondervan Pub. House.
Annotation was not available for this source.

Cloud, H., & Townsend, J. S. (1995). *12 "Christian" beliefs that can drive you crazy : relief from false assumptions*. Grand Rapids, MI.: Zondervan Pub. House.
Annotation was not available for this source.

- Cloud, H., & Townsend, J. S. (2001). *How people grow: What the Bible reveals about personal growth*. Grand Rapids, MI: Zondervan.
Annotation was not available for this source.
- Hemfelt, R., Minirth, F. B., & Meier, P. D. (1989). *Love is a choice*. Nashville: T. Nelson.
Annotation was not available for this source.
- McGee, R. S. (1995). *The search for freedom: Demolishing the strongholds that diminish your faith, hope, and confidence in God*. Ann Arbor, MI: Vine Books.
Annotation was not available for this source.
- McGee, R. S. (1998). *The search for significance [book and workbook]* Nashville, TN: Word Publishing.
Annotation was not available for this source.
- McGee, R. S., McCleskey, D., Springle, P., & Joiner, S. (1994). *Conquering chemical dependency: Facilitator's guide. A Christ-centered 12-step process*. Nashville, TN: LifeWay Press.
Annotation was not available for this source.
- McGee, R. S., & Morrison, R. (1997). *From head to heart*. Ann Arbor, MI: Vine Books/Servant Publications.
Annotation was not available for this source.
- McGee, R. S., & Sapaugh, D. W. (1996). *The search for peace: Release from the torments of toxic unforgiveness*. Ann Arbor, MI: Servant Publications.
Annotation was not available for this source.
- McGee, R. S., Springle, P., & Craddock, J. (1990). *Your parents and you: How our parents shape our self concept, our perception of God, and our relationships with others* (Rev. ed.). Dallas, TX: Word Publishing.
Annotation was not available for this source.
- Minirth, F. B. (1977). *Christian psychiatry*. Old Tappan, NJ: F. H. Revell Company.
Annotation was not available for this source.
- Minirth, F. B. (1988). *Taking control: New hope for substance abusers and their families*. Grand Rapids, MI: Baker Book House.
Annotation was not available for this source.
- Minirth, F. B. (1993). *What they didn't teach you in seminary*. Nashville, TN: T. Nelson Publishers.
Annotation was not available for this source.
- Minirth, F. B., & Meier, P. D. (1978). *Happiness is a choice: A manual on the symptoms, causes, and cures of depression*. Grand Rapids, MI: Baker Book House.
Annotation was not available for this source.
- Reese, R., & Minirth, F. B. (1993). *Growing into wholeness: Putting body, mind, and spirit back together*. Chicago, IL: Moody Press.
Annotation was not available for this source.

Deliverance Model

Anderson, N. T. (1991). *Released from bondage*. San Bernardino, CA: Here's Life Publishers.

Bestselling author Dr. Neil Anderson presents life-transforming guidance for anyone seeking freedom from destructive personal or spiritual conflicts. Real-life survivors step forward to tell how they broke free from emotional, mental, and spiritual captivity, finding hope and joy in Christ. Learn how victims survived harsh realities such as childhood abuse, compulsive thoughts and behaviors, eating disorders, sexual disorders and depression. Each unforgettable and true story will help you in your own struggle (from the publisher).

Anderson, N. T. (1993). *Living free in Christ*. Ventura, CA: Regal Books.

Living free in Christ will give you back the life that the enemy is trying to rob from you. Here are 36 scriptures, readings and prayers that will transform your thoughts about God, about yourself, and your purpose here on earth. While there is no guarantee that your life will become free of hardship, you will come to see God's blessing even in the midst of the most difficult circumstances (from the publisher).

Anderson, N. T. (1995). *Helping others find freedom in Christ*. Ventura, CA: Regal Books.

Helping others find freedom in Christ training manual and study guide gives you an easy-to-use method for sharing the steps to freedom in Christ. This plan will help anyone understand the root causes of spiritual problems & apply biblical solutions (from the publisher).

Anderson, N. T. (2000). *The bondage breaker*. Eugene, OR: Harvest House.

You don't have to trudge through life, struggling with negative thoughts and destructive habits. Jesus Christ has made it possible for you to be truly free! This study guide points the way (from the publisher).

Anderson, N. T. (2000). *Victory over the darkness* (10th Anniversary ed.). Ventura, Calif.: Regal.

Ten years ago a breakthrough book launched a ministry that has helped more than one million people overcome this world and win the battle for their hearts and minds. Now Neil Anderson has revised and expanded *Victory over the Darkness* for a new generation of readers, outlining practical and more productive ways to Christian growth based on Christ's promise: "You will know the truth, and the truth will make you free." *Victory Over the Darkness* emphasizes the importance of believing and internalizing the cardinal truths of Scripture as a base from which to renew the mind and fend off Satan's relentless attempt to convince us that we are less than Christ empowers us to be (from the publisher).

Anderson, N. T., & Miller, R. (1999). *Walking in freedom: A 21-day devotional to help establish your freedom in Christ*. Ventura, CA: Regal Books.

More than 1 million people have resolved spiritual conflicts with the help of the Steps to Freedom in Christ. But it's easy to slip back into the old ways of thinking. That's why Neil Anderson and Rick Miller have written *Walking in Freedom*. Filled with hope and encouragement, this inspiring 21-day devotional will help you stand firm in your freedom in Christ and build a holy shield against the enemy's attacks.

Anderson, N. T., & Park, D. (1993). *Stomping out the darkness*. Ventura, CA: Regal Books.

Stomping Out the Darkness tells how you can break free of all the garbage and negative thoughts that cloud your mind and how to discover the joy of being a child of God (from the publisher).

Anderson, N. T., Quarles, M., & Quarles, J. (1996). *Freedom from addiction: Breaking the bondage of addiction and finding freedom in Christ*. Ventura, CA: Regal Books.

Here is a unique, Christ centered model for reovery that has already helped hundreds of thousands break free from alcoholism, drug addiction, and toher addictive bahviors. In Freedom from Addiction, you'll discover how you can apply the powerful steps to freedom in Christ directly to the problem of addiction (from the cover of the book).

Garzon, F. (2001). Freedom in Christ: Quasi-experimental research on the Neil Anderson approach. *Journal of Psychology and Theology*, 29(1), 41-52.

Examines the psychological effects of the Freedom of Christ workshop using Neil T. Anderson approach. Increase in self-esteem and spirituality items; Exploration on spiritual interventions in treatment; Determination of behavior by belief system.

Miller, E. (1998). The bondage maker: Examining the message and method of Neil T Anderson. *Christian Research Journal*, 20, 16-22,26-27,43-44,53.

Annotation was not available for this source.

Moore, D. G., & Payne, R. A. (1999). Tripping on the steps to freedom: The theology of Neil Anderson. *Stulos*, 7(1-2), 37-52.

The authors describe the unbiblical ideas of Anderson's teaching with particular attention given to theology of sin and the believer. The negative consequences to their Anderson's distorted theology is discussed.

Devotion Material

In God's care: Daily meditations on spirituality in recovery. (1991). Minneapolis, MN: Hazelden.

This book guides readers in understanding and strengthening their connection with a Higher Power, however they choose to define that presence. With inspiration and support, the daily readings offer encouragement and guidance for "practicing the presence of God" in daily life.

Alexander, B. (1994). *A man's book of the spirit: Daily meditations for a mindful life.* New York, NY: Avon Books.

Meditations for each day of one year explore the nature of manhood through meditation, wisdom, and affirmation.

Allbringht, J. A. (2001). *Soul steps: Power stepping to recovery:* Bright Writing.

Annotation was not available for this source.

Anders, I. (1992). *Lords prayer: Peace and self-acceptance for those in recovery:* Nashville, TN: Thomas Nelson.

Annotation was not available for this source.

B, D. (1996). *Good morning! Quiet time, morning watch, meditation, and early AA.* Kihei, HI: Good Book Publishing

This book is a study of the early AA meditation practices. It provides a history of their origins in the Bible, the "Morning Watch," and the Oxford Group and other Christian Quiet Time devotions. It also includes examples of the meditation books used in A First Century Christian Fellowship, of which AA was an integral part in its beginnings.

B., D., & Lepper, O. (2000). *Renewed each day: Daily Twelve Step recovery meditations based on the Bible (Leviticus, Numbers & Deuteronomy).* Kihei, HI: Paradise Research Publications, Inc.

Using a seven day / weekly guide format, a recovering person and a spiritual leader who is reaching out to addicted people reflect on the traditional Jewish weekly Bible reading. They bring strong spiritual support for daily living and recovery from addictions of all kinds

Behnke, J. (1999). *90 Days, one day at a time: A new beginning for people in recovery*. New York, NY: Paulist Press.

These 365 daily meditations show the connection between our lives as recovering people and spirituality.

Booth, L. (1997). *Say yes to life: Daily meditations for recovery*. Deerfield Beach, FL: Health Communications, Inc.

Annotation was not available for this source.

Coombs, M. T., & Nemeck, F. K. (1991). *O blessed night: Recovering from addiction, codependency and attachment based on the insights of St. John of the Cross and Pierre Teilhard de Chardin*. Staten Island, NY: Alba House.

Annotation was not available for this source.

Harper, S. F. (Ed.). (1989). *Keep It simple: Daily meditations for Twelve-Step beginnings and renewal*. San Francisco, CA: Harper.

Featuring simple language that allows any user the chance to enjoy sobriety and serenity, this volume is unique in its stress on action. A motivational activity is presented in each of the daily readings to help users integrate the concepts into their lives.

Hutchinson, I. W. (1992). *Screwtape: Letters on alcohol*. Kansas City, MO: Theological Book Service.

Annotation was not available for this source.

Murphey, C. (1988). *Keeping my balance: Spiritual help when someone I love abuses drugs*. Philadelphia, PA: Westminster Press.

Here are approximately 50 meditations under the broad categories of caretaking, emotions, responsibility, and recovery. Each page-long meditation and ending prayer provides spiritual help to one who loves someone who abuses drugs.

Nealy, E. (1995). *Amazon spirit: Daily meditations for lesbians in recovery*. Berkley Publishing.

These 366 daily meditations offer healing words of strength and insight for many of life's most difficult challenges. Covering a wide range of lesbian-specific concerns, these affirmations address issues rarely confronted by support groups or recovery literature (barnes & Noble).

Stephens, B. (1992). *Proverbs for recovery: Meditations for strength and wisdom*. San Francisco, CA: Harper.

Here are Biblically based devotionals for Christians in recovery. Stephens combines the complementary traditions of the Biblical Proverbs with the Twelve Steps, offering 150 meditations, including a meditational reading and a sentence prayer for the day. Herself a recovering codependent, Stephens brings words of affirmation, strength, discipline, insight, and wisdom to help make recovery stable and secure.

Renewed each day: God's promises for overcoming chemical dependency (1992). Nashville, TN: Thomas Nelson.

Annotation was not available for this source.

Van Blair, B. (1988). *A year to remember*. Seattle, WA: Glen Abbey Books.

In coming to terms with his own alcoholism, the author found a powerful relationship between 12 step recovery and the Christian tradition. He invites the church and AA to share in their rich union, and in these 52 messages (one for each week of the year) he adds a new dimension to the experience of recovery and new meaning to the experience of Christianity.

Disease Concept and Spirituality

Cunningham, J. A., Sobell, L. C., Freedman, J. L., & Sobell, M. B. (1994). Beliefs about the causes of substance abuse: A comparison of three drugs. *Journal of Substance Abuse*, 6(2), 219-226.

Respondents were randomly assigned to one of three conditions and completed a questionnaire asking about their beliefs regarding the causes of alcohol abuse, cocaine abuse, or cigarette smoking, and about their humanitarian attitudes toward substance abusers. Three major findings emerged: (a) compared to the other substances of abuse, the disease concept was most strongly endorsed for alcohol abuse, the sin conception for cocaine abuse, and the habit conception for smoking; (b) for alcohol abuse only, endorsement of the disease concept was positively related to humanitarian attitudes; and (c) for all three substance types, the sin conception was negatively related to the expression of humanitarian attitudes. Implications of these findings are discussed.

O'Brien, R. Y. (1995). Disease concept and spirituality. *Journal of Ministry in Addiction & Recovery*, 2(2), 33-75.

Currently two frame of references exist for reflecting on addictions: a disease concept and a spiritual concept. Each of these concepts supplies categories for analyzing the phenomenon of addiction. Individual therapists tend to employ one of these frames of references, neglecting or rejecting the other one. But each frame of reference yields a helpful method for treating addictions. Mutual respect, based on familiarity with both concepts, will allow therapists of both persuasions to complement and cooperate in achieving more effective treatment programs.

Royce, J. E. (1985). What do you mean spiritual illness?. *Alcoholism: The National Magazine*, 5(3), 28.

Alcoholism is known as a physical, mental, and spiritual disease; the spiritual aspect of the illness is the most neglected part of therapy in modern times. Lasting and joyous sobriety inevitably involves growth in the spiritual life. Step 11 of Alcoholics Anonymous cites this need.

Royce, J. E. (1987). *The spiritual progression chart*. Minneapolis, MN: Hazelden.
Annotation was not available for this source.

Schultz, O. B. (1998). One Christian's understanding of substance abuse: Disease, decision, addiction, dependency. *Journal of Ministry in Addiction & Recovery*, 5(2), 85-96.

This paper sees both sin and disease as involved in varying degrees in different substance abusers. Moreover, two additional elements come into play. One is addiction, the physical need for a drug characterized by withdrawal sickness. The other is dependency, the spiritual need for the drug in which the drug becomes a god in the individual's life. It may be impossible to determine how each of these four factors influences any given person's abuse of alcohol or other drugs. However, proper assistance to all substance abusers requires that caregivers understand that some combination of these four factors is active (Abstract from article).

Holistic

Colker, J. (1980). Holistic drug abuse treatment. In R. Faulkinberry (Ed.). *Drug problems of the 70's, solutions for the 80's* (1st ed. ed., pp. 351-355). Lafayette, LA: Endac Enterprises.

Annotation was not available for this source.

Ellis, G. A., & Corum, P. (1994). Removing the motivator: A holistic solution to substance abuse. *Alcoholism Treatment Quarterly*, 11(3-4), 271-296. Retrieved from PsycINFO Online Database. Asserts, on the basis of personal experience, that the underlying motivator for alcohol abuse, addictions, and criminal behavior is stress. The author presents a Transcendental Meditation program to remove stress, the motivator, and eliminate these undesirable behaviors. The article specifically disregards scientific evidence of its efficacy, basing its validity in a series of case studies which illustrate its successes and modes of implementation in a variety of settings (San Quentin Prison, Vermont, Central America, the California Youth Authority, and in residential treatment facilities). (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Focht, S. (1998). Spirituality becomes a prominent component of holistic care. *Oncology Nursing Forum*, 25(6), 988-9910.

Annotation was not available for this source.

Sultanoff, B., & Klinger, R. E. (2000). *Putting out the fire of addiction: A Holistic guide to recovery*. Whitby, Ontario, Canada: McGraw-Hill Trade.

Annotation was not available for this source.

McElrath, D. (2001). *The quiet crusaders: The untold story behind the Minnesota model*. Minneapolis, MN: Hazelden.

Long before the concept was fashionable, the Minnesota Model of treatment represented wholistic healing by uniting physician, counselor, and chaplain to treat the addicted individual. This book profiles three men whose work advanced the efficacy and understanding of this innovative treatment approach: James West, M.D., of the Betty Ford Center; Robert Morse, M.D. of the Mayo Clinic; and Reverend Gordon Grimm of Hazelden. Some specific topics: a body/mind/spirit illness, social setting, alcohol detoxification, Chicago Model, a general hospital and alcoholism, the Alcoholics Anonymous program, medicalizing the Minnesota Model, prognosis of treatment of addicted physicians, the definition of alcoholism, Fourth Step Inventory, and a Fifth Step lecture.

Nebelkopf, E. (1981). Holistic programs for the drug addict and alcoholics. *Journal of Psychoactive Drugs*, 13(4), 345-351.

The author contends that there is a growing awareness and concern to develop programs for substance abusers which utilize a holistic approach to deal with mental, physical, emotional, and spiritual problems; in these programs, such factors as nutrition, relaxation, stress reduction, and physical exercise are as important as peer pressure and psychological counseling. In this article some of the newer alternative holistic methods are evaluated in regards to the treatment of the drug addict and alcoholic. It is concluded that there needs to be systematic investigation and development of programs utilizing holistic techniques in the treatment of drug addicts and alcoholics. Problems encountered in, and recommendations for developing and implementing these programs are discussed.

Nebelkopf, E. (1989). Holistic methods in drug abuse treatment. In S. Einstein (Ed.), *Drug and alcohol use: Issues and factors* (pp. 189-202). New York, NY: Plenum Press.

Annotation was not available for this source.

Rioux, D. (1996). Shamanic healing techniques: Toward holistic addiction counseling. *Alcoholism Treatment Quarterly*, 14(1), 59-69. Retrieved from PsycINFO Online Database.

Introduces shamanic healing techniques as promoters of a holistic addiction counseling process. The article describes the shaman as one who, by entering an altered state of consciousness, focuses on inner realities in order to find healing, harmony, wholeness for self and others. The article also

portrays healing (i.e., recovery from addiction) as a transformation of consciousness and outlines some powerful shamanic healing techniques that the addiction counselor can adopt. A new holistic counseling paradigm called PARTICIPATORY HOLISM is presented. This model is linked with shamanic methods. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Stimmel, B. (1983). Dependency on mood-altering drugs: The need for a holistic approach.

Advances in Alcohol and Substance Abuse, 2(4), 1-8. Retrieved from PsycINFO Online Database.

Introduces the articles in the present journal by reviewing conflicting reasons given for alcohol and substance abuse: a medical disorder, a psychological disturbance, a response to defective parenting, and a reaction to adverse SES factors. It is contended that the psychological constructs dealing with the disorders include severe ego weakness, a strong need for dependency, a low degree of tolerance for frustration and tension, marked ambivalence toward the parental constellation, and anger not expressed outwardly. It is asserted that when these factors are combined with an intense need for oral gratification, alcohol is the mode of abuse; when self destructiveness and the need to obtain relief through withdrawal and introversion are present, heroin is the mode of abuse. The question of whether these factors predated the development of dependency remains. (26 ref) (PsycINFO Database Record (c) 2002 APA, all rights reserved)

International Issues / Studies

Akyeampong, E. (1995). Alcoholism in Ghana: A socio-cultural exploration. *Culture,*

Medicine and Psychiatry, 44(2), 261-280.

A vast literature has accumulated in recent years, examining the disease concept of alcoholism, & analyzing the interaction of biomedicine with indigenous healing systems in colonial & postcolonial societies. Social scientists have consistently emphasized the social context of alcoholism, although their works have been largely ignored. The literature on the social history of medicine in Africa, & on alcohol use in non-Western societies is engaged in an attempt to offer an understanding of alcoholism in Ghana rooted in Ghanaian cultures & history. Explored is how alcohol's established ties with spirituality influences Ghanaian perceptions of alcoholism. Based on interviews, highlife music, popular literature, & the few written works on alcohol use in Ghana, the social construction of the alcoholic in independent Ghana is examined. 63 References. Adapted from the source document

Alexander, B. K. (2000). The globalization of addiction. *Addiction Research*, 49(5), 501-526.

Addiction is endemic in Western free-market society. This is because free markets inevitably dislocate people from traditional sources of psychological, social, & spiritual support, & because "dislocation," in this broad sense of the term, is the precursor of addiction. Since free-market principles currently provide the blueprint for globalization, the prevalence of addiction is increasing everywhere. Analysis of addiction along these lines can lead addiction professionals to a view of their field that is both broader & more practical. 54 References. Adapted from the source document

Else, D. J. (1994). In giving we receive: The view from Russia. *Journal of Ministry in*

Addiction & Recovery, 1(2), 23-28.

A trip to Russia to help assess a program of the Russian Orthodox Temperance Fellowship helped put into perspective a significant role which churches in America might play in the treatment and prevention of addictive diseases in this country. From that experience the author briefly outlines what such a church-based effort might include and how it might bring healing not only to the addict but to the church itself (abstract from article).

Engs, R. C., & Mullen, K. (1999). The effect of religion and religiosity on drug use among a selected sample of post secondary students in Scotland. *Addiction Research*, 7(2), 149-

170. Retrieved from PsycINFO Online Database.

Examined the alcohol, tobacco and drug use patterns among higher education students in Scotland in terms of religiosity and religious background, in order to investigate differences in recreational drug use between students who consider religion important and those to whom religion is not important. Also studied were differences between students with Church of Scotland, Other Protestant, Roman Catholic or "other" or no religious backgrounds in terms of recreational drug use, and the relationship of illegal drug use with alcohol and tobacco use. The Queensland Alcohol and Drug Study Questionnaire was completed by 4,066 post-secondary students. The overall results suggest that students who were not religious were more likely to consume both licit and illicit drugs. In general, students who had "other" or no religious preference, or who were Roman Catholic, were also more likely to use licit and illicit substances. There was a strong association between heavy alcohol use, and any tobacco consumption, and the use of illicit substances. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Francis, L. J. (1992). Attitude towards alcohol, church attendance and denominational identity. *Drug and Alcohol Dependence*, 31(1), 45-50. Retrieved from PsycINFO Online Database. 315 people (aged 20s through 60s) concerned with youth work in England completed a 49-item scale regarding their attitudes toward alcohol. Factor and item analyses identified 16 of the original items as cohering to produce a unidimensional scale with good internal reliability. Frequency of church attendance and denominational affiliation were significant determinants of attitudes toward alcohol. Membership in the Free Churches and frequent church attendance were associated with less liberal attitudes. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Francis, L. J. (1994). Denominational identity: Church attendance and drinking behavior among adults in England. *Journal of Alcohol and Drug Education*, 39(3), 27-33. A sample of 264 men and women participating in adult education programs in England completed a short scale of drinking behavior alongside indices of church attendance and denominational affiliation. The data demonstrate that drinking behavior is unrelated to frequency of church attendance, but significantly related to denominational identity. Members of the Free Churches were less likely to engage in drinking behavior than Anglicans, Roman Catholics, or individuals who claimed no denominational affiliation. These findings are discussed against the background of contemporary sociological theories regarding the compartmentalization of religious beliefs.

Ghunney, J. K., Greer, J. M., & Allen, J. (1999). African spiritual worldview: Its impact on alcohol and other drug use by senior secondary school students in Ghana. *Research in the Social Scientific Study of Religion*, 48(1), 191-216. Following a discussion of theories put forward to explain alcohol & other drug use by adolescents (eg, genetic transmissions, social stress, psychosocial, biosocial, social learning, & disease models), questionnaire data from 238 older adolescent secondary school students in three regions of Ghana are drawn on to investigate whether (1) alcohol & other drug use is regarded as a problem in secondary schools in Ghana; (2) beliefs about supernatural powers influence alcohol & drug abuse; (3) witchcraft is seen as a possible cure for drug abuse; & (4) ministers & pastors are considered good resources for dealing with alcohol & drug abuse. Results indicate that age, sex, region of origin, & importance of religion are not related to the general student belief that supernatural powers can influence people to become alcoholics or drug addicts. 14 Tables, 78 References. Adapted from the source document

Mariz, C. L. (1991). Pentecostalism and alcoholism among the Brazilian poor. *Alcoholism Treatment Quarterly*, 8(2), 75-82.

As a first step in a longitudinal study, a sample of 691 French boys selected at random so that the region, the type of dwelling, and the profession of the wage-earner agreed with the latest official census were studied. About 200 questions were asked by professional interviewers. The amount of alcohol intake was calculated from questions concerning type and amount of drinks consumed on all possible occasions. The mean yearly alcohol consumption was 0.91 liters of pure ethanol at 13-14 years, 2.08 at 15-16, and 5.88 at 17-18 (national average in Frenchmen 15 years and over: 16.5). Alcohol intake increases significantly with frequency of cafe and public dance attendance in all three age groups. Other factors, such as cigarette smoking, pop concerts or night club attendance, familial environment, show significant difference in only one or two age groups. Type of habitation, number of siblings, church attendance, etc., are not significant. (Copyright 1991 - Elsevier Scientific Publishers Ireland Ltd)

- Miranda, C. T., Labigalini, E., & Tacla, C. (1995). Alternative religion and outcome of alcohol dependence in Brazil. *Addiction, 90*(6), 847. Retrieved from PsycINFO Online Database.
 Investigated whether chronic consumption of Hoasca tea (a hallucinogenic) would be associated with psychiatric symptoms or frank mental illness among 15 male members of a religious institution in Brazil whose members drink the tea ritually; each S had drunk the tea on an average of once per week. A psychiatric evaluation was carried out using the Portuguese version of the Composite International Diagnostic Interview. Alcohol dependence, major depression, and social phobia were identified as disorders among Ss, but the disorders had their onsets before the Ss joined the institution. Among Ss with alcohol dependence, continuous abstinence was reported following admission to the institution; these Ss reported being dependent on their religion, not on the tea. However, the authors speculate about the pharmacological mechanism of abstinence among Ss who drink Hoasca tea. (PsycINFO Database Record (c) 2002 APA, all rights reserved)
- Moore, M., & Weiss, S. (1995). Reasons for non-drinking among Israeli adolescents of four religions. *Drug and Alcohol Dependence, 38*(1), 45-50. Retrieved from PsycINFO Online Database.
 Investigated the reasons for not drinking given by 2,366 Israeli Jewish, Moslem, Druze, and Christian adolescents (aged 15-18 yrs) in Israel. Ss were from private, public, religious, vocations, and boarding schools. Ss completed a questionnaire regarding drinking habits and reasons for not drinking. Harmful health consequences of alcohol use and religious injunction were the most prevalent reasons for abstinence among Moslem and Druze Ss. Jewish Ss abstained mainly because of disliking the taste and/or smell of alcohol and because they did not care for it. Christian Ss abstained mainly because of the harmful effects of alcohol on health and dislike of its taste and/or smell. It is suggested that preventive efforts concentrate on the unpleasant taste and smell of alcohol. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)
- Mullen, K., Blaxter, M., & Dyer, S. (1986). Religion and attitudes towards alcohol use in the Western Isles. *Drug and Alcohol Dependence, 35*(4), 51-72.
 Research on religion & alcohol has produced conclusive results with regard to the relationship between religion & alcohol consumption but ambiguous findings with regard to more general attitudes toward alcohol use. These issues are considered in depth by a secondary analysis of data collected in a random sample questionnaire survey of 896 Rs in the Western Isles of Scotland. It is found that differences between Protestants & Catholics do exist: Protestants are more likely to endorse an abstinent position, while Catholics are more permissive in their attitudes toward drinking. In terms of attitudes toward drunkenness, however, differences between the two groups are slight. Data on differences in attitudes toward alcoholism & service use are explored & a call is made for future studies in the area to take the cultural context of these issues into account. 18 Tables, 14 References. Modified HA
- Mullen, K., Williams, R., & Hunt, K. (1996). Irish descent, religion, and alcohol and tobacco use. *Addiction, 44*(5), 243-254.

Western Scotland has traditionally been a focus for Irish migration. Quantitative & qualitative interview data obtained in 2 studies of this region (total N = 1,168 respondents) show little difference in drinking & smoking between Scots of Irish descent & other Scots. However, they do reveal significant differences in these behaviors according to religious affiliation in adulthood. Rather than confirming the stereotype of Irish Catholics as heavy drinkers & smokers, it is hypothesized that drinkers & smokers are differentially retained in membership by different religious affiliations, & that this accounts for differences in reputation & in health-related behaviors. 1 Table, 52 References. Adapted from the source document

Mullen, K., & Francis, L. J. (1995). Religiosity and attitudes towards drug use among Dutch school children. *Journal of Alcohol and Drug Education*, 41(1), 16-25. Retrieved from PsycINFO Online Database.

Studied the relationship between religiosity and individual differences in attitudes toward use of 5 drugs: alcohol, glue, heroin, marijuana, and tobacco. 1,534 Ss (3rd and 4th yr students), from 5 Protestant secondary schools in the Netherlands, completed a questionnaire dealing with use of various drugs and religious beliefs and practices. Results show that religiosity was a significant predictor of attitudes toward the use of various drugs. Church attendance had more predictive power than belief in God. Protestant school children were the most negative in their attitudes toward all drugs, except tobacco, followed by Catholics, and then by non-religious Ss. Adolescents made clear distinctions in their attitudes toward the use of different substances. Tobacco was the most socially acceptable drug. It was concluded that religion had a powerful correlation with the young person's attitudes toward drug use. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Orford, J., Natera, G., Velleman, R., Copello, A., Bowie, N., Bradbury, C., et al. (2001). Ways of coping and the health of relatives facing drug and alcohol problems in Mexico and England. *Addiction*, 96(5), 761-774.

To compare two contrasting socio-cultural groups in terms of parameters relating to the stress - coping - health model of alcohol, drugs and the family, and to test hypotheses derived from the model in each of the two groups separately. Design. Cross-sectional, comparative and correlational, using standard questionnaire data, supplemented by qualitative interview data to illuminate the findings. Participants. One hundred close relatives, mainly partners or parents, from separate families in Mexico City, and 100 from South West England. Data sources. Coping Questionnaire (CQ), Family Environment Scale (FES), Symptom Rating Test (SRT), Semi-structured interview. Findings. Mean symptom scores were high in both groups, and not significantly different. The hypothesis that relatives in Mexico City, a more collectivist culture, would show more tolerant - inactive coping was not supported, but there was support for the prediction that relatives in South West England would show more withdrawal coping. This result may be as much due to differences in poverty and social conditions as to differences in individualism - collectivism. As predicted by the stress - coping - health model, tolerant - inactive coping was correlated with symptoms, in both groups, after controlling for family conflict, but there was only limited support for a moderating role of coping. Wives of men with alcohol problems in Mexico City, and wives of men with other drug problems in South West England, reported particularly high levels of both engaged and tolerant - inactive coping. Conclusions. Tolerant - inactive coping may be bad for relatives' health: causality may be inferred but is not yet proved. Certain groups are more at risk of coping in this way. Qualitative data help understand the nature of tolerant - inactive coping and why it occurs despite the view of relatives themselves that it is counter-productive.

Parfrey, P. S. (1976). The effect of religious factors on intoxicant use. *Scandinavian Journal of Social Medicine*, 4(3), 135-140.

To examine cigarette, alcohol and drug use among undergraduates in Cork a precoded questionnaire was mailed to one in seven (458) students, chosen systematically. The response rate was 97%. Religious belief and practice was significantly associated with pattern of drinking behaviour, attitude to alcohol use, marijuana, L.S.D., barbiturate or amphetamine experience and cigarette smoking. It is suggested that current uncertainty of belief in a God and infrequent attendance at religious services are more important factors in promoting alcohol use than being brought up a Roman Catholic. The nature of practices considered serious misdemeanours was significantly associated with religious belief and practice, pattern of drinking behaviour, attitude to alcohol use, marijuana, cigarette smoking. These associations allowed separation of two overlapping groups, one of which was tradition-directed and other which swung towards a more liberal and unstructured life style.

Park, J. Y., Danko, G. P., Wong, S. Y., Weatherspoon, A. J., & Johnson, R. C. (1998).

Religious affiliation, religious involvement, and alcohol use in Korea. *Cultural diversity and mental health*, 4(4).

This article is the first study of religious commitment and involvement of homeland Koreans as related to alcohol use. Religious affiliation and involvement are predictive of abstemiousness, but chiefly for women, who are at low risk for alcohol abuse and dependency, and not for men, who are at high risk. The frequent abstemiousness of Buddhist women results chiefly from data having to do with mothers and probably is a consequence of the women's traditional lifestyles, being both Buddhist and abstemious. Among the probably more Westernized Christians, religious involvement is most clearly associated with abstemiousness among daughters, a group at a relatively low but increasing risk for alcohol use.

Sharma, K., & Shukla, V. (1988). Rehabilitation of drug-addicted persons: The experience of the Nav-Chetna Center in India. *Bulletin on Narcotics*, 40(1), 43-49.

The Nav-Chetna Drug De-addiction and Rehabilitation Center, Varanasi, India, was established in December 1985. It provides out-patient and residential rehabilitation services, medical treatment, counseling, educational and vocational guidance, yoga therapy and after care. Drug-dependent persons under rehabilitation treatment at the Center are encouraged and helped to promote personal development, to build up and strengthen their initiative and confidence and to bring about improvements in their maturation, attitude and behavior to overcome drug addiction. This is accomplished through a therapeutic-oriented program, which creates conditions that optimize the natural tendency of the individual to self-actualize and eventually stabilize. Yoga plays a crucial role in this program at both pre- and post-clinical stages. It offers a new avenue for positive mental and physical health and helps to free individuals from drug dependency and its associated problems.

Wegscheider, D. (1995). From ideals to bankruptcy and back again. *Journal of Ministry in Addiction & Recovery*, 2(1), 107-116.

Life situations are multi-dimensional. Present actions are always influenced by actions of the past and their emotional loading. Material actions can mirror what is happening on a spiritual level as well. The description of bankruptcy in business can be a metaphor for the pain, shame and humiliation of spiritual bankruptcy. While people in recovery from addiction have long used the term "spiritually bankruptcy," they are not the only population susceptible to it. This article presents not only a description of the problem, but hopefully a contribution to the solution as well.

Islam

Husain, S. A. (1998). Religion and mental health from the Muslim perspective. In H. G.

Koenig (Ed.), (pp. 279-290). San Diego, CA: Academic Press Inc. Retrieved from PsycINFO Online Database.

The author illustrates the spiritual and moral systems of Islamic faith and the value Islam attaches to the spiritual, mental, and physical health of mankind. First, the author briefly reviews the history and general principles of Islam. Topics include: Qur'an; the five pillars of Islam; concept of righteousness; the concept of equality; concept of wellness and illness; prophetic medicine; the role of prayer in healing; the concept of mental illness; spiritual therapies; medical ethics; the family; profile of a Muslim patient; and points to consider when evaluating a Muslim patient. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Suliman, H. (1983). Alcohol and Islamic faith. *Drug and Alcohol Dependence*, 11(1), 63-65.

The spread of alcoholism in the Sudan is attributed to the availability of alcohol in the absence of restrictions and stigma. Treatment of alcoholism in this area is generally based on a group approach, with systematic activities, including prayers performed in a therapeutic village. An alcoholic in a family is treated as a sick person and the members of that family bring him for treatment and receive him back when he is well once again. It is also true that the Islamic religion is deeply ingrained into the minds and hearts of the people and many alcoholics return to their religion, go to Makkah on a pilgrimage, and return reformed.

Pastoral Counseling / Theology / Care

Albers, R. H. (1991). Pastoral care in recovery from addiction. In H. W. Stone, W. M. Clements & H. J. Clinebell (Eds.). *Handbook for Basic types of pastoral care and counseling* (pp. 368). Nashville: Abingdon Press.

Annotation was not available for this source.

Albers, R. (1996). Reflections of resources. [Editorial] *Journal of Ministry in Addiction & Recovery*, 3(1), 1-6.

Annotation was not available for this source.

Berg, S. L. (1989). *Alcoholism and pastoral ministry: Readings on recovery*. Lake Orion, MI: Guest House, Inc.

This book is both an anthology and resource guide designed for the pastoral minister who wants to know more about alcoholism. The articles chosen are meant to provide an overview of alcoholism, including ministering to alcoholics and their families. The articles are geared to a Catholic audience with focus on rehabilitating Catholic priests, brothers, and seminarians.

Bergendoff, C. L. (1981). *Pastoral care for alcoholism: An introduction*. Minneapolis, MN: Hazelden.

Bergendoff discusses alcoholism, attitudes, recovery, and the role of the pastor in alcoholism treatment and counseling.

Ciarrocchi, J. (1993). *A minister's handbook of mental disorders*. New York, NY: Paulist Press.

Understanding adult psychopathology is an important part of ministry. To avoid learning about this topic or do "do nothing until the doctor comes" is unnecessary and may be dangerous. In this book Joseph Ciarrocchi recognizes this reality and provides a serious yet practical treatment of the subject. He also brings the material to life for persons in ministry by providing clear pastoral situations and moral issues that are related to the major psychological disorders being covered (from cover).

Clapp, C. (1949). *Drinking's not the problem*. New York, NY: T.Y. Crowell Co.

Annotation was not available for this source.

Claytor, R. M. (1977). Some theological questions arising for male alcoholics in recovery. *Saint Luke's Journal of Theology*, 20, 124-138.

The competent and sensitive parish clergy person can assume a very unique place in the recovery of an alcoholic. A crisis in faith automatically emerges for recovering alcoholics in any treatment program related to the AA. AA assumes an understanding of God as a sine qua non. A contented sobriety can come only through a radical rearrangement or displacement of old attitudes. Incredible as it may seem, this article describes with clinical and theological precision how the metanoia occurs as facilitated by a scrupulous working of the Twelve Steps of AA.

Clinebell, H. (1998). *Understanding and counseling persons with alcohol, drug, and behavioral addictions: Counseling for recovery and prevention using psychology and religions* (Revised edition). New York, NY: Abingdon Press. Retrieved from PsycINFO Online Database.

Definitions of the problem and reconsideration of the causes of alcoholism precede a survey of religious approaches, including not only Alcoholics Anonymous, but the Emmanuel Movement, which involves group therapy administered through classes, individual therapy administered by ministers, and a system of social work carried on by friendly visitors. Other chapters deal with the psychodynamics of a religious approach, ethical problems involved, guideposts for counseling with alcoholics, helping the alcoholic's family, and the problem of prevention. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Morgan, O. J. (1999). [Review of the book *Understanding and counseling persons with alcohol, drug, and behavioral addictions*]. *Journal of Pastoral Care*, 53, 233-235.

Annotation was not available for this source.

Dooher, G. B. (1989). Pastoral care of the chemically dependent. In S. L. Berg (Ed.), *Alcoholism and pastoral ministry: Readings on recovery*. Lake Orion, MI: Guest House Inc.

What is the pastoral minister to do when confronted with an alcoholic? And what resources are available to help? Dr. Dooher addresses these questions in this essay.

Fulton, D. E. (1990). *Spirituality and chemical dependency ministry in pastoral care and social change*. Unpublished doctoral thesis, Luther Northwestern Theological Seminary, Minnesota.

The goal of this paper is to describe how the author has come to understand spirituality in connection with the addiction process, to share his personal insights and his spiritual journey. The thesis is based on a journal kept while working with chemically dependency people and their families, and is also a summary paper of written reflections on readings completed. Topics include spirituality/religion, spirit/wind/breath, identity in baptism, meaning in life, addiction, spiritual issues, shame, resentment, perfectionism, group process, and Serenity Prayer/Lord's Prayer.

Govig, S. D. (1999). *In the shadow of our steeples: Pastoral presence for families coping with mental illness*. Binghamton, NY: Haworth Press.

Annotation was not available for this source.

Jackson, S. V. (1989). Pastoral counseling of recovering alcoholics after treatment. *Pastoral Psychology*, 38(2), 117-131. Retrieved from PsycINFO Online Database.

Discusses 4 aspects of the pastoral counselor's involvement in the ongoing process of the alcoholic's recovery after treatment: (1) the overall aftercare plan developed by the treatment center, (2) the alcoholic's involvement in Alcoholics Anonymous (AA), (3) the alcoholic's working of the Twelve Steps of AA, and (4) the spiritual searching and growth of the alcoholic. The pastoral counselor is encouraged to help facilitate the alcoholic's continued involvement in AA,

and to (1) affirm the alcoholic's experience of grace, (2) bridge the distinction often made in AA between spirituality and religion, and (3) make a connection for the alcoholic between the AA spiritual program and Christian beliefs. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned).

Johnson, V. E. (1980). Appendix I: Clergyman's handbook. In *I'll quit tomorrow* (Rev. ed., pp. 182). San Francisco, CA: Harper & Row.

Annotation was not available for this source.

Keech, K. (1998). *Drugs and pastoral care*. London: Darton, Longman and Todd Ltd.

Annotation was not available for this source.

Keller Mann, J. L. (1978). Alcoholism: How to help. *Saint Luke's Journal of Theology*, 21, 271-279.

Annotation was not available for this source.

Keller, J. E. (1966). *Ministering to alcoholics*. Minneapolis: Augsburg Pub House.

This addition to pastoral-care literature on alcoholism presents a sound understanding of alcoholism, and is a practical book for counselors and clergy.

Onsum, O. C. (1966). [Review of the article *Ministering to Alcoholics*]. *Christianity Today*, 11, 30.

Annotation was not available for this source.

Whitney, G. R. (1967). [Review of the article *Ministering to Alcoholics*]. *Journal of Religion and Health*, 6, 160-161.

Annotation was not available for this source.

Kneen, K. K. (1995). *Treatment of drug and alcohol addiction within the context of Christian ministry*. Unpublished doctoral dissertation, Drew University, Madison, New Jersey.

Some experts have identified alcohol and drug addictions as primarily spiritual problems, noting that an awakened sense of spirituality usually plays a role in recovery. This paper explores the impact of Christian ministry on the addictions recovery field--past, present, and future. The contribution of the church, as a healing institution heralding wholistic care, to those suffering with these diseases is examined within the larger scope of professional healthcare treatment of addictions. Chapter one focuses on the historical involvement of the church. In particular, The Twelve Step Movement is explored with an eye toward church impact and the developing relationship between the church and Alcoholics Anonymous (AA). The second chapter examines a contemporary program called DART--Drug and Alcohol Rehabilitation Treatment. This pioneering program is church-based center, licensed by the state of Maryland as a professional drug and alcohol treatment facility, and functions as an ecumenical community outreach of two local congregations. Over a seven month period a committee studied DART--focusing on a random pool of 20 clients--and determined that the church setting, Christian environment and resources made readily available (to those desiring them) to supplement the Twelve Step approach, encouragement to attend church as Aftercare, and group opportunities to discuss topics such as 'Christ as the Higher Power' did make a significant impact. The final chapter explores the role of the church in the future and advances the belief that it can and must make greater contributions, in essence, reclaiming its place at the healthcare table.

Leslie, R. R. (1982). A pastoral approach to the use of the 12 steps. In P. Golding (Ed.), *Alcoholism* (pp. xii, 539). Lancaster: MTP Pres Limited.

Annotation was not available for this source.

McKeever, B. C. (1998). *Hidden addictions: A pastoral response to the abuse of legal drugs*.

New York, NY: Haworth Pastoral Press. Retrieved from PsycINFO Online Database.

(from the foreword) The author overviews both current understanding of prescribed and over-the-counter drug dependencies and methods for helping those affected by them. She summarizes the 7 categories of legal drugs most often abused in our society. She highlights the special issues involved in dealing effectively with addiction to or dependency on legal drugs as contrasted with illegal drugs. She also summarizes the dynamics of prevalent dependencies within such highly vulnerable groups as women, youth, the aged, and the poor. The church's key role in prevention is described, with emphasis on 2 levels of such intervention: individual and social. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Morgan, O. J. (1997). The US Catholic Bishops' instructions on chemical dependency: A model of practical theology. *Journal of Ministry in Addiction & Recovery*, 4(2), 9-37.

This article examines the pastoral stance and theology of the US Roman Catholic bishops regarding chemical abuse and dependency. Comparison with both "classical" pastoral methods (Vatican II) and more contemporary methodologies (Browning) suggests that the bishops have used a dialogic paradigm in confronting this current pastoral problem. The paradigm utilizes insights from a variety of Christian sources including the bible, tradition, and discerning pastoral experience, as well as open and collaborative exploration of solutions with other concerned caregivers. (From Paper)

Morgan, O. J. (1998). Practical theology, alcohol and alcoholism: Methodological and biblical considerations. *Journal of Ministry in Addiction & Recovery*, 5(2), 33-64.

Communities of faith are challenged to day to join the contemporary struggle against technical abuse and dependency in new and exciting ways. Beyond utilizing church basement for twelve step meeting and including alcohol and other drugs as topics in teenage religious education, faith communities are bible invited to bring their full theological and religious resources to bear on this pressing social problem. Using contemporary practical biblical method as a way to approach these issues, the author integrates historical, biblical, and other spiritual into a way of thinking about issues of chemical abuse and dependency in a helical frame.

Oates, W. E. (1968). Contribution of Paul Tillich to pastoral psychology. *Pastoral Psychology*, 19, 11-16.

Annotation was not available for this source.

Oates, W. E. (1991). *Temptation: A Biblical and psychological approach*. Louisville, KY: Westminster/John Knox Pr.

Annotation was not available for this source.

Oates, W. E. (1992). The conditions of alienation and abandonment. *Review and Expositor*, 89, 321-330.

Annotation was not available for this source.

Oates, W. E. (1995). *The care of troublesome people*. New York: Alban Inst.

Annotation was not available for this source.

Przybilla, C. (1984). *The ongoing development and formalizing of a pastoral care program for chemically dependent men and women religious*. Unpublished doctoral dissertation, The Catholic University of America.

Alcoholism is a metabolic illness producing a chemico-physical addiction, a mental and moral compulsion, which leads to physical, moral and spiritual deterioration. The care and treatment of alcoholic men and women religious is seen as a means of responding to the mandate of Jesus

Christ to proclaim the mystery of salvation through the healing ministry. This is accomplished by respecting the dignity of each patient in the wholistic treatment of the physical, psychological and spiritual needs of the patient. The problems of the chemically dependent person are quite numerous. In the case of the religious alcoholic, problems are compounded by excessive feelings of guilt, confusion, frustration and embarrassment. With religious man or woman confrontation and identification of the problem present some serious complications. These complications include the exalted role in which persons place the priest, sister, or brother, roles which do not allow for the human disease of alcoholism, to say nothing of human imperfections, or moral deterioration caused by this disease. Without an understanding of the values and spiritual practices which so form these persons, it is difficult to help that religious person find the healing which is essential for the total reintegration back into his or her religious family. Due to these complications, the disease of alcoholism presents itself in a truly unique manner in the religious man or woman. The spiritual aspect of the patient's life is the first to retreat and the last to be recovered down the road to sobriety. The purpose of this project was to develop an ongoing process and a formalized program of pastoral care which would assist the religious patient in his spiritual recovery and reintegration process. In light of the foregoing, therefore, a pastoral care program and the formalization of such program was established at a health care facility for the inpatient treatment of alcoholic men and women religious. This program incorporates the treatment offered by Alcoholics Anonymous, spiritual activities involved with Word and Sacrament, and pastoral counseling. The findings of the study indicate that the steps of AA are the single most important vehicle to challenge the patient towards a spiritual reintegration. The steps of AA enable the pastoral minister to focus his energies in assisting with spiritual recovery. (Author's abstract exceeds stipulated maximum length. Discontinued here with permission of author.) Copyright 1994 - University Microfilms, Inc. University Microfilms International (UMI)

Schultz, O. B. (1998). Flashing your brights: A Christian pastoral response to alcohol and other drug problems. *Journal of Ministry in Addiction & Recovery*, 5(1), 37-55.

The Law/Gospel or sin and grace dialectic gives a sound framework for making practical, pastoral interventions with individuals in trouble with alcohol and other mind altering drugs. The simple concept of "Flashing Your Brights" refers to taking action about someone else's problems without taking responsibility for them. Drivers often "Flash Their Brights" at oncoming motorists whose headlights are switched off. The one flashing is caring without being co-dependent. Five methods of flashing brights into the delusional darkness of the chemically dependent individual are detailed (abstract from article).

Stone, H. W., & Clements, W. M. (1991). *Handbook for basic types of pastoral care and counseling*. Nashville, TN: Abingdon Press.

Annotation was not available for this source.

Tillich, P. (1959). Theology of pastoral care. [reprinted for *Clinical Education for the Pastoral Ministry*]. *Pastoral Psychology*, 10, 21-26.

Annotation was not available for this source.

Thornton, E. E. (1977). Spirituality and pastoral care. *Journal of Pastoral Care*, 31(2), 73-96.

This issue of the journal contains articles concerning spirituality and pastoral care. In "The Spiritual Experience: Speculations on its Nature and Dynamics." Selvey views the spiritual experience as an example of a much broader type of experience otherwise understood as regressive or unstructured. Understanding the dynamics of such an experience in terms suggested by these latter concepts allows one not only to understand more fully the experience itself but also to further appreciate how one gets it and deals with it. This led to some speculation concerning guilt and how this is related to the dynamics of experience. May, in "The Psychodynamics of

Spirituality: A Follow-up," states that whereas other human needs center primarily around the internal and relatively private satisfaction of personal desire, spiritual need goes beyond personal and interpersonal satisfaction and deals with the most basic perception one can have of oneself in relation to reality. Barry, who authored "Prayer in Pastoral Care: A Contribution from the Tradition of Spiritual Direction," describes contemplative prayer and some of its results. He suggests possible uses of such prayer in pastoral counseling.

Warner, M. D., & Bernard, J. M. (1982). Pastoral counseling with alcoholics and their families. *Pastoral Psychology, 31*, 26-39.

The pastor is often in contact with the alcoholics and his or her family. Providing help to alcoholics and their families is a spiritual, humanistic, and therapeutic challenge. Recent developments have factored family systems orientation to working with alcoholics families. Their orientation acknowledges the family as contributor to maintaining alcoholic's behavior and includes the family in treatment. Specific family systems concepts are discussed and how they relate to the dysfunctional unit which houses an alcoholic. Implications for pastors and specific role definitions are explored. Krebs' therapeutic model is expanded to: 1) evaluate, 2) support, 3) refer, and 4) support, as appropriate for the pastor working with alcoholics and their families.

Wicks, R. J., & Parsons, R. D. (1993). *Clinical handbook of pastoral counseling: Volume 2*. New York, NY: Paulist Press.

Annotation was not available for this source.

Prayer

The healing rosary: For those in recovery from alcoholism and addiction: (1998). Totowa, NJ: Catholic Book Publishing Company.

Annotation was not available for this source.

Ezry, E. (2000). *Praying for recovery: Psalms and meditations*. Deerfield Beach, FL: Simcha Press.

Annotation was not available for this source.

Matthews, D. A. (2000). Prayer and spirituality. *Rheum Dis Clin North Am, 26*(1), 177-187, xi.

Many patients with arthritis are strongly influenced by religious beliefs and often participate in religious healing activities such as prayer and worship attendance. Scientific studies demonstrate, and most patients confirm, that faith and involvement in religious healing activities can be helpful in preventing and treating illness, recovering from surgery, reducing pain, and improving quality of life. To improve the care of patients, clinicians should develop a patient-centered, spiritually sensitive form of medical practice in which religious issues are addressed gently and appropriately with dignity, respect, and integrity.

Morgan, O. J. (1987). Pastoral counseling and petitionary prayer. *Journal of Religion and Health, 26*(2), 149-152.

Petitionary prayer is a valid and often-used form of prayer among religious people. Not infrequently, pastoral counselors find themselves praying for clients. This article explores the pastoral counselor's use of petitionary prayer, experientially and theologically, and attempts to locate its meaning within the healing enterprise.

Murray, A., & Parkhurst Jr., L. G. (Eds.). (1993). *Prayer steps to serenity: The twelve steps with proven prayer principles*: Hazelden Information & Educational Services.

O., P. (1997). *Serenity's prayer: Asking for recovery, surviving our daily struggles*. Brooklyn, NY: East River/Saratoga.

Written in the style of Rainer Rilke's letters (but with hope replacing Rilke's despair), Peter O's essays (prayers, meditations) are concerned with the topics of asking, God, serenity, courage, wisdom, and gratitude.

Pietsch, W. V. (1990). *Serenity prayer book, the*. New York, NY: HarperSanFrancisco.

Pietsch writes to deepen the readers' understanding of this classic prayer by interpreting its elements--serenity, acceptance, courage, and wisdom--in fresh and different ways. The book is written in meditation form, organized by the words and phrases of the prayer. Pietsch also examines the concept of prayer as a valuable and practical activity, blending psychotherapeutic knowledge with religious insight.

Walker, S. R., Tonigan, J. S., Miller, W. R., Corner, S., & Kahlich, L. (1997). Intercessory prayer in the treatment of alcohol abuse and dependence: A pilot investigation.

Alternative Therapy Health Medicine, 3(6), 79-86.

OBJECTIVE: To conduct a pilot study of the effect of intercessory prayer on patients entering treatment for alcohol abuse or dependence. DESIGN: In addition to standard treatment, 40 patients admitted to a public substance abuse treatment facility for treatment of alcohol problems who consented to participate were randomized to receive or not receive intercessory prayer (double-blind) by outside volunteers. Assessments were conducted at baseline, 3 months, and 6 months. RESULTS: No differences were found between prayer intervention and nonintervention groups on alcohol consumption. Compared with a normative group of patients treated at the same facility participants in the prayer study experienced a delay in drinking reduction. Those who reported at baseline that a family member or friend was already praying for them were found to be drinking significantly more at 6 months than were those who reported being unaware of anyone praying for them. Greater frequency of prayer by the participants themselves was associated with less drinking, but only at months 2 and 3. CONCLUSION: Intercessory prayer did not demonstrate clinical benefit in the treatment of alcohol abuse and dependence under these study conditions. Prayer may be a complex phenomenon with many interacting variables (abstract from MEDLINE).

Prevalence and Patterns

Adlaf, E. M., & Smart, R. G. (1985). Drug use and religious affiliation, feelings and

behavior. *British Journal of Addiction*, 80(2), 163-171. Retrieved from PsycINFO Online Database.

Investigated the relationship between religious affiliation, intensity of religious feelings, and frequency of church attendance on the one hand, and drug use on the other, among 2,066 (1,031 male and 1,035 female) 11-20 yr olds. Six drug-use measures were employed: alcohol use, cannabis use, non-medical and medical drug use, hallucinogenic use, and poly-drug use. Findings indicate that religious-affiliation of Ss was insignificantly related to drug use. The only exception to this rule was for alcohol use, in which case nonaffiliated Ss used alcohol less frequently than did Protestant or Roman Catholic Ss. Church attendance exhibited a stronger negative effect on drug use than did religiosity; however, the effect of the latter had greater impact among females than among males. Overall, the impact of both variables increased as the drug examined moved toward the upper end of the licit-illicit drug continuum. Many of the results varied according to Ss' gender and age. (21 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Ahlstrom, S. (1994). Variations in drinking norms by subculture and demography.

Contemporary Drug Problems, 44(6), 211-221.

Societal norms determine the incidence & define the limits of socially acceptable alcohol consumption behavior, but these norms can vary over time & among different social groups.

Moreover, societal norms do not account for all the observed differences in drinking behavior among different European countries, since gender, age, social class, religion, occupation, employment status, residence, race, & ethnicity also affect drinking behavior. Drinking behavior is best explained as an interplay between social norms, other social factors, personality factors, & biological factors. Possible areas for further research are identified. 1 Figure, 36 References. Adapted from the source document

Alexander, F., & Duff, R. W. (1991). Influence of religiosity and alcohol use on personal well-being. *Journal of Religious Gerontology*, 42(2), 11-25.

Interview data are used to examine life satisfaction, religiosity, social interaction, extent of alcohol use, death anxiety, & perceived health among residents (total N = 156) of 2 retirement communities, one representing retired secular professionals, & the other retired religious professionals. Findings show that residents of the religious community scored higher on measures of life satisfaction, social activity, & religiosity, & lower on death anxiety & alcohol consumption. Analysis also shows that religiosity plays a direct role in feelings of personal well-being. 2 Tables. Adapted from the source document.

Beeghley, L., Bock, E. W., & Cochran, J. K. (1990). Religious change and alcohol use: An application of reference group and socialization theory. *Sociological Forum*, 39(1), 261-278.

The link between changing religious groups & alcohol consumption is investigated using data from the 1972-1986 General Social Surveys (total N = 8,652 US adults). Analysis indicates increased alcohol use accompanying a change from religions with proscriptive norms to those without. Results are interpreted in terms of reference group & socialization theory. 4 Tables, 39 References. Adapted from the source document

Blackwell, B. S., & Grasmick, H. G. (1997). Random drug testing and religion. *Sociological Inquiry*, 45(6), 135-150.

An analysis of public support for random drug testing, focusing on the role of religion, specifically religious affiliation, in shaping public opinion. Survey data collected in 1991 from a random sample of 394 adults in Oklahoma City, OK, reveal two separate dimensions of public support: a utilitarian dimension that is grounded in safety concerns & a normative dimension that reflects conservative moral beliefs, including a concern with the "evil" of drugs. Evidence also indicates that conservative Protestants, compared to liberal-moderate Protestants, Catholics, & those with no affiliation, display higher levels of normative-based support for random drug testing. Researchers are encouraged to further explore the role of religion in shaping public support for the development of drug policies & other more general social control policies.

Blazer, D. G., Hays, J. C., & Musick, M. A. (2002). Abstinence versus alcohol use among elderly rural Baptists: A test of reference group theory and health outcomes. *Aging and Mental Health*, 6(1), 47-54.

Reference groups, such as religious groups, are thought to provide individuals with normative frameworks that set and maintain standards for them. Persons who belong to a reference group, yet do not comply with the standards of that group, i.e., nonconformists, are thought to experience cognitive dissonance which in turn may lead to psychological discomfort and adverse physical health outcomes. In a community-based, racially mixed sample of elderly Baptists in the rural south of the United States (n=1155), where Baptist churches proscribe alcohol use, the authors studied whether alcohol use was associated with adverse physical and mental health assessments. No relationship was found between nonconformist behavior among rural Baptists and adverse health outcomes for either Whites or African-Americans in controlled analyses. More frequent church attendance among African-American Baptists, but not for White Baptists, was strongly associated with abstinence from alcohol.

Bock, E. W., Cochran, J. K., & Beeghley, L. (1987). Moral messages: The relative influence of denomination on the religiosity-alcohol relationship. *The Sociological Quarterly*, 35(4), 89-103.

An examination of the use & misuse of alcohol across religious denominations. Controlling for standard sociodemographic variables, the impact of religiosity on alcohol use appears greatest among denominations taking a strong stand against its consumption, mainly because religion constitutes a significant reference group for members. It is also shown that religiosity fails to influence misuse. Possible reasons for this are discussed.

Bock, E. W., Cochran, J. K., & Beeghley, L. (1987). Moral messages: The relative influence of denomination on the religiosity-alcohol relationship. *Sociological Quarterly*, 28(1), 89-103.

Examination is presented on the use and misuse of alcohol across religious denominations. After controlling for standard sociodemographic variables, it was found that the impact of religiosity on alcohol use is greatest among those denominations taking a strong stand against its consumption, mainly because religion constitutes a significant reference group for members. It was also found that religiosity fails to influence misuse. 56 Ref.

Brizer, D. A. (1993). Religiosity and drug abuse among psychiatric inpatients. *American Journal of Drug and Alcohol Abuse*, 19(3), 337-345. Retrieved from PsycINFO Online Database.

Responses of 103 adult psychiatric patients to the Religious Involvement Questionnaire, a self-report instrument containing validated measures of intrinsic and extrinsic religiosity, were compared with responses from 65 patients admitted to a chemical dependence unit to examine the possible association between religiosity and drug/alcohol consumption. Patients admitted for chemical dependence were significantly less likely than general adult psychiatry patients to avoid certain food/music/drink because of their religion, and were less likely to help with the running of their church. Measures of alcohol, hallucinogen, and prescription drug consumption had significant negative correlations with religiosity scores. Chemically dependent Ss differed from psychiatric Ss with other diagnoses on measures of religiosity. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Clarke, L., Beeghley, L., & Cochran, J. K. (1990). Religiosity, social class, and alcohol use: An application of reference group theory. *Sociological Perspectives*, 33(2), 201-218. Retrieved from PsycINFO Online Database.

Examined the relationships between religiosity (RL), social class (SOC), and alcohol use (AU) among 7,326 respondents who participated in the General Social Surveys (J. Davis and T. W. Smith, 1988) between the years of 1972 and 1986. RL was measured by self-reported frequency of attendance at religious services, strength of religious identification, membership in church organizations, and belief in life after death. AU was negatively correlated with RL and positively correlated with SOC, and SOC was positively correlated with RL. Ss' RL decisively influenced AU, even against the impact of SOC. Findings are discussed in terms of the use of reference group theory. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Carlucci, K., Genova, J., Rubackin, F., Rubackin, R., & Kayson, W. A. (1993). Effects of sex, religion, and amount of alcohol consumption on self-reported drinking-related problem behaviors. *Psychological reports*, 72(3), 983-987.

The effect of sex, religion, and amount of alcohol consumed on the number of self-reported alcohol problem behaviors was examined for 331 students who were approached on three Eastern United States campuses and asked to complete anonymously a questionnaire reporting the number of drinking-related behaviors. It was hypothesized that Catholics, men, and people who drank more would report more problem drinkers. A 2x3x4 factorial analysis of variance with unequal ns

showed all three hypotheses were confirmed, but no significant interactions were found. Given the enormity of the problem in the United States, further research examining alcohol use and the associated problem behaviors is essential.

Cochran, J. K., Beeghly, L., & Bock, E. W. (1988). Religiosity and alcohol behavior: An exploration of reference group theory. *Sociological Forum*, 36(5), 256-276.

An examination of the relationship between religiosity & alcohol use & perceived misuse, comparing adults of different Protestant denominations. Analysis of data drawn from the 1972-1984 General Social Surveys (N = 7,581 Rs) shows that religiosity is clearly related to alcohol use, mainly because an individual's religion serves as a reference group influencing behavior. Results show that religiosity is not related to perceived misuse of alcohol, mainly because societal norms are congruent with religious norms &, hence, appear to overwhelm any effect of religion. 4 Tables, 51 References. Modified HA

Cochran, J. K. B., L.; Bock, E.W. (1992). Influence of religious stability and homogeneity on the relationship between religiosity and alcohol use among Protestants. *Journal for the Scientific Study of Religion*, 31(4), 441-456.

This study examines the impact of religiosity on alcohol use by looking at the joint influence of religious stability and homogeneity among Protestants. The main research question is whether one's alcohol consumption is affected by the spouse's faith under circumstances of religious stability or change. The data for this study came from the 13 General Social Surveys (GSS) conducted between 1972 and 1989. The analysis was limited to white, married, Protestants. The findings reveal that a spouse's religious beliefs have a significant impact on a person's behavior in everyday life. The findings also point to the enduring effect of childhood religion on adult behavior. Reference group and socialization theories were used to specify the conditions under which people act on their beliefs.

Corwyn, R. F., & Benda, B. B. (2000). Religiosity and church attendance: The effects on use of "hard drugs" controlling for sociodemographic and theoretical factors. *International Journal for the Psychology of Religion*, 10(4), 241-258. Retrieved from PsycINFO Online Database.

This study, of 532 adolescents from 3 urban public high schools in a large metropolitan area on the East Coast of the US, was designed to examine whether church attendance and personal religiosity (e.g., private prayer, evangelism) were significant predictors of "hard drug" use (e.g., cocaine, heroin) when analyzed together with well-documented sociodemographic factors and elements of social control and social learning theories. The analyses tested several assumptions found in the literature: (1) religiosity is significant only in ecological contexts where religion permeates the culture (unlikely for this sample), (2) religiosity is relevant only to behavior for which societal values are ambiguous (unlikely for the drugs studied), (3) religiosity ceases to be related to drug use when considered with other well-known predictors, and (4) church attendance is an adequate measure of religiosity for such research. This study found that a measure of personal religiosity, rather than church attendance, is a significant predictor of drug use along with gender, race, family structure, attachments to mother and to father, parental supervision, self-esteem, and peer association. Conceptual implications of the study are discussed. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Cronin, C., & Transylvania University, L. K. U. S. A. (1995). Religiosity, religious affiliation, and alcohol and drug use among American college students living in Germany. *The International Journal of the Addictions*, 30(2), 231-238.

The influence of religious values and religious affiliation on alcohol and drug use among American college students living in Germany is examined. Religious affiliation differentiates among Protestant, Catholic, and nonaffiliated groups for reported high school alcohol use but not for collegiate alcohol consumption. Groups defined by the importance of religious values differ on

reported high school and college alcohol and drug use. Implications for prevention and future research are discussed.

Dudley, R. L., Mutch, P. B., & Cruise, R. J. (1987). Religious factors and drug usage among Seventh-day Adventist youth in North America. *Journal for the Scientific Study of Religion*, 26(2), 218-233.

A sample of 801 young people aged 12-24, chosen from 71 churches in North America, were administered a 121-item questionnaire in an attempt to identify factors that predict f of drug usage by youth within a conservative denomination. They were questioned on f of usage of 10 drug categories, reasons for not using drugs, a variety of religious attitudes & behaviors, & educational & membership practices. As reasons for not using drugs, "my commitment to Christ" was the strongest predictor, followed by "I want to be in control of my life" & "concern for my health." As to religious practices, regular participation in family worship was highly related to abstinence over all categories, with attendance at Sabbath school first for alcohol & personal prayer first for tobacco. Watching R-rated movies & listening to hard rock music (both strongly discouraged by the church) were both predictive of more frequent use. While membership status of youth, mother, or father, or years of parochial education had little effect on f of usage, joining the church at a younger age had a weak protective effect. 8 Tables, 1 Appendix, 21 References. Modified HA

Ellison, C. G., & George, L. K. (1994). Religious involvement, social ties, and social support in a southeastern community. *Journal for the Scientific Study of Religion*, 33(1), 46-61. Retrieved from PsycINFO Online Database.

Examined links between institutional religious participation, social ties, and social support among a southeastern community sample of 2,956 adult Ss. Results show that frequent churchgoers reported larger social networks, more contact with network members, more types of social support received, and more favorable perceptions of the quality of their social relationships than did non-churchgoers. Most empirical patterns withstood statistical controls for a wide range of covariates. Discussion is based on a theoretical model of religious participation and individual social resources. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Engs, R. C., Hanson, D. J., Gliksman, L., & Smythe, C. (1990). Influence of religion and culture on drinking behaviors: A test of hypotheses between Canada and the USA. *British Journal of Addiction*, 85(11), 1475-1482. Retrieved from PsycINFO Online Database.

Surveyed 4,911 Canadian undergraduates and 1,687 American undergraduates to test the relative influence of culture vs religion on drinking behavior and problems. American Roman Catholic and mainstream Protestant Ss consumed more alcohol and had more alcohol abuse problems compared with Canadian Ss within the same religious groups. Among abstinent-oriented Protestants, there was no difference in alcohol consumption or problems related to drinking between the countries. For Jews there were mixed results, with Americans exhibiting similar consumption rates but reporting more problems related to drinking compared with Canadians. It was concluded that religious norms have a greater influence in cohesive religious groups while cultural norms are more influential among less-cohesive groups. (French & Spanish abstracts) (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Engs, R. C., & Hanson, D. J. (1985). The drinking patterns and problems of college students: 1983. *Journal of Alcohol and Drug Education*, 35(2), 65-83.

The literature on drinking behavior among Coll students is briefly reviewed. Questionnaire data were collected from 6,115 Coll students at 107 departments (of health, physical education, recreation, or sociology) of 81 Colls. Of these, 81.9% drank at least once a year, & 20.2% were heavy drinkers. Heavy drinking is associated with: being M, white, & in the first year of Coll; having a low grade point average; being Roman Catholic or unconcerned with religion; & attending Coll in the northcentral US. Comparison with a 1974 sample (Engs, Ruth C., "Drinking

Patterns and Drinking Problems of College Students," *Journal of Studies on Alcohol*, 1977, 38, 2144-2156) reveals an increase in heavy drinking, in hangovers, & in drinking while driving. Increases were significant among Fs, particularly white Fs. 3 Tables, 36 References. Modified HA

Engs, R. C., Diebold, B. A., & Hanson, D. J. (1996). The drinking patterns and problems of a national sample of college students, 1994. *Journal of Alcohol and Drug Education*, 41(3), 13-33. Retrieved from PsycINFO Online Database.

Over 12,000 university students from every state were administered the Student Alcohol Questionnaire during the 1993-1994 academic year. Of all students 72.0% consumed alcohol at least once a year and 20.6% were heavy drinkers (consuming 5 or more drinks per occasion once a week or more). A mean of 9.6 drinks per week was consumed by all students in the sample, 31% of males consumed over 21 drinks per week and 19.2% of females consumed over 14 drinks a week. Of the drinkers, 28.4% were heavy and 71.6% were light to moderate drinkers, and they consumed a mean of 10.9 drinks per week. A significantly higher proportion of men, whites, under 21 years old, Roman Catholics, individuals to whom religion was not important, individuals with low grade point averages, fraternity/sorority members, students attending college in the Northeast part of the United States, in small communities, private schools and colleges under 10,000 students exhibited heavier drinking and a higher incidence of problems related to drinking. These results are similar to other studies which have been accomplished over the past two decades. The results do not support dramatic changes in the demography of heavier drinkers within most demographic categories. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Engs, R. C., Hanson, D. J., Gliksman, L., & Smythe, C. (1990). Influence of religion and culture on drinking behaviours: A test of hypotheses between Canada and the USA. *British Journal of Addiction*, 85(11), 1475-1482.

In a comparative study of drinking habits, questionnaires covering alcohol use & religious background were administered to Canadian students at 4 Ontario universities & US students at 15 north-central US universities (N = 4,911 & 1,687 usable responses, respectively). Results indicate that US Catholic & mainstream Protestant students consumed more alcohol & demonstrated more alcohol abuse than did Canadians from the same religious groups. Among other Protestant denominations, there were no differences. Results were mixed among Jews: consumption patterns were similar, but more US Jews reported drinking problems. It is concluded that among cohesive religious groups, religious norms have a greater impact on alcohol use, while among less cohesive groups, cultural norms prevail. The findings also support the Canadian "mosaic" & US "melting pot" assumptions. 2 Tables, 2 Figures, 26 References. Adapted from the source document

Forthun, L. F., Bell, N. J., Peek, C. W., & Sun, S. W. (1999). Religiosity, sensation seeking and alcohol/drug use in denominational and gender contexts. *Journal of Drug Issues*, 29(1), 75-90. Retrieved from PsycINFO Online Database.

Issues addressed in this research were (1) the importance of sensation seeking, and the interaction of sensation seeking and religiosity, in explaining the relationships between religiosity and the use of both legal and illegal substances; and (2) the variations in these relationships as a function of denominational and gender contexts. 526 college student respondents completed measures of religiosity, religious affiliation, sensation seeking, alcohol and marijuana use, and demographic variables. The authors found no support for arousal theory predictions nor for moderating effects of denominational and gender contexts. Religiosity, sensation seeking, denominational affiliation, and gender were relatively independent predictors of substance use, with their importance varying dependent upon type of substance and specific indicator of use (amount versus orade of first use). (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Francis, L. J., & Bennett, G. A. (1992). Personality and religion among female drug

misusers. *Drug and Alcohol Dependence*, 30(1), 27-31. Retrieved from PsycINFO Online Database.

Investigated the relationship between personality and religion among drug abusers. 50 entrants (aged 16-39 yrs) to a 1-yr long Christian residential rehabilitation program for female drug abusers completed the Eysenck Personality Questionnaire (EPQ) and the adult form of the Francis Scale of Attitude Towards Christianity (L. J. Francis and M. T. Stubbs; see record 1988-25206-001). Comparison of the Ss' mean scores on the EPQ and the published norms indicated that Ss scored higher on psychoticism and neuroticism and lower on extraversion and the lie scale. The results suggest that psychoticism is the personality dimension fundamental to religiosity, and that neither neuroticism nor extraversion, as measured by the EPQ, is related to religiosity. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Freund, P. J. (1980). Armenian-American drinking patterns: Ethnicity, family, and religion. *Journal of Alcoholism and Related Addictions*, 16(1-2), 9-25.

An analysis is presented of drinking attitudes and behaviors of Armenian-Americans in the State of Rhode Island. The Armenians, who have a low incidence of alcohol-related pathologies, are compared and contrasted with Jews, who have served as the major example of a group who drink without significant problems. A number of factors are considered, including traditional and historical uses of alcohol, socialization, acculturation, appropriate drinking situations, intergenerational differences, pressures for change, religion and ethnicity. Parallels as well as significant differences are revealed between the Jews and Armenian-Americans. Various theories that have been offered to explain Jewish sobriety are considered and evaluated and an alternative theory is offered to account for the Armenian-American case: a combination of historical and sociocultural factors has produced in Armenian-Americans an unambiguous, clearly stated, and homogeneous value complex which stresses moderation and self-control; this value complex receives continual affirmation by the church and family and so has successfully resulted in a cultural norm of sobriety even without the ritual reinforcement that is often cited as important among Jews.

Free, M. D. (1993). Stages of drug use: A social control perspective. *Youth and Society*, 25(2), 251-271.

The stages of drug use were studied from a social control perspective. The research sample included 850 male and female college students, ranging in age from 17 to 20 years, and living in two-parent homes during high school. The students completed questionnaires that measured religiosity, social bonds, parental employment, social class, delinquency and substance (drug and alcohol) use. Path analysis based on three models, each of which contains the four exogenous variables of religiosity, religious conservatism, parental employment status, and social class along with five to eight endogenous variables, was used to examine the relationships between the variables. The following results of the study were seen: (1) only minor contribution of high school bonds to delinquency and substance use; (2) a role for religiosity and religious conservatism in explaining variances in substance use; (3) no role for parental employment; (4) a positive relationship between social class and school attachment; (5) a positive but minor relationship between school attachment and school commitment and minor delinquency; and (6) a relationship between alcohol use and minor delinquency, religiosity, and religious conservatism. It is concluded that measures of religiosity and religious conservatism are needed in explanations of substance use, particularly use of minor drugs. School attachment and school commitment were better predictors of minor deviance than of serious deviance. It is suggested that separate models of substance use need to be developed for the various stages of drug use.

Galanter, M., Buckley, P., Deutsch, A., Rabkin, R., & Rabkin, J. (1980). Large group influence for decreased drug use: Findings from two contemporary religious sects. *The American journal of drug and alcohol abuse*, 7(3-4).

This paper reports on studies designed to clarify the role of large cohesive groups in effecting diminished drug use among their members. Subjects were drawn from two contemporary religious sects and data were obtained by administering self-report questionnaires under controlled conditions, in cooperation with the sects' leadership. Data which bear directly on changes in drug use are reported here. Members of the Divine Light Mission (DLM), many of whom had been involved in the "counterculture" of the early 1970s, reported incidence of drug use prior to joining which was much above that of a nonmember comparison group. Reported levels were considerably lower after joining, and the decline was maintained over an average membership of 2 years. Unification Church (UC) members showed a similar pattern but their drug use began at a somewhat lower level and declined further still; this reflects a stricter stance toward illicit intoxicants in the UC, and relatively less openness to transcendental altered consciousness, which is an integral part of DLM meditation. Data from persons registered for UC recruitment workshops corroborated retrospective reports of the long-standing members. Changes in the consumption of tranquilizers were also considered. Data on caffeine consumption reflected less strict commitment to controls over this agent. The decline in drug use was considered in relation to feelings of social cohesiveness toward fellow group members, which was a significant predictor of change in drug use in multiple regression analysis. The findings are examined in relation to the interplay between behavioral norms in a close-knit subculture and the role of its beliefs and values in determining levels of drug use.

Galanter, M. (1981). Religious experience and the regulation of drug abuse. In J. Lowinson & P. Ruiz (Eds.), *Substance abuse: Clinical problems and perspectives* (pp. 412-430). Baltimore, MD: Williams & Wilkins.

The author discusses religious experiences in terms of its psychological functions and how it serves to regulate individuals' use of drugs (including alcohol). Two groups, the divine light mission and the Unification Church, are used to describe the effect of charismatic sect membership on drug use. Observations of these two groups and what has been learned from them are discussed.

Galanter, M. (1983). Engaged members of the Unification church. Impact of a charismatic large group on adaptation and behavior. *Archives of General Psychiatry*, 40(11), 1197-1202.

This project was designed to study the psychological nature of compliance with unusual behavioral norms among members of a charismatic religious sect. Three hundred twenty-one members of the Unification Church had been placed into marital engagement a year previously in a highly unusual fashion: their partners were assigned to them by the group's leader as part of a religious ritual. The abrogation of contemporary norms for mate selection was not associated with increased psychological distress. Church-related life experiences, however, were perceived as being of considerable psychological impact. Multiple regression analyses further revealed that the vulnerability of respondents to perceived life disruption was relieved by their affiliation to the sect. This "relief effect," associated with social and religious ties to the sect, apparently reinforces compliance with the group's behavioral norms, particularly since the manner of reinforcement is integrated into the social structure of the group.

Gmuer, M., & Tschopp, A. (1987). Factors determining the success of nicotine withdrawal: 12-year follow-up of 532 smokers after suggestion therapy (by a faith healer).

International Journal of the Addictions, 22(12), 1189-1200. Retrieved from PsycINFO Online Database.

532 heavy smokers with an average age of 38 yrs for the men and 34 yrs for the women were questioned prior to treatment by the Swiss faith healer Hermano and re-questioned 4 mo, 1 yr, 5 yrs, and 12 yrs after the therapeutic ritual. 73 Ss who for 12 yrs had abstained from smoking were compared with 31 Ss who for 12 yrs had continued to smoke almost without interruption. Personality factors, sociodemographic features, and characteristics of smoking behavior showed

no demonstrable connection with the tendency to relapse. It was possible to explain 16% of the variance in response to treatment: in particular, high alcohol consumption, markedly addictive smoking, rare attendance at church, and the attitude that "you have to believe in the treatment" were found to be conducive to relapse and addiction. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Goldfarb, L. M., Galanter, M., McDowell, D., Lifshutz, H., & Dermatis, H. (1996). Medical student and patient attitudes toward religion and spirituality in the recovery process. *American Journal of Drug and Alcohol Abuse*, 22(4), 549-561. Retrieved from PsycINFO Online Database. Retrieved from PsycINFO Online Database.

Compared the respective orientations toward spirituality and views of the importance of spirituality in the treatment of addiction of a sample of 101 dually diagnosed patients (diagnosed with both substance abuse and general psychiatric disorders) and 119 medical students. All Ss completed a modified version of Feagin's "Orientation to Life and God Scale" to assess religious and spiritual orientation. A 2nd series of items was developed and administered in order to compare the 2 groups' perceptions of the relative importance of a religious and spiritual orientation in substance abuse treatment. A 3rd series of items was also given to compare the nature of religious and health-related services on the inpatient unit that the 2 groups most wanted to see improved. Results show that the medical students responsible for treating substance abuse are significantly less religiously and spiritually oriented than the patients they treat, and that the students do not indicate that spirituality is an important component in the care of these patients. It may be clinically relevant to train medical students in the potential importance of spirituality in addiction treatment so that spirituality may be incorporated into addiction treatment. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Gorsuch, R. L. (1995). Religious aspects of substance abuse and recovery. *Journal of Social Issues*, 51(2), 65-83. Retrieved from PsycINFO Online Database.

Some research suggests that religiousness is associated with lower substance abuse because religious people have been socialized to accept anti-abuse norms, are involved with anti-abuse peers, and have a mechanism for satisfying needs for social contact and meaning in life. However, the relationship occurs only for a nurturing and supportive religiousness, and not for a restrictive, negativistic, and ritualistic religiousness. While religiousness has seldom been a variable in the treatment of substance abuse, the available data suggest that, for religious people who desire their beliefs be considered in such treatment, the treatment may be effective if it shifts abusers from restrictive, negativistic, and ritualistic religiosity, and toward nurturing and supportive religiousness. Knowledge of this research may help non-religiousness institutions in their efforts to treat substance abuse. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Gorsuch, R. L., & Butler, M. C. (1976). Initial drug abuse: A review of predisposing social psychological factors. *Psychological Bulletin*, 83(1), 120-137. Retrieved from PsycINFO Online Database.

Reviews the literature and states that appropriate research describing initial use of illicit drugs suggests that disruption of normal child-parent relationships, lack of involvement in organized groups, and few effective peer relationships may have been predisposing factors in some individuals initiating use of illicit drugs. Research also suggests that socialization to nontraditional norms, parental modeling of licit and illicit drug use, involvement with drug-using peers, and positive experiences with drugs may have been important factors in initial use for other individuals. It is concluded that both theory and research need a clear distinction between the several paths leading to initial drug abuse, particularly since separate statistical analyses may be necessary for people in each path. (3 p ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Hater, J. J., Singh, B. K., & Simpson, D. D. (1984). Influence of family and religion on long-

term outcomes among opioid addicts. *Advances in Alcohol and Substance Abuse*, 4(1), 29-40. Retrieved from PsycINFO Online Database.

Investigated whether family, religion, and personal background variables would be related to long-term follow-up outcomes after treatment for drug abuse. 1,174 opioid addicts (average age at follow-up 31 yrs) admitted to community treatment agencies in 1972-1973 were relocated and interviewed in 1978-1979. The interview focused on outcome behaviors (e.g., employment, criminality, drug use) and included background information on family and religion. Family variables included childhood family disruption; parental socioeconomic status (SES); marital status; family support, conflict, and contact; and free time with family. Personal background variables included age, race, sex, drug involvement, age at involvement, criminal history, employment record, legal involvement, and educational level. Results indicate that family and personal background variables made unique contributions to predicting follow-up composite outcome and a general well-being measure. Religion variables accounted for significant and unique variance only in the general well-being variable. Results favor the inclusion of family and religion variables in the scientific explanation of long-term follow-up outcomes among opioid addicts. (29 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Hanson, D. J., & Engs, R. C. (1987). Religion and collegiate drinking problems over time.

Psychology: A Journal of Human Behavior, 24(1-2), 10-12. Retrieved from PsycINFO Online Database.

Surveyed students from 72 colleges to examine religious affiliation and the incidence of drinking problems over time. Questionnaire data were compared with similar data collected at the same schools 2 yrs earlier. Findings suggest little change in drinking problems among Ss except for a decrease in driving-related behaviors among Roman Catholics and Protestants and a decrease in those behaviors among Ss for whom religion is not important (thus approaching the already lower rates for more religious Ss). (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Hawks, R. D., & Bahr, S. H. (1992). Religion and drug use. *Journal of Drug Education*, 22(1), 1-8.

This study is a secondary analysis of data gathered under the sponsorship of the Utah State Division of Alcoholism and Drugs in 1989. The researchers concluded that there is a difference in frequency of alcohol use, source of alcohol, and age of first alcohol use among Mormons (LDS), other religions, and non-religion subgroups. There is no significant difference found among the various religious subgroups for age of first marijuana use or of quantity of alcohol use. For all religions except Jews, a lower percentage of Utahns used alcohol than their national counterparts. A theoretical model for LDS drug use is presented.

Herd, D. (1996). The influence of religious affiliation on sociocultural predictors of drinking among Black and White Americans. *Substance Use & Misuse*, 31(1), 35-63.

Although religious denominations have been shown to affect the drinking behavior of their members, few studies have examined this topic among Black Americans. The following study explored whether a model predicting drinking from religious denominations through a series of intervening cognitive and social variables (drinking attitudes and norms, social contexts, social networks, and home use of alcohol) would be the same for Blacks and Whites. The results showed that there are a number of racial differences in how religious background influences intervening social characteristics, but few in the predictors of drinking behavior. Many significant racial differences were observed among Baptists, a moderate number among Catholics, and few or none were observed for Conservative Protestants and Methodists.

Humphrey, J. A., Leslie, P., & Brittain, J. (1989). Religious participation, southern university women, and abstinence. *Deviant Behavior*, 10(2), 145-155. Retrieved from PsycINFO Online Database.

Argues that publicly supported universities are secular environments characterized by normative ambiguity with regard to alcohol and other drug use. Findings from a survey of 1,097 Black and White female undergraduates of 2 southeastern universities show that Ss who attend religious services regularly are significantly more likely to abstain and less likely to be dual users of intoxicants than are occasional religious service attendees. These findings hold for both races and are independent of parental drinking. Support is provided for C. R. Tittle and M. R. Welch's (see record 1983-28237-001) contingency model. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Isralowitz, R. E., & Ong, T. h. (1990). Religious values and beliefs and place of residence as predictors of alcohol use among Chinese college students in Singapore. *International Journal of the Addictions*, 25(5), 515-529. Retrieved from PsycINFO Online Database.

Examined alcohol use among 767 19-38 yr old Chinese college students, using a mail questionnaire. 234 Ss were identified as nondrinkers. Identification with religious values and beliefs was not a significant factor in alcohol use. Ss' place of residence (on campus in a hostel or off campus) predicted alcohol use in an unexpected pattern: Ss on campus tended to drink less. When examined together, religious values and beliefs and place of residence had no apparent influence on alcohol use. Findings are discussed in terms of the Ss' cultural orientation. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Jilek, W. G. (1994). Traditional healing in the prevention and treatment of alcohol and drug abuse. *Transcultural Psychiatric Research Review*, 31(3), 219-258.

This overview of prevention and treatment of alcohol and drug abuse includes a literature review of international and intercultural therapeutic approaches based on various diverse religious beliefs as well as Western inspired mutual aid groups which have been reinterpreted and repatterned according to local cultural traditions into different culture-specific approaches. The traditional non-Western treatment approaches described here are essentially psychotherapeutic modalities applied more often to groups than to individuals. The main features held in common by these traditional approaches are the ritual use of culturally validated symbolic words, acts, and objects, associated with implicit and explicit suggestion. Often evaluation of the effectiveness of traditional religious healing is limited by the sacred and secretive nature of the ceremonies. However, traditional healing practices have several advantages: (1) culture-congeniality, (2) use of the personality of the healer, (3) holistic approach, (4) accessibility and availability, (5) use of affect and altered states of consciousness, (6) collective therapy management and social engineering, and (7) cost effectiveness. It is recommended that clinicians promote changes in legislation through the action of professional and political organizations to obtain close collaboration between modern cosmopolitan health care systems and traditional non-Western treatment resources.

Jolly, S., & Orford, J. (1983). Religious observance, attitudes towards drinking, and knowledge about drinking amongst university students. *Alcohol and Alcoholism*, 33(2), 271-278.

British U student Christian Union (CU) members (N = 39) & nonmembers (N = 37) were asked about their attitudes toward social drinking & alcoholism, using adaptations of questionnaires used by F. Strassburger & Z. Strassburger ("Measurement of Attitudes towards Alcohol and Their Relation to Personality Variables," *Journal of Consulting Psychology*, 1965, 29, 5440-5445). Certain aspects of their knowledge about alcohol & its use were tested using a newly designed questionnaire. As predicted: (1) CU membership was much less often associated with frequent drinking & much more often with abstinence, & (2) members were significantly more negative about alcoholism & alcoholics & particularly about social drinking. An analysis of individual questionnaire items suggests a moralistic view of excessive drinking among CU members. The latter were significantly less knowledgeable about alcohol & its use, but there were a large number

of incorrect answers among Ss in both groups, indicating scope for alcohol education even among U students. 2 Tables, 12 References. Modified HA

Kendler, K., Gardner, C., & Prescott, C. (1997). Religion, psychopathology, and substance use and abuse; a multimeasure, genetic-epidemiologic study. *American Journal of Psychiatry*, 154(3), 322-329. Retrieved from PsycINFO Online Database.

The authors sought to 1) identify familial resemblance for religious beliefs, 2) clarify the relationship between religiosity and current psychiatric symptoms, substance use and dependence, and lifetime psychiatric disorders, and 3) explore the stress-buffering properties of religiosity in 1902 twins from female-female pairs. Personal devotion and personal and institutional conservatism were all strongly familial, suggesting the effect of environmental factors. None of the dimensions of religiosity were strongly associated with lifetime psychopathology or current symptoms, but low levels of depressive symptoms were related to high levels of personal devotion. By contrast, personal devotion and personal and institutional conservatism were significantly and inversely associated with current levels of drinking and smoking as well as lifetime risk for alcoholism and nicotine dependence. Personal devotion, but not personal or institutional conservatism, buffered the depressogenic effects of stressful life events. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Khavari, K. A., & Harmon, T. M. (1982). The relationship between the degree of professed religious belief and use of drugs. *The International Journal of the Addictions*, 17(5), 847-857.

A systematic examination of data from 4,853 respondents of various demographic characteristics revealed a powerful relationship between the degree of religious belief and consumption of alcohol and intake of psychotropics. In general, people who viewed themselves as "very religious" drank less and used less psychoactives, when compared to those individuals who considered themselves "not religious at all." Significantly elevated use of alcohol, tobacco products, marijuana, hashish, and amphetamines was associated with the "not religious all" group.

Krause, N. (1991). Stress, religiosity, and abstinence from alcohol. *Psychology and Aging*, 6(1), 134-144. Retrieved from PsycINFO Online Database.

The purpose of this study was to test a conceptual model that attempts to identify psychosocial factors associated with the avoidance of alcohol in later life. This model is based on the life stress literature. Although most researchers maintain that life events are associated with greater alcohol consumption, a basic premise of this study is that certain stressors may be related to abstinence from alcohol in later life. In examining this relationship, the effects of a potentially important coping resource (religiosity) were also considered. Findings from a nationwide survey suggest that although greater health problems are associated with a greater probability that elderly people will abstain from using alcohol, financial difficulties had the opposite effect and were instead related to a lesser probability that older adults would avoid drinking alcoholic beverages. Gender and race were found to exert important effects throughout the model. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Koenig, H. G., George, L. K., Meador, K. G., & Blazer, D. G. (1994). Religious practices and alcoholism in a southern adult population. *Hospital and Community Psychiatry*, 45(3), 225-231. Retrieved from PsycINFO Online Database.

Examined associations between religious variables and alcohol abuse and dependence among 2,969 North Carolina adults. Prevalence of alcohol disorders was compared among participants reporting varying levels of religious activity. Recent and lifetime alcohol disorders were less common among weekly churchgoers and those who considered themselves "born again." Recent, but not lifetime, alcohol disorders were also less common among respondents who frequently read the Bible or prayed privately. Alcohol disorders were more common among those who

frequently watched or listened to religious TV and radio. Lifetime alcohol disorders were more prevalent among members of Pentecostal denominations. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Koenig, H. G., George, L. K., Meador, K. G., & Blazer, D. G. (1994). Religious affiliation and psychiatric disorder among Protestant baby boomers. *Hospital and Community Psychiatry*, 45(6), 586-596. Retrieved from PsycINFO Online Database.

Data were obtained on 6-mo and lifetime rates of major psychiatric disorders among 853 Protestant baby boomers. Participants were grouped into 3 categories based on religious affiliation: mainline Protestants, conservative Protestants, and Pentecostals. Analyses were repeated for 1,826 middle-aged and older Protestants born between 1889 and 1944, and results were compared with findings for baby boomers. Among the baby boomers, Pentecostals had significantly higher 6-mo and lifetime rates of depressive disorder, anxiety disorder, and any Mental Disorders-III (DSM-III) disorder. Mainline Protestants had the lowest 6-mo and lifetime rates of anxiety disorder and the lowest 6-mo rates of any DSM-III disorder, whereas conservative Protestants had the lowest 6-mo and lifetime rates of depressive disorder and the lowest lifetime rates of any DSM-III disorder. These relationships among baby boomers were weaker among middle-aged and older Protestants. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Koopmans, J. R., Slutske, W. S., van Baal, G. C. M., & Boomsma, D. I. (1999). The influence of religion on alcohol use initiation: Evidence for genotype X environment interaction. *Behavior Genetics*, 29(6), 9.

The possible role of religious upbringing as a mediator of shared environmental influences and as a moderator of genetic incidence on the risk of alcohol use initiation was evaluated in a large population-based sample of Dutch adolescent and young adult twins (1967 twin pairs). NO significant association was found between religious participation and alcohol use initiation. The study also tested the hypothesis that genetic influences on the risk of alcohol use initiation would be greater for adolescents and young adults who were raised in a less religious environment than in adolescents and young adults who were raised in a more religious environment. It was found that heritability was higher for females without a religious upbringing than females with a religious upbringing. Genetic influences accounted for 40 percent of the variance in alcohol use initiation in nonreligious females, and made no contribution in religious females. Shared environmental influences accounted for 54 percent of the variance of nonreligious females and 88 percent of the variance for religious females. Genetic variance was also higher for males in the nonreligious group compared to the religious group, but the difference was not statistically significant. Whether or not they were raised religiously, risk of alcohol use initiation in males was moderately influenced by genetic factors (30 percent) and substantially influenced by shared environmental factors (60 percent).

Linden, R., Currie, R. F., & Driedger, L. (1985). Interpersonal ties and alcohol use among Mennonites. *La Revue Canadienne de Sociologie et d'Anthropologie/The Canadian Review of Sociology and Anthropology*, 34(2), 559-573.

The widely different patterns of alcohol use among people of different countries & among different groups within countries make it apparent that cultural factors are important determinants of alcohol use. Research on this relationship suggests that it is the social groups to which an individual belongs that provide the mechanism through which the cultural norms regarding alcohol use influence the individual's behavior. Based on questionnaire data, the effect of interpersonal ties on the drinking behavior of a national sample of Canadian Mennonites (N = 1,208 Rs) is examined, using a theoretical model that combines social control & differential association theories. Drinking was found to be related to the behavioral preferences of reference

others. These effects varied with the closeness of the relationship with that particular associate, & with the actor's visibility to each associate. 5 Tables, 32 References. HA

Midanik, L. T., & Clark, W. B. (1995). Drinking-related problems in the United States: Description and trends, 1984-1990. *Journal of Studies on Alcohol*, 56(4), 395-402. Retrieved from PsycINFO Online Database.

Assessed the change in rates of drinking problems from 1984 to 1990, and the possible role of alcohol use and demographic variables in predicting drinking problems. Data were obtained from two national alcohol surveys, conducted in 48 states, on 2,058 adults, (aged 18 yrs and older). Results indicate that there were significant increases in reports of certain social consequences for the young, unmarried and unemployed individuals. A significant increase in reports of certain dependence symptoms was also found for the unemployed group. Cross-sectional analysis of the 1990 data revealed that alcohol use variables were significant predictors of drinking problems. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Miller, L., Weissman, M., Gur, M., & Adams, P. (2001). Religiousness and substance use in children of opiate addicts. *Journal of Substance Abuse*, 13(3), 323-336.

PURPOSE: To investigate among children of opiate addicts a potential protective effect of religiousness (broadly defined in the literature to include religious beliefs, practice, and tradition) against onset of substance use. METHODS: Subjects were 161 opiate-addicted biological parents recruited from methadone maintenance programs in the New York metropolitan area, their 279 children, and 63 non-opiate-addicted parents with whom the child had daily contact. Childhood onset of substance use was assessed using the Schedule for Affective Disorders and Schizophrenia for School-Aged Children (K-SADS); parental DSM-III-R diagnosis of opiate addiction was assessed using the SADS-Lifetime Version (SADS-L). RESULTS: Religiousness in children of opiate addicts was associated with a substantially decreased likelihood of onset of substance use. Parent-child concordance of religiousness showed additional protective qualities with respect to religious denomination in opiate-addicted parent and with respect to the personal importance of religion and frequent attendance of religious services in non-opiate-addicted parents. CONCLUSION: Religiousness protects against substance use among children of opiate addicts.

Neff, J. A., & Husaini, B. A. (1985). Stress-buffer properties of alcohol consumption: the role of urbanicity and religious identification. *Journal of health and social behavior*, 26(3), 207-222.

The influence of social context on stress-buffer properties of alcohol consumption was studied in 314 white and 306 Black urban residents and 554 white rural residents. Ages ranged from 18 to 60 years, with a mean age of 37 years. Respondents were classified as abstainers, or occasional, moderate, or heavy drinkers according to typical quantity and frequency of alcohol consumption. Life-change events that had occurred within the previous 12 months were identified. The presence and frequency of recent depressive symptoms were measured by the Center for Epidemiologic Studies-Depression Scale (CES-D). Religious affiliation and religiosity were determined. Abstinence was much more prevalent among rural whites (64 percent) than among either urban whites (36 percent) or Blacks (38 percent). Life-change events were significantly more prevalent in urban than in rural samples: 43 percent of rural whites reported no events, in contrast to 24 percent and 33 percent of urban whites and Blacks, respectively. No differences emerged across subgroups with regard to mean CES-D scores. Ninety-one percent of rural whites were Protestant, in contrast to 75 percent of urban whites and 87 percent of urban Blacks. Urban Blacks and rural whites reported the highest levels of religiosity. Buffer effects (measured by the strong event and drinking pattern interaction) of alcohol use were significant only among rural whites, although some buffer effects were suggested among urban whites. Among urban Blacks, life events were positively related to depressive symptoms in all drinking pattern categories. Highest levels of

depressive symptoms were manifest among abstainers and heavy drinkers in the rural sample. Protestant identification and religious commitment accentuated these differences.

Nusbaumer, M. R. (1981). Religious affiliation and abstinence; a fifteen-year change.

Journal of studies on alcohol, 42(1), 127-131.

AIMS: To compare two contrasting socio-cultural groups in terms of parameters relating to the stress - coping - health model of alcohol, drugs and the family, and to test hypotheses derived from the model in each of the two groups separately. DESIGN: Cross-sectional, comparative and correlational, using standard questionnaire data, supplemented by qualitative interview data to illuminate the findings. PARTICIPANTS: One hundred close relatives, mainly partners or parents, from separate families in Mexico City, and 100 from South West England. Data sources. Coping Questionnaire (CQ), Family Environment Scale (FES), Symptom Rating Test (SRT), Semi-structured interview. FINDINGS: Mean symptom scores were high in both groups, and not significantly different. The hypothesis that relatives in Mexico City, a more collectivist culture, would show more tolerant - inactive coping was not supported, but there was support for the prediction that relatives in South West England would show more withdrawal coping. This result may be as much due to differences in poverty and social conditions as to differences in individualism - collectivism. As predicted by the stress - coping - health model, tolerant - inactive coping was correlated with symptoms, in both groups, after controlling for family conflict, but there was only limited support for a moderating role of coping. Wives of men with alcohol problems in Mexico City, and wives of men with other drug problems in South West England, reported particularly high levels of both engaged and tolerant - inactive coping. CONCLUSIONS: Tolerant - inactive coping may be bad for relatives' health: causality may be inferred but is not yet proved. Certain groups are more at risk of coping in this way. Qualitative data help understand the nature of tolerant - inactive coping and why it occurs despite the view of relatives themselves that it is counter-productive.

Pardini, D. A., Plante, T. G., Sherman, A., & Stump, J. E. (2000). Religious faith and spirituality in substance abuse recovery: determining the mental health benefits. *Journal of Substance Abuse Treatment*, 19(4), 347-354.

Recently, mental health professionals have begun examining the potential value of religious faith and spirituality in the lives of individuals suffering from a variety of acute and chronic illnesses. This study explored the relation between religious faith, spirituality, and mental health outcomes in 236 individuals recovering from substance abuse. We found that recovering individuals tend to report high levels of religious faith and religious affiliation, but choose to rate themselves as being more spiritual than religious. Results also indicate that among recovering individuals, higher levels of religious faith and spirituality were associated with a more optimistic life orientation, greater perceived social support, higher resilience to stress, and lower levels of anxiety. This represents the largest self-report study to date examining the relation between religious faith, spirituality, and mental health outcomes among individuals recovering from substance abuse (abstract from MEDLINE).

Patock Peckham, J. A., Hutchinson, G. T., Cheong, J., & Nagoshi, C. T. (1998). Effect of religion and religiosity on alcohol use in a college student sample. *Drug and Alcohol Dependence*, 49(2), 81-88. Retrieved from PsycINFO Online Database.

142 male and 222 female alcohol using college students (mean age 20 yrs) completed a questionnaire on their levels of alcohol use, problems with alcohol use, reasons for drinking, perceptions of control over drinking, impulsivity, venturesomeness, irrational beliefs, neuroticism, expectations of alcohol effects, depression, social norms, religious affiliation, and intrinsic and extrinsic religiosity. Analyses of variance revealed that students with no religious affiliation reported significantly higher levels of drinking frequency and quantity, getting drunk, celebratory reasons for drinking and perceived drinking norms than those of either Catholic or Protestant

religious affiliation, while no significant differences across groups were found for alcohol use problems. Protestants reported significantly higher levels of perceived drinking control than Catholics. Intrinsic religiosity, reflecting one's ego involvement with the tenets of one's religion, appear to play a more important positive role over drinking behavior for Protestants than for Catholics. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Perkins, H. W. (1987). Parental religion and alcohol use problems as intergenerational predictors of problem drinking among college youth. *Journal for the Scientific Study of Religion*, 36(1), 340-357.

Relationships between religiosity & alcohol use & between parental alcohol abuse & that of children, particularly in the context of problem drinking among Coll students, were investigated with questionnaire data & official data from the school (N = 860 students, the majority of whom were aged 18-20 & residing in campus facilities). Results indicate that students are at greater risk for problem drinking if they are: (1) from Gentile religious traditions as compared with Jews (as was the case with previous generations of students); (2) not strongly attached to a particular faith; or (3) the child of an alcohol abuser. In addition to presenting "at-risk" categories for students, the intergenerational transmission of alcohol problems that can occur specifically through the influence of parental religion is also analyzed. In particular, parental religion is related to these at-risk categories, suggesting that characteristics of a parent's faith may have multiple paths of impact on the young collegian's drinking experience. 8 Tables, 1 Figure, 29 References. Modified HA

Perkins, H. W. (1985). Religious traditions, parents, and peers as determinants of alcohol and drug use among college students. *Review of Religious Research*, 34(1), 15-31.

Relationships between religiosity & drinking/drug use among Coll students are examined in the context of family backgrounds & peer relations using questionnaire data from an entire undergraduate Coll population (N = 1,514). With a large minority of Jewish students represented, a uniquely detailed exploration of distinctive Jewish patterns was made possible. Initial findings on alcohol use conform to patterns found among previous generations of students: least drinking & negative consequences among Jews, & most drinking & consequences among Catholics. Jewish students also report the fewest family problems with alcohol & the lowest consumption levels in social drinking by parents. Jewish restraint is substance-specific, however; for other drug use, there are no differences. For both alcohol consumption & other drug use, friendship environments are the primary influences, while parental attitudes have little effect. Amid peer influences, however, a relatively strong faith commitment to a Judeo-Christian tradition remains as a significant moderating influence on alcohol/other drug use. Yet the power of peer acculturation in the Coll environment is most dramatically revealed by the fact that while no significant differences are observed among class years in drinking behavior for Protestants & Catholics, Jewish drinking steadily increases to finally match that of the predominant religious groups. Thus alcohol restraint instilled by Jewish norms gives way to more immediate campus norms. 4 Tables, 38 References. Modified HA

Singh, B. K., & Williams, J. S. (1981). Abstinence from alcohol: Some implications for epidemiology of alcohol problems (Vol. 29): Society for the Study of Social Problems.

Examined is the utility of abstinence from alcohol for epidemiological estimations of alcohol problems & characteristics of those who report total abstinence. Data are derived from a national probability sample of adults (18+ years). The results indicate that proportionate abstinence at the regional level shows very strong negative relationships with estimated alcoholism rates & per capita alcohol consumption. Although all the attributes of respondents are statistically significant, the three most significant predictors of abstinence are religious attendance, family income, & geographical region.

Sherkat, D. E., Ellison, C. G., & Moulton, B. E. (2002). Religious involvement, cognitive structures, and alcohol consumption among US adults (Vol. 50): Southern Sociological Society.

Numerous studies have found that religious involvement may promote health, at least partly by deterring negative health behaviors, including alcohol & substance use/abuse. This study extends our knowledge of religious variations in alcohol consumption, exploring the joint influence of religious identity & practices, coreligionist networks, & specific constellations of religious beliefs (eg, beliefs about the afterlife, human sinfulness, & divine punishment). After theorizing the implications of these factors for alcohol use & abuse, we test relevant hypotheses using data from the 1988 MORC General Social Survey (GSS). We will conclude by elaborating the significance of our findings for future theory & research on religion & health, & suggesting additional ways in which religious belief systems may influence health outcomes.

Spiegel, V. M. (1989). Characteristics of alcoholism among Catholic sisters: Results of a national study. *Counseling and Values, 34*(1), 51-57.

The characteristics and addiction histories of Catholic nuns recovering from alcoholism were determined in a survey of 221 Catholic nuns, aged 26 to 78 years old. The nuns, who averaged 33 years in religious life, were self-identified alcoholics. Alcohol was the main substance to which survey respondents were addicted, but 21.3 percent were also addicted to prescription drugs and/or other substances. The interval between getting drunk on a regular basis and receiving treatment averaged 11.39 years, with age at entry into treatment averaging 50.72 years. When the sample was divided into two age groups to determine if there was a correlation between lifestyle changes after the Vatican II Council and addiction history, it was found that the addiction history of the younger nuns (aged 45 or younger) was similar to that of other professional women but that the addiction benchmarks, such as age at first drink, at first drunk incident, at initiation of regular drinking, and when alcohol dependence first interfered with functioning, for older nuns (aged 45 years or older) occurred at a later age than among other professional women. In addition, someone else tended to express concern about the alcoholism of the younger nuns, but the older nuns were more likely to seek help on their own. Of the 43 nuns who reported relapse, only 2 (4.7 percent) were younger than 45 years and 41 (95.3 percent) were older. The importance of religious community involvement in the treatment process was also discussed.

Stanhope, J. M. (1984). Chemical dependency and religious affiliation. *Australian Alcohol/Drug Review, 3*(1), 71-74.

Religious affiliation of 845 first-time admissions for substance abuse problems at Langton Clinic in New South Wales, Australia was compared with the New South Wales census data. Catholics, Lutherans, and persons of no religion appeared to be over represented and Methodists, Orthodox, and Baptists appeared to be under represented. It is suggested that these results may be due to: (1) selection biases; (2) real differences in chemical dependency; (3) inappropriate choice of reference populations; or (4) a lack of equivalence between the ascertainment of religion in the census and at the hospital. Possible explanations for real differences in the prevalence of chemical dependency between some religious categories were explored.

Walters, O. S. The religious background of fifty alcoholics. *Quarterly Journal of Studies on Alcohol, 1957*; 18: 405-416. Retrieved from PsycINFO Online Database.

While religion is a strong influence on alcoholics, in the present sample the alcoholics were not significantly different from controls in early religious activity or church affiliation; the parents of alcoholics were more likely to be church goers and the fathers of alcoholics more likely to be heavy drinkers. 21 references. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Weiss, S. (2001). Religious influences on drinking: Illustrations from select groups. In A. N. Roche & E. Houghton (Eds.), *Learning About Drinking* (pp. 109-128). Philadelphia,

PA: Brunner-Routledge.

Religious influences on alcohol consumption, with illustrations from select groups, are discussed. It is noted that alcoholic is seen in different societies in different ways: as a depressant medicine, herd drug, teratogenic agent, religious symbol, social symbol, appetizer, food, solvent, or economic product. Section headings include 1) prescriptive religious groups, the Jews; 2) other prescriptive/nonprescriptive religious groups; and 3) abstinence treating religious groups (Mormons, Methodist, Moslems, Druze). The results indicate that the prevalence of daily use and the amounts of alcohol consumed per drinking occasion may be higher in some abstinence-teaching groups than in prescriptive religious groups. Past year drunkenness and consumption of distilled spirits amount 18-40 year olds in Israel by father's country of origin (Israel, Asia and Africa, W. Europe and America, E. Europe (old and newcomers); companion of drinkers and preferred places of drinking amount Jewish adolescents, by school grade; alcohol use, binge drinking and religious affiliation among Protestant adolescents,.; alcohol consumption among make Jewish and Christian students at a U.S. university; alcohol consumption among Arab and Jewish male adults in Israel in past week; percentages of young male drinkers consuming specific amount of alcohol on a drinking occasion, by religion (Druze, Moslems, Jews, Christians) are presented in table form.

Wells, G. M. (2001). Effect of religiosity and campus alcohol culture on collegiate alcohol consumption. *Dissertation Abstracts International*, 62(4), 1335A-1336A.

This study assessed the interactive relationship of college environment and religiosity on the college alcohol experience of 529 students attending two institutions, one secular and one a religious college. The data was based on student responses to two survey instruments. The Religiosity Measure is an eight-item survey that assesses religiosity. The College Alcohol Survey is a twenty-page survey that investigates collegiate alcohol use. Alcohol consumption was significantly different at the two schools with secular university students consuming 26.9 alcoholic drinks in a 30-day period as opposed to 11.9 drinks consumed by students at the religious college in the same time period. There was a strong negative correlation between alcohol consumption and religiosity among both student samples. The data showed that religiosity was a significant predictor of moderate and heavy alcohol use in college. Students with the lowest level of religiosity were 26 times more likely to be heavy drinkers and 9 times more likely to be moderate alcohol drinkers. College environment was a significant predictor of collegiate alcohol consumption. Regardless of religiosity, students who attended the secular university were 4 times more likely to be moderate or heavy drinkers than those students who attended a religious college. In conclusion, within the limitations of this study, religiosity and college environment were both significant predictors of collegiate alcohol consumption. Colleges and universities can serve as reference groups for behavior, including alcohol consumption. Discussion evolved around the need to consider personal religiosity as well as religious environment as possible factors in decreasing alcohol consumption among college students.

Westermeyer, J., & Walzer, V. (1975). Drug usage: An alternative to religion? *Diseases of the Nervous System*, 36(9), 492-495. Retrieved from PsycINFO Online Database.

Studied 62 consecutive admissions (aged 17-25 yrs) to a psychiatric hospital to determine whether church attendance and drug usage are inversely correlated. As an assessment of contemporary church attendance, each S was asked whether he or she had attended church at any time in the 4 wks prior to admission. Ss were also questioned regarding their use of cannabis, other hallucinogens, amphetamines, sedatives and minor tranquilizers, narcotics, alcohol, over-the-counter drugs, hydrocarbons, and prescribed drugs. Usage patterns were determined for the following time intervals prior to admission: 1 day, 1 wk, 1 mo, 1 yr, and prior to 1 yr. The proportion of these patients reporting quite heavy drug usage exceeded that reported in surveys of high school, college, graduate and professional students, and service inductees. Use of hydrocarbons, narcotics, or prescription drugs was limited to heavy users. Heavy drug usage

among these patients occurred frequently among females. It is suggested that drugs may be used by certain young people because they facilitate personal and social benefits formerly achieved by religious practice. (16 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Wechsler, H., Thum, D., Demone, H. W., Jr., & Kasey, E. H. (1970). Religious-ethnic differences in alcohol consumption. *Journal of health and social behavior*, 11(1), 21-29. Numerous studies have reported differences in the drinking behavior of religious-ethnic subgroups. The present study utilized an objective measure of alcohol level--the Breathalyzer--as well as interviewers' observations and respondents' self-reports. Data were collected on 8,461 patients admitted to a hospital emergency service. Alcohol consumption, as indicated by Breathalyzer readings and other available measures, was significantly related to religious-ethnic group membership. The proportion of patients with positive indications of alcohol was lowest among Jewish persons and Italian Catholics. High frequencies were found for Irish, Canadian, and native-born Catholics, as well as for native-born Protestants.

Zucker, D. K., Austin, F., Fair, A., & Branchey, L. (1987). Associations between patient religiosity and alcohol attitudes and knowledge in an alcohol treatment program. *International Journal of the Addictions*, 22(1), 47-53.

Studies, carried out in generalized populations, have shown inverse relationships between degree of religiosity and attitudes towards drinking, knowledge about alcohol, amount of alcohol consumed, and physical complications of alcohol abuse. Within a population of chronic male alcoholics, we found that the more religious patients had a more anti-alcohol attitude; however, none of the other correlations was statistically significant. Within this population, the least religious patients were more likely to change their attitude toward alcohol and to increase their knowledge of the deleterious effects of alcohol after 4 weeks of treatment on an inpatient rehabilitation unit.)

Prevention

Anderson, R. W., Maton, K. I., & Ensor, B. E. (1991). Prevention theory and action from the religious perspective. *Prevention in Human Services*, 10(1), 9-27. Retrieved from PsycINFO Online Database.

Examines perspectives on prevention theory and on religion as a preventive influence based on interviews with 9 individuals actively involved in religiously-affiliated service. The discussion is organized under 3 broad headings: (1) the religious world view and understanding of prevention; (2) distinctive aspects of religion as prevention; and (3) issues of religious-human services collaboration in preventive action. Described in the context of religion as a different cultural setting, the major assertion is that prevention in religious contexts stems from a global yet differentiated promotion approach to human welfare. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Maton, K. I., & Pargament, K. I. (1987). The roles of religion in prevention and promotion. *Prevention in Human Services*, 5(2), 161-205. Retrieved from PsycINFO Online Database.

Describes the pathways through which religions attempt to influence individual congregation members, the larger community, and society and considers implications of these pathways for the individual and for social systems. Drawing from case studies, several distinctive roles of religion (e.g., personal empowerment, stress buffering, social identity) are identified. These roles raise questions and challenges for preventive and promotive workers in diverse disciplines. Directions for more effective collaboration between religion and allied disciplines are discussed. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

McCorry, F. (1990). *Preventing substance abuse: A comprehensive program for catholic education*. Boston, MA: National Catholic Educational Association.
Annotation was not available for this source.

Saunders, D. M. (1999). Religious approaches to the secondary and tertiary prevention of substance abuse: Their efficacy in reducing risk factors among late adolescents and young adults. *Dissertation Abstract International*, 59(11), 4070-A.

A pre-test/post-test was used to study the effectiveness of religious approaches to substance abuse intervention with late adolescents and young adults. An age cohort of 11 males, 18-30, were followed through the first phase of religious drug treatment (120 days) to study whether the approach in psychological risk reduction, and the roles of specific religious factors. Results show that the program resulted in reduction of depression and perceived stress, and increased in self-esteem. Religious factors were significant predictors of psychological risk reduction (p less than .05). Results suggest that religious drug treatment reduces psychological risks of youthful drug use by enhancing religiosity and spiritual wellbeing among the program participants.

Wylie, W. E. H., D. (1992). At-Risk Children in Christian Families Concerning Alcohol Use. *Journal of Religion and Health*, 31(4), 337-341.

Variables that predict use of alcohol by children in fundamentalist Protestant Christian families were studied. The research sample included 302 male and female students enrolled in a mandatory health course at a fundamentalist Protestant Christian university. The students responded to a questionnaire designed to identify risk factors for alcohol use. The following results of the study were seen: (1) 28 percent of the students currently drank alcohol; (2) 18 percent of nondrinkers were drinkers before the age of 15; (3) 38 percent of nondrinkers were drinkers at one time after the age of 15; (4) 61 percent of current drinkers were male; and (5) students were more prone to be users of alcohol if they were male, had displayed aggressive and hyperactive behavior as a child, had a rebellious attitude in high school, had good friends who used alcohol, and believed that alcohol was not harmful. Prevention strategies based on these findings should be developed for use by Christian young people.

Professional Caregivers

Bergin, A. E., & Jensen, J. P. (1990). Religiosity of psychotherapists: A national survey. *Psychotherapy: Theory, Research, Practice, Training*, 27(1), 3-7. Retrieved from PsycINFO Online Database.

Explored the religiosity of 425 marriage and family therapists, clinical social workers, psychiatrists, and clinical psychologists. Although 80% of the Ss indicated a religious preference, only 41% regularly attended religious services. According to the Religious Orientation Inventory, 230 of 425 Ss were classified as religious. This is consistent with findings of previous studies (e.g., A. E. Bergin; see record 1980-05877-001). The potential for change toward greater empathy for religious clients is underscored by the significant levels of unexpressed religiosity found among mental health professionals. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Bergin, A. E. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist*, 46(4), 394-403. Retrieved from PsycINFO Online Database.

A decade of work by A. E. Bergin and others is reviewed and synthesized concerning 2 broad issues: (a) the role of values in psychotherapy and (b) the relation of religion to mental health. Trends have changed, and there is now more professional support for addressing values issues in treatment. There is also more openness to the healthy potentialities of religious involvement, and therapists themselves manifest a new level of personal interest in such matters. Cautions and guidelines for dealing with such issues are considered in both empirical and clinical terms. The

multifactorial nature of religion is documented, and healthy and unhealthy ways of being religious are described. Suggestions are given for including education in values and religious issues in the training of clinicians so that the vast population of religious clientele may be better served. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Forman, R. F., Bovasso, G., & Woody, G. (2001). Staff beliefs about addiction treatment. *Journal of Substance Abuse Treatment, 21*(1), 1-9.

In 1999, the National Institute on Drug Abuse established a researcher/provider partnership designed to test the effectiveness of research-based innovations in community-based treatment settings and facilitate the transfer of those innovations throughout the national treatment system. As a preliminary step in developing their local Clinical Trials Network, researchers and treatment providers within the Delaware Valley Node surveyed 317 staff members concerning their beliefs about addiction treatment. More than 80% of respondents supported increased use of research-based innovations, 12-step/traditional approaches, and spirituality in addiction treatment, while only 39% and 34%, respectively, endorsed the increased use of naltrexone and methadone maintenance. Also, 35% of respondents indicated that confrontation should be used more, and 46% agreed with discharging noncompliant patients. Individuals with more formal training tended to be less supportive of confrontation and more supportive of the increased use of medications. Implications for the clinical trials and technology transfer are discussed.

Giglio, J. (1993). The impact of patients' and therapists' religious values on psychotherapy.

Hospital and Community Psychiatry, 44(8), 768-771. Retrieved from PsycINFO Online Database.

Reviews the literature on the effects of patients' and therapists' religious values on psychotherapy. Data suggest that psychotherapists communicate their values to patients in psychotherapy. Many therapists have secular values that may clash with some patients' religious values. To avoid negative countertransferences, therapists must be sensitive to patients' values and aware of their own attitudes about religion. Therapists' self-disclosure of their attitudes and beliefs has been encouraged, and referral of patients to clergy or religious counselors is sometimes recommended. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Grimm, D. W. (1994). Therapist spiritual and religious values in psychotherapy.

Counseling and Values, 38(3), 154-164. Retrieved from PsycINFO Online Database.

Examines the nature of therapist spiritual and religious values and the impact of these values on the practice of psychotherapy. Counselor spiritual and religious values can contribute to therapy, even when the therapist is engaged in a dialectic involving personal and epistemic values; cross-cultural training and sensitivity regarding spirituality may enhance the probability of positive therapeutic outcome. It is suggested that it is critical that therapists be aware of their own related values, their attitudinal and affective responses to particular spiritual and religious values, and any unresolved conflicts pertaining to these values. Reconciliation through religious approaches requires religious counselors to have sensitivity and preparation in counseling; integration through secular approaches requires that therapists receive training in dealing with spiritual and religious issues. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Makela, K. (1996). The Worldviews of Clients and Therapists. *Alkoholipolitiikka, 45*(5), 190-193.

The importance of alcoholic clients' moral & ideological views to psychotherapy is examined. Radical & enduring behavioral changes, eg, surpassing alcohol addiction, often involve an existential shift & restructuring of the self. By not avoiding such existential issues, cognitive therapy can induce such shifts in behavior. In a controlled experiment, cognitive therapy was more effective when it incorporated the client's own spiritual perspectives irrespective of the therapist's religious orientation. A case study of how religious discussions with a patient suffering from severe depression helped him to restructure his belief system is analyzed. Ethical questions

about the nebulous borderline between enlightening dialogue & indoctrination are discussed. 13 References. Adapted from the source document

Relapse

Granucci, V. C. (1995). Alcoholism relapse: A personality and spiritual perspective.

Dissertation Abstracts International, 55(9), 4119B.

This study examined personality characteristics and levels of spiritual well-being in sober and relapsed alcoholics. There were a total of 30 participants, 14 recovering alcoholics regularly attending the program of Alcoholics Anonymous (AA), and 16 relapsed alcoholics admitted for care in three treatment facilities. Ages ranged from 25 to 70 years in the two groups. Criteria for the sober group was 1 to 3 years of continuous sobriety. Criteria for the relapse group was between 1 and 14 days sober following an active drinking period which had been preceded by a period of abstinence. A one way Analysis of Variance (ANOVA) was used to examine any significant differences in the California Psychological Inventory (CPI) traits and the Ellison and Paloutsian's Spiritual Well-Being Scale (SWBS) spirituality levels between the sober and relapse groups. The findings of this study tests and supports the hypothesis that there would be significant differences favoring the sober group on certain CPI personality variables. Sober alcoholics scored significantly higher on the CPI subscales of Independence, Responsibility, Socialization, Well-being, Tolerance, Achievement via Independence, Psychological-mindedness, and Flexibility. There were no significant differences favoring the sober group regarding the SWBS subscales. This finding did not support the research hypothesis. There was a significant difference favoring the relapse group regarding the Religious Well-being subscale. Further findings reveal the relapse group to be characterized as exhibiting concrete thinking and lacking in self-confidence and self-esteem. Theoretical implications of the study findings are discussed.

Jarusiewicz, B. (2000). Spirituality and addiction: Relationship to recovery and relapse.

Alcoholism Treatment Quarterly, 18(4), 991-109. Retrieved from PsycINFO Online Database.

This study explored the relationship between an individual's level of faith and spirituality and addiction recovery success. Participants were 20 relapsing individuals (aged 27-47 yrs) and 20 individuals who were successfully recovering (aged 31-72 yrs). The researcher found that recovering individuals have statistically greater levels of faith and spirituality than those continuing to relapse; also that relapsing individuals show significantly lower levels of spirituality than those in recovery. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Much, M. J. (1992). The effect of spirituality on recovery from alcoholism: A comparison between sober and relapsed alcoholics. *Dissertation Abstracts International*, 52(9-A), 3185.

The present investigation sought to examine the effect of spirituality on recovery from alcoholism by comparing two groups of 70 alcoholics: sober and relapsed alcoholics. Spirituality was assessed by scores on the Purpose in Life Test (PIL) and the Spiritual Beliefs Questionnaire (SBQ). Motivation to seek meaning and purpose in life which was thought to be correlated with time sober, was assessed by the Seeking of Noetic Goals (SONG) test. The Higher Power Questionnaire (HPQ), was administered to subjects to assess how religious beliefs affect spirituality and recovery from alcoholism. Results of this study showed that sober subjects scored significantly higher than relapsed alcoholics on the PIL indicating that they experience more meaning and purpose in life than relapsed alcoholics. Further, sober alcoholics scored significantly lower than relapsed alcoholics on the SONG suggesting that they have less motivation to seek meaning and purpose in life. No significant relationship was found between time sober and scores on the PIL. However a significant negative relationship was found between time sober and scores on the SONG suggesting that motivation to find meaning and purpose in life decreases with time sober. Sober alcoholics were clearer in their definitions of spirituality and its relationship to sobriety as

measured by responses on the SBQ than relapsed alcoholics. Finally, sober alcoholics were more likely to view religious beliefs as related to spirituality and important in the maintenance of sobriety. These findings suggest that including a spiritual component to comprehensive alcoholism treatment may increase recovery rates among treated alcoholics. Copyright 1994 - University Microfilms, Inc. University Microfilms International (UMI)

Religion

Albers, R. H. (1997). Spirituality and religion: Allies or adversaries? [Editorial]. *Journal of Ministry in Addiction & Recovery*, 4(2), 1-8.

Annotation was not available for this source.

Anderson, D. J. (1977). *Joys and sorrows of sobriety, The*. Minnesota: Hazelden.

Anderson shows how six essential universal principles, common to all the world's major religions, are a practical way to glowing mental health, not only for recovering alcoholics, but for everyone. Through honesty, by "getting with people", by turning to God, by cleaning house, by getting in shape, and finally by helping others in need, we can truly find real joy and the sense of being alive.

Baker, T. S. (1994). *Understanding the spiritual nature of addiction*. Providence, RI:

Manisses Communications Group, Inc.

The following work is composed of two parts. The first part is an overview and discussion of addiction as a biological, psychological and spiritual disease with special attention to the spiritual aspects of both the disease process and recovery. The second part is an historical overview of various religious approaches to the problems of intoxication and is meant to demonstrate that abuse of alcohol and other drugs is far from a recent phenomenon (from the forward of the book).

Boire, R. G. (1994). Accommodating religious users of controlled substances: A model amendment to the Controlled Substances Act. *Journal of Drug Issues*, 24(3), 463-481. Retrieved from PsycINFO Online Database.

Proposes amendments to the Controlled Substances Act for accommodating the sincere religious use of selected Schedule 1 substances. The religious use exemption (RUE) presents an alternative to the current near wholesale illegality of religiously motivated use of controlled substances. The proposal retains the current federal scheme for the strict control of drugs while carving out a clearly defined and manageable exemption. The proposal, by including strict use restrictions, attempts to assure public safety and maintain the existing environment and law of public places. The proposal addresses the expressed concerns of judges and legislatures while simultaneously accommodating the sincere religious user of selected controlled substances. The Native American Church is presented as a successful model for the integration of entheogenic substances and religion in the modern world. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Clinebell, H. (1994). Philosophical-religious factors in the etiology and treatment of alcoholism. *Journal of Ministry in Addiction & Recovery*, 1(2), 29-46.

In addition to the physiological, psychological, and sociological factors related to the etiology of addiction, certain philosophical and religious factors also emerge as being significant in the development of alcoholism. Of particular significance is the phenomenon of existential anxiety as it relates to the search for meaning and purpose in life. The conflicts which appear as a result of dependency factor significantly into the philosophical-religious components of addiction (abstract from article).

Coleman, S. B., Kaplan, J. D., & Downing, R. W. (1986). Life cycle and loss--the spiritual vacuum of heroin addiction. *Family Process*, 25(1), 5-23.

This research studied the function of heroin addiction as a family-learned method of coping with death, separation, and loss across the life cycle. Heroin addicts, psychiatric outpatients, and normal students were given an extensive interview and test battery to determine the incidence of loss of family members and significant others. Because the impact of death is often overcome through religious rituals, this study also investigated the subjects' perception of their families' religious values and orientation to life's meaning and purpose. Results indicate that the incidence of death differs significantly across groups and that addicts have a distinct orientation to death, are more suicidal, and have more premature and bizarre death experiences. During childhood they have more family separations, and they tend to develop a distinct pattern of continuously separating from and returning to their families. They are also less likely to have a clearly defined purpose in life. A subset of parents from each group were also interviewed and tested, and these results support the theory of the intergenerational transmission of behavior.

Connors, G. J., Tonigan, J. S., & Miller, W. R. (1996). Measure of religious background and behavior for use in behavior change research. *Psychology of Addictive Behaviors*, 10(2), 90-96. Retrieved from PsycINFO Online Database.

Consideration of religiosity as a factor in behavior change research requires a reliable measure of religious behavior. Such a measure may be particularly helpful in research on substance misuse given the negative association between religiosity and substance use and the role of religiosity and spirituality often reported in the process of recovery from substance use disorders. In this regard, this article describes the development and evaluation of the Religious Background and Behavior (RBB) questionnaire as a brief measure of religious practices. The results suggest the RBB is made up of two factors, labeled God Consciousness and Formal Practices, and that the RBB possesses excellent test-retest reliability and satisfactory internal consistency. It is concluded that the RBB can serve as a reliable instrument for assessing religious behaviors. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(journal abstract)

Fuller, R. C. (1993). Religion and ritual in American wine culture. *Journal of American Culture*, 16(1), 39-45.

This paper describes the emergence of wine culture in America. The flourishing of wine culture during the last few decades bears the distinctive traits of a genuine spiritual movement within American culture. It does not compete or in any way replace "theological religion" with its important articulation of doctrinal and moral guides to life. The wine revolution has given a bold new expression to the long-neglected aesthetic side of American cultural life. The gradual mingling of religious and secular forces shaping American's attitudes toward wine drinking has given rise to a wine culture that has enabled many modern Americans to appreciate the exhilaration that comes from an enhanced openness to natural sensations, and from sharing these inner experiences in a communal context.

Galanter, M. (1983). Religious influence and the etiology of substance abuse. In e. a. E. Gottheil (Ed.), *Etiological Aspects of Alcohol and Drug Abuse* (pp. 238-248). Springfield, IL: Charles C. Thomas.

The author contends that the social context is a prime regulator of alcohol and drug use, and religious norms may play a major role in determining constraints on their use in certain cultures. In this chapter, findings on such patterns of regulation in the context of two contemporary American religious sects, the Divine Light Mission (DLM) and the Unification Church (UC), are reviewed to illustrate how society sets controls on intoxicant use. Upon joining these religious cults, many young people showed significant reductions in their initially high levels of neurotic distress, and drug and alcohol use. Regarding the use of alcohol, UC and DLM members showed a decline of 85 percent and 62 percent, respectively. It is believed that prayer, meditation, and social cohesiveness, dominant characteristics of these two sects, may be related to improvements in psychological well-being. Some of the characteristics of a large group in relation to religious sects

and other such groups are considered, noting that the dynamics of these groups may also be responsible for some of the effectiveness of some therapeutic approaches such as Alcoholics Anonymous and therapeutic communities.

Larson, D. B., & Wilson, W. P. (1980). Religious life of alcoholics. *Southern Medical Journal*, 73(6), 723-727.

It has been documented that alcoholics often become abstinent after a religious experience. We have inquired into the religious teachings, beliefs, practices, and experiences of a group of chronic alcoholics. It was observed that alcoholics were less involved in religious practices, had less exposure to religious teachings, had fewer religious experiences, and withdrew from religion more frequently during adolescence than did a group of normal subjects. It is concluded that early-life religious experiences of an alcoholic are most confliction and lead to religious confusion rather than commitment.

Lyttle, T. (1988). Drug based religions and contemporary drug taking. *Journal of Drug Issues*, 18(2), 271-284. Retrieved from PsycINFO Online Database.

Describes 2 categories of drug-based religions, spiritual doctrines, or ethical systems. The deterministic/iconic category offers drug-based sacraments contingent on a deity and with accompanying liturgy and secularization. The situational category involves a connection between drug-taking and spirit; however, there is no corresponding catechism or set of theistic goals. A review of the catechisms, ethical bases, and rituals of these organizations is presented. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Maes, H. H., Neale, M. C., Martin, N. G., Heath, A. C., & Eaves, L. J. (1999). Religious attendance and frequency of alcohol use: Same genes or same environments: a bivariate extended twin kinship model. *Twin Research: The Official Journal of the International Society for Twin Studies*, 2(2), 169-179.

Religious attendance has been shown to correlate negatively with alcohol use. We investigated whether this relationship is driven by genetic or environmental factors. Data on frequency of church attendance and frequency of alcohol use were obtained from twins and their families in the Virginia 30,000 study. A comprehensive bivariate model of family resemblance was fitted to the data using Mx. This model is described in detail. Results indicate that genetic factors primarily account for the relationship between alcohol and church attendance in males, whilst shared environmental factors, including cultural transmission and genotype-environment covariance, are stronger determinants of this association in females.

Martin, F. J. C. (1988). Getting right with God: Religion versus spirituality. *Alcoholism and Addiction*, 8, 35.

Annotation was not available for this source.

Mumey, J. (1984). Joy of religion. In *The joy of being sober: A book for recovering alcoholics--and those who love them* (pp. ix, 214). Chicago: Contemporary Books.

This book offers practical advice and insight into living (joyfully) without alcohol, providing information to help in matters of family, marriage, sex, hobbies, exercising, job security, business, and the pressures of society.

National Center on Addiction and Substance Abuse at Columbia University. (2001). *So help me God: Substance abuse, religion, and spirituality*. Retrieved December 10, 2001, from <http://www.casacolumbia.org>

As part of its study, CASA conducted two unprecedented surveys: one that queried presidents of schools of theology and seminaries about their perceptions of the extent of substance abuse problems and the formal training and courses offered in this subject; and another survey that

asked clergy in the field about their views of substance abuse problems among their congregations and what training they had received in this area. As part of its study, CASA also analyzed three national data sets: the 1998 National Household Survey on Drug Abuse; CASA's Back to School Surveys; and the General Social Survey. Further, CASA reviewed more than 300 publications that had examined the link between spirituality, religion, and substance abuse and addiction, as well as a wide range of programs that incorporated spiritual or religious components in their prevention or treatment programs. Most study findings pertain to the Protestant and Catholic branches of Christianity and to a lesser extent the Jewish faith. No significant information could be found on the impact of Islam, Buddhism, or Hinduism on substance abuse. The study found that God, religion, and spirituality were key factors for many in the prevention and treatment of their substance abuse and in continuing recovery. Adults who did not consider religious beliefs important were more than one and one-half times likelier to use alcohol and cigarettes, more than three times likelier to binge drink, almost four times likelier to use an illicit drug other than marijuana, and more than six times likelier to use marijuana than adults who strongly believed that religion was important. Teens who never attended religious services were twice as likely to drink, more than three times likelier to use marijuana and binge drink, and almost four times likelier to use illicit drugs than teens who attended religious services at least weekly. In the context of treatment, individuals who attended spiritually based support programs, such as 12-Step programs of Alcoholics Anonymous and Narcotics Anonymous, in addition to receiving treatment, were more likely to maintain sobriety. Based on these findings, CASA recommends a series of steps to combine the resources of religion and spirituality with those of science and medicine in order to enhance the prevention and treatment of substance abuse and to strengthen and maintain recovery. Recommendations focus on the clergy, physicians and treatment providers, and the expansion of the current knowledge base. Chapter notes, appended national data sets, CASA surveys of clergy and schools of theology, and 124 references

Skolnick, J. H. (1980). *The stumbling block: A sociological study of the relationship between selected religious norms and drinking behavior*. New York, NY: Arno Press.
 Annotation was not available for this source.

Turbott, J. (1996). Religion, spirituality and psychiatry: Conceptual, cultural and personal challenges. *Australian and New Zealand Journal of Psychiatry*, 30(6), 720-727; discussion 728-730.

OBJECTIVE: Recent psychiatric literature and contemporary sociopolitical developments suggest a need to reconsider the place of religion and spirituality in psychiatry. This paper was written with the aim of encouraging dialogue between the often antithetical realms of religion and science. **METHOD:** Material from psychiatric, sociological and religious studies literature was reviewed, with particular emphasis on New Zealand sources. **RESULTS:** Despite the secularizing effects of science, the presence and influence of 'religiosity' remains substantial in Western culture. The literature emphasizes the central importance of religion and spirituality for mental health, and the difficulty of integrating these concepts with scientific medicine. Psychiatric tradition and training may exaggerate the 'religiosity gap' between doctors and patients. In New Zealand, the politically mandated bicultural approach to mental health demands an understanding of Maori spirituality. **CONCLUSIONS:** Intellectual, moral and pragmatic arguments all suggest that psychiatry should reconsider its attitude to religion and spirituality. There are many opportunities for research in the field. Psychiatry would benefit if the vocabulary and concepts of religion and spirituality were more familiar to trainees and practitioners. Patients would find better understanding from psychiatrists, and fruitful interdisciplinary dialogue about mutual issues of 'ultimate concern' might ensue.

Religious Conversion/ Change

Albers, R. H. (1997). Transformation: The key to recovery. *Journal of Ministry in Addiction & Recovery*, 4(1), 23-37.

Transformation from a theological perspective is key conceptual framework within which to understand the recovery process from addiction. It is a gift of grace and is a progressive phenomenon incorporating the reality of the past, the actuality of the present and potentiality of the future (abstract from article).

Bear, E. (1994). *Dark night of recovery: A journey to freedom, The*. Englewood, CO: M & J Publishing. Teacher and storyteller Bear discusses recovery and spirituality, and "hitting bottom sober".

Bragan, K. (1977). The psychological gains and losses of religious conversion. *British Journal of Medical Psychology*, 50(2), 177-180. Retrieved from PsycINFO Online Database.

Examines the psychological significance of religious conversion. Case material is presented demonstrating productive identity formation and conflict resolution as gains resulting from religious conversion, with parallel significant repression that so decreased personal relatedness as to eventually lead to breakdown of adjustment. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Galanter, M. (2002). Alcohol & drug abuse: Healing through social and spiritual affiliation. *Psychiatric services (Washington, D.C.)*, 53(9), 1072-1074.

Galanter, M. (1979). Religious conversion: An experimental model for affecting alcoholic denial. *Currents in alcoholism.*, 6.

It is noted that many alcoholics drop out of treatment at an early stage because of denial of their illness, and it is important to investigate effective means of achieving successful transformation in the alcoholic's attitudes. Results from a study of two religious sects (the Devine Light Mission and the Unification Church) are reported, and the marked transformation in behavioral and attitudinal variables related to alcohol, achieved through religious conversion, is examined. Findings are discussed as they relate to the clinical management of alcoholic patients

Green, L. L., Fullilove, M. T., & Fullilove, R. E. (1998). Stories of spiritual awakening: The nature of spirituality in recovery. *Journal of Substance Abuse Treatment*, 15(4), 325-331. Retrieved from PsycINFO Online Database.

Substance abuse has had a devastating impact on the lives of millions. As substance use and abuse continues to ravage communities, researchers remain in the dark about what works to ensure successful recovery from addiction. In searching for the answers, researchers have often overlooked the role of religious and spiritual practices and beliefs in preventing use and relapse. The study reported here describes the process of spiritual awakenings experienced by some persons in recovery during their quest for sobriety. The data suggests that persons in recovery often undergo life altering transformations as a result of embracing a power higher than one's self that is, a Higher Power. The result is often an intense spiritual journey that leads to sustained abstinence. Given how widespread substance abuse is, research on the nature, implications, and limitations of a spiritual approach to addiction might offer new options for treatment. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Kearney, M. (1970). Drunkenness and religious conversion in a Mexican village. *Quarterly Journal of Studies on Alcohol*, 19(1), 132-152.

This article presents research on middle-aged men in a rural town in Mexico. These men had a major change in personality and behavior due to their drinking. The article presents the epidemiological issues regarding the cases and includes a discussion of the role of religious conversion in the treatment of individuals.

Levin, T. M., & Zegans, L. S. (1974). Adolescent identity crisis and religious conversion: Implications for psychotherapy. *The British journal of medical psychology*, 47(1), 73-82.

Annotation was not available for this source.

Niemela, J. (1990). How converted alcoholics seek to lead a liquor-free life and avoid backsliding.

Alkoholipolitiikka, 41(2), 303-308.

Analysis of interviews conducted with 34 former alcoholics who had overcome their obsession with alcohol through a religious conversion reveals that religion: (1) compensated for their need to drink by offering them something meaningful, & (2) gave them a feeling of being cleansed from the guilt that had plagued many of them. Although religion was viewed as a solution to drinking & other problems, the Ss regarded it primarily as an end in itself. Ss who had not completely overcome their urge to drink reported using such techniques as concentrating on prayer & Bible reading, viewing their daily activities in a religious context, & turning to church friends for support. 16 References. Adapted from the source document.

Ng, H. Y. (2002). Drug use and self-organization: A personal construct study of religious conversion in drug rehabilitation. *Journal of Constructivist Psychology*, 15(4), 263-278. Retrieved from PsycINFO Online Database.

This study investigates the changes in self-identity in 86 participants of a religious drug rehabilitation program in Hong Kong. Conversion to Christianity is found to bring a shedding of a negative drug self-identity and a progressive identification with the Jesus ideal in the participants. From an image of a person with low morality, low confidence, little compassion, and tender feelings, a person isolated and dependent, identification with Jesus brings about a moral, tender, compassionate, and self-reliant person. The grid method is found to be an appropriate medium for the investigation of the relationship between substance use and patterns of self organization. The research data support the formulation of a personal construct theory of drug abuse, focusing on the implications of acquiring a drug self-subsystem by the drug user. A parallel is drawn between G. Kelly's (1955) fixed-role therapy and the rehabilitative process, suggesting that, with its focus on the reconstruction of self, fixed-role therapy holds promise for drug rehabilitation work. (PsycINFO Database Record (c) 2002 APA, all rights reserved)(journal abstract)

Oates, W. E. (1966). Conversion and mental health. *Pastoral Psychology*, 17, 43-48.

Annotation was not available for this source.

Reynolds, B. A. (1998). Harriet's children: A theological model of deliverance for African-American woman addicted to drugs or alcohol. *Dissertation Abstract International*, 59(4), 1207-A.

A theological model of recovery for African-American women addicted to drugs or alcohol is described. This "train-the-trainer" model was created at Greater Mt. Calvary Holy Church in Washington, D.C. The goal was to create a spiritual climate when African American female drug abusers would receive liberation through spiritual intervention and prayer. Women who claimed they were abstinent from former substance abuse were trained in scriptural-based counseling, mentoring, and female-sensitive issues. The study results revealed, through qualitative analysis, that this spiritual climate could be established if deliverance were seen as a process rather than as a spontaneous event.

Spellman, C. M., Baskett, G. D., & Byrne, D. (1971). Manifest anxiety as a contributing factor in religious conversion. *Journal of Consulting and Clinical Psychology*, 36(2), 245-247. Retrieved from PsycINFO Online Database.

Investigated the relationship between manifest anxiety and religious conversion. 3 groups of 20 residents in a predominantly Protestant town were identified by the community's 2 ministers: (a) Ss having had a sudden religious conversion experience, (b) Ss having had a more gradual religious development, and (c) Ss who were not religious at all. The MA scale was administered to

the members of each group. Group b and Group c did not differ significantly from each other on manifest anxiety, but Group a obtained significantly higher scores on the MA scale than the other 2 groups combined. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Wilson, W. P. (1972). Mental health benefits of religious salvation. *Diseases of the nervous system.*, 33(6), 382-386.

This article summarizes research on sixty-three individuals who considered themselves "saved." The effects their salvation experience had on their behavior was discussed and a discussion of Christian biblical texts was provided.

Yakos, M. (1989). *Deliverance from drugs*: Hazelwood, MO: Pentecostal Publishing House.
Annotation was not available for this source.

Psychological Issues

Albers, R. H. (2000). Shame and conspiracy of silence. *Journal of Ministry in Addiction & Recovery*, 7(1), 51-69.

This essay concerns itself with the phenomenon of disgrace shame as an experience indigenous to the human condition. The intent is to demonstrate the connections between the experience of disgrace shame and denial that results in the conspiracy of silence within the family and the larger social system. The pervasive nature of disgrace shame in addiction often precludes intervention at an earlier phase of the addictive cycle. Breaking the cycle from the perspective of spirituality involves reflecting upon the theological resources that come from this author from the Christian tradition.

Andrews, L. M. e. (1993). *I deserve respect: Confronting and challenging shame*. Minneapolis, MN: Hazelden. This book discusses what shame is, how to identify it, and how to work through it. Chapters include: What is Shame, by Lewis M. Andrews; Shame-Faced: Shame and Addiction, by Stephanie E.; Body Image: From Shame to Love, by Guy Kettelhack; Men's Feelings of Shame, by Merle Fossum; Healing Shame-Based Spirituality, by Ruth Schweitzer-Mordecai; and Healing Shame in Personal Relationships, by Ronald Potter-Efron and Patricia Potter-Efron.

Pride. (1985). Minneapolis, MN: Hazelden.

Mel B. discusses the differences between healthy pride, which every recovering person needs, and the sort of unhealthy pride which impedes recovery. He also discusses the role of spirituality, and uses practical exercises to help foster healthy pride in oneself.

Baugh, J. R. (1990). *Recovering from addiction: Guided steps through the healing process*. New York: Insight Books.

Baugh presents a program which facilitates the physical, psychological, and spiritual healing of addicted persons and their co-dependents. He provides a method for dealing with anxieties, mood swings, and self-esteem problems characteristic of addicted persons, with emphasis on ways to develop mature patterns of behavior and to replace compulsive behaviors with fulfilling interests. He features a series of guided steps, tailored along the lines of Twelve Step programs; and aid to persons encountering an identity crisis precipitated by having been reared in a dysfunctional family. Chapter topics: profile of a victim; change and denial; levels of functioning; coping with conflict; building a sense of self; developing a personal caretaker; maturity, spirituality, recovery; and cases of recovery from various chemical dependencies (drug and alcohol addiction) and compulsive behaviors (compulsive dishonesty, eating disorders, relationship addiction, sexual addiction).

Bradshaw, J. (1988). *Bradshaw on: Healing the shame that binds you*. Deerfield Beach, FL: Health Communications, Inc.

Bradshaw shows how toxic shame is the core problem in our compulsions, co-dependencies, addictions, and the drive to superachieve, resulting in breakdown in the family system and our inability to go forward with our lives. He offers techniques to heal shame: affirmations, visualizations, "inner voice" and "feeling" work, plus guided meditations and other useful techniques.

Bradshaw, J. (1988). *Bradshaw on: The family—a revolutionary way of self-discovery*. Deerfield Beach, FL: Health Communications, Inc.

Bradshaw focuses on family dynamics, how the rules and attitudes learned while growing up become encoded within each family member. Unhealthy rules are handed from one generation to another and ultimately to society at large. Through this positive life-affirming book, Bradshaw guides us out of dysfunction to wholeness, and teaches that bad beginnings can be remedied.

Brende, R. V. (1996). Loss and grief issues in addiction and recovery. *Journal of Ministry in Addiction & Recovery*, 3(1), 33-47.

This article examines loss and grief issues involved in addiction and recovery. Tracing first the role that unresolved grief can play as a precursor to substance abuse and addiction, the author then explores aspects of grief that are a part of the disease and recovery process for both the addict and the family system of the addict. Although little has been written about grief as it relates to addiction, it is major facto for all who affected by the disease. Treatment programs and twelve step groups need to be aware of this, and be sensitive to the need for the "grief work," of both the addicted and their families (abstract from article).

DiBlasio, F. A., & Benda, B. B. (1993). Practitioners, religion, and the use of forgiveness in the clinical setting. In E. L. Worthington, Jr. (Ed.), *Psychotherapy and religious values* (Vol. Psychology and Christianity; 7, pp. 183-190). Grand Rapids, MI, US: Baker Book House. Retrieved from PsycINFO Online Database.

Hypothesized that practitioners who hold strong religious beliefs would more fully embrace positive attitudes about forgiveness as a therapeutic issue; report more development of techniques of forgiveness in their practice; perceive a greater link between forgiveness and depression; perceive a greater link between forgiveness and anger; and demonstrate more openness to client religious issues in treatment than would clinicians with less religious identification (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Bergin, A. E. (1983). Religiosity and mental health: A critical reevaluation and meta-analysis. *Professional Psychology: Research and Practice*, 14(2), 170-184. Retrieved from PsycINFO Online Database.

A meta-analysis of 24 studies on the relationship between religiosity and personality revealed no support for the preconception that religiousness is necessarily correlated with psychopathology; but it also showed only slightly positive correlates of religion. Better specification of concepts and methods of measuring religiosity are alleviating the problem of ambiguity in research results and suggest that religion reflects a multidimensional phenomenon that has positive and negative aspects. Clinical education, practice, and research need revision so that professionals will be better informed of the evidence, more open to the study of such variables, and more efficacious in their work with individuals who approach life from a religious perspective. (73 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Bradley, D. E. (1995). Religious involvement and social resources: Evidence from the data set "Americans' changing lives". *Journal for the Scientific Study of Religion*, 34(2), 259-267. Retrieved from PsycINFO Online Database.

Replicated G. C. Ellison and L. K. George's (1994) investigation of the relation of religious attendance and social resources and its nature in different regions. Data was obtained from the 1st wave of a national longitudinal panel survey. Frequency of telephone contacts, perceived quality of relationships, religious attendance, and neuroticism of Ss were measured. Compared to less frequent churchgoers, attenders reported larger networks, more frequent telephone and in-person contacts, and enhanced perceptions of the supportive quality of their relationships. Religious attendance did not appear to be more important to the constitution of individual social resources in the South than elsewhere. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Bridgman, L. P. (1989). Christianity and psychoanalysis: Original sin--oedipal or preoedipal? *Journal of Psychology and Theology*, 17(1), 3-8. Retrieved from PsycINFO Online Database.

Critically examines the theory of P. C. Vitz and J. Gartner (see record 1985-06469-001) that compares Freud's Oedipus complex to original sin and proposes Jesus as the perfect model for the removal of the Oedipus structure. Structural and conceptual problems include Vitz and Gartner's inconsistency in their use and application of Freud's oedipal theory, their application of the oedipal concept to Christianity, and their use of the model of the original oedipal theory that neither Freud nor his colleagues or students retained. It is argued that original sin is better understood as a manifestation of the preoedipal drive toward omnipotence arising from the infant state of primary narcissism. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Carter, L., & Minirth, F. B. (1995). *The freedom from depression workbook*. Nashville: Thomas Nelson Publishers.

Don't give in to depression! It's an unfortunate but unavoidable fact: Depression will seriously afflict one in four of us at some point in our lives. Perhaps equally unfortunate are our misconceptions about depression and its causes. Depression doesn't always mean an overwhelming sense of gloom; it can also be the underlying cause of various feelings. The good news is that depression can be managed. In *The Freedom From Depression Workbook*, Les Carter, Ph.D., and Frank Minirth, M.D., introduce a 12-part interactive program that helps you with this problem (from the publisher).

Faiver, C. M., O'Brien, E. M., & Ingersoll, R. E. (2000). Religion, guilt, and mental health. *Journal of Counseling and Development*, 78(2), 155-161. Retrieved from PsycINFO Online Database.

Reviews the constructs of religion, guilt, and mental health and explores relationships between these constructs as they pertain to the counseling profession. The authors discuss implications for counselors. It is suggested that by understanding some of the dynamics of guilt and its relationship to religion and mental health, counselors can better meet the needs of those clients for whom these constructs are relevant. General therapeutic approaches are identified and summarized for counseling practice. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Fenn, B. (1986). Religion and mental health. *Indian Journal of Psychological Medicine*, 9(2), I-V. Retrieved from PsycINFO Online Database.

Discusses the relationship between religion and mental health. The psychiatrist should be a companion to the client in trying to find a meaningful existence. Mental health is a dynamic, growing, and maturing state of mind. Religion can play a role in influencing a person's quality of life. If however, there is disparity between the religious practices and the real religion of the client, difficulties can arise. A healthy religion should provide appropriate and acceptable goals for the individual. The beliefs of a healthy religion should make it possible for a person to face death with courage and calmness. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Gates, A., & Baker, C. (1991). *Recovery - a taste for vanilla: The step-by-step guide for relational, emotional, spiritual, and physical health*. Stillwater, OK: New Forums Press, Inc.

The authors felt a need to look at recovery from chemical dependency/addictions in a broader sense, that people in recovery needed a plan to establish a balanced lifestyle in all areas of life, and also the need of a guide, plan, or system to help them over the rough spots in recovery. This book was the result. Chapter topics: recovery, the physical side, balancing the emotional side, balancing relationships, balancing the spiritual side, self-examination model, assets, planning, goal setting, and decision making. They present their 'comfort zone questionnaire', so people could score themselves. They present their 'thought developers', daily helps for positive attitudes and actions.

Holladay, J. (1989). Family dynamics. In S. L. Berg (Ed.), *Alcoholism and pastoral ministry: Readings on recovery*. Lake Orion, MI: Guest House Inc.

Estimates vary as to the number of people affected by the alcoholic. But there is no doubt that the families of alcoholics suffer as a result of the alcoholism. In this essay, Holladay gives general information about the family dynamics of alcoholism.

Huber, M. L. (1999). Myers-Briggs type indicator correlations with enneatype-6 alcohol or other drug clients in clinical settings in southeastern Wisconsin. *Journal of Ministry in Addiction & Recovery*, 6(2), 75-99.

Research indicates that type six from the typology system of the Enneagram overrepresents the population of drug and alcohol abusers. Type six drug and alcohol abusers are correlated with the Myers-Briggs Type Indicator in a clinical setting in Wisconsin to reveal a "universal" nature of type six. Susceptibility toward addiction and depression are also revealed by the MBTI within this characterological structure (abstract from article).

Kinsey, B. A. (1977). Drug abuse and the Jesus movements: A labeling theory perspective. *Free Inquiry*, 27(3), 1-16.

It is suggested that the pattern of behavior reflected in "Jesus freaks" & drug abusers emerges from what E. H. Erikson (Childhood Society, New York: Norton, 1963) describes as the major developmental tasks of adolescents & young adults, ie, identity & intimacy. The labeling paradigm is used to describe the processes through which individuals, unable to come to terms with these developmental tasks, "drift" into externalized shortcuts to the solution of identity-intimacy crises. Involvement in these activities in the face of social "ban" & subsequent labeling of the individual lead to redefinitions of self, dependence upon the pampering effects of drugs or religion, & adoption of appropriate ideologies to neutralize personal & social rejection. Individuals, unable to come to terms with expressive relationships, are attracted to groups that permit them to resolve their conflicts by constructing (or consolidating) an identity from external authority. The new universe of discourse provided by religious drug subcultures affirms this new identity & role. It is suggested that this perspective helps account for the frequency in which drug abusers move into religious groups & for the fact that role-engulfment (& so-called addictive behavior) disappears in certain institutional settings. AA

Lawson, R., Drebing, C., Berg, G., Vincelle, A., & Penk, W. (1998). The long-term impact of child abuse on religious behavior and spirituality in men. *Child Abuse and Neglect*, 22(5), 369-380.

OBJECTIVE: Two hypotheses were tested: (1) In a sample of adult men, past experience of child abuse (sexual, physical, or emotional) will be related to higher levels of reported alienation from religion and God as shown in lower rates of current religious behavior, higher frequency of spiritual "injury," and lower stability of religious behavior and experiences; (2) More "severe" forms of abuse will be associated with higher indicators of alienation. METHOD: Data were collected from 1,207 male veterans, 527 (43.7%) of whom reported being abused as a child. Each subject completed the Spiritual Issues Assessment, a large survey which includes data about: (1)

KASL Religiosity Index; (2) The Spiritual Injury Scale; and (3) Religious items from the Westberg Personal Health Inventory. RESULTS: A history of sexual abuse was related to significantly greater spiritual injury and lower stability of spiritual behaviors and experiences, but not to overall rate of current religious behavior. Surprisingly, abuse was related to increased frequency of prayer and of "spiritual experience." Multivariate analyses indicate that the effect size is relatively small and the type of abuse was less important than the presence of any form of abuse. CONCLUSIONS: The findings suggest that the impact of childhood abuse is more complex than initially hypothesized. While abuse seems to be related to continuing spiritual injury and distress, it is also related to higher levels of some spiritual activities and experiences which are usually associated with positive spirituality.

Krippner, S., & Davidson, R. (1970). Religious implications of paranormal events occurring during chemically-induced psychedelic experience. *Pastoral Psychology, 21*, 27-34.
Annotation was not available for this source.

Maton, K. I., & Rappaport, J. (1984). Empowerment in a religious setting: A multivariate investigation. *Prevention in Human Services, 3*(2-3), 37-72. Retrieved from PsycINFO Online Database.
Examined the correlates and contexts of empowerment among 86 members (aged 19-54 yrs) of a Christian, nondenominational religious setting. The research approach combined participant-observation and measurement development methodology to capture the empowering aspects of religious experience in a form that allowed quantitative analysis. The criterion of empowerment was progress toward a salient goal of members--interpersonal behavior change in the direction of group ideals (i.e., in the direction of becoming more like Jesus). Present and retrospective past measurement of perceived interpersonal behavior yielded 8 predictor variables from member peer, self-report, and interviewer sources. These variables included religious orientation, locus of control, spiritual experience, group involvement, and religious history. The relationship of the predictors to interpersonal behavior change was assessed in canonical correlation analyses. Results from multiple data sources show that those seen by themselves and by others as empowered were committed to a relationship with God and with others in the setting. In addition, they reported a life crisis prior to joining the setting and a sense that God was in control of the events of their life. Follow-up data, 3 yrs later, found a relationship between commitment and life satisfaction. (43 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Room, J. A. (1998). Work and identity in substance abuse recovery. *Journal of Substance Abuse Treatment, 15*(1), 65-74.
Annotation was not available for this source

Watson, P. J., Hood, R. W., Morris, R. J., & Hall, J. R. (1985). Religiosity, sin and self-esteem. *Journal of Psychology and Theology, 13*(2), 116-128. Retrieved from PsycINFO Online Database.
Argues that the empirical literature has not clearly defined the functioning of the self within religious persons and that a controversy exists within the religious community over how to integrate biblical beliefs about sin with psychological notions associating positive self-regard with mental health. In 2 studies, with a total of 421 undergraduates, M. Rosenberg's (1965) Self-Esteem Scale, the Coopersmith Self-Esteem Inventories, and the Shostrom Self-Acceptance subscale of the Personal Orientation Inventory were administered, along with G. W. Allport and J. M. Ross's (see PA, Vol 41:7221) scales of religiosity, C. Batson and W. L. Ventis's (1982) internal, external, and interactional indices of religiosity, and items assessing beliefs in the concepts of sin, grace, and forgiveness. Data suggest that the wider social controversy is useful in clarifying the empirical problem and that the languages of sin and of self-esteem are at least partially incompatible. Operationalization of religiosity was generally important in defining the nature of religiosity relationships with self-esteem; more particularly, a sensitivity to the humanistic language of the self-esteem measures and to the guilt dimensions of orthodox views was useful in demonstrating

positive associations between self-esteem and a number of the religiosity measures, including those relating to sin. (28 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Social Work

Belcher, J. R., & Cascio, T. (2001). Social work and deliverance practice: The Pentecostal experience. *Families-in-Society, 82*(1), 61-68.

The authors discuss the relevance, propriety, and use of prayer in addressing the recovery of women from substance use. They describe the use of prayer to facilitate the process of rehabilitation and recovery of women who are chemically dependent and illustrate the application of prayer in the context of group treatment and support. (Journal abstract.)Blanton,

Cnaan, R. A., Wineburg, R. J., & Boddie, S. C. (1999). *The newer deal: Social work and religion in partnership*. New York: Columbia University Press.

As the federal system of entitlements and social services long provided by New Dealera programs is dismantled and shifted to the states, the religious community finds itself relied upon more than ever to assist with social services for the needy. *The Newer Deal* calls upon religious-based organizations and the social worksocial service community to put aside their differences and forge a "limited partnership" to provide the social and welfare services that millions depend on. The proposed partnership focuses on joint care for those in need -with attention to services for people of color, gays and lesbians, women, and programs for community empowerment and economic development -while maintaining the values and other interests each partner traditionally holds. The authors discuss different types of religious-based social services and draw on case examples and research findings to show how the religious community's role in providing social services is stronger than ever. They examine the relationship between the religious and the social worksocial service communities, as well as the issues that have divided the two, and explain the ways in which concern for the poor is integral to the major faith groups (from publisher).

Henning, N. I., & Firmin, M. (2001). Alcohol addiction and social work practice: A holistic Christian paradigm. *Social work and Christianity*.

The Christian who practices social work can be uniquely qualified to provide services to individuals who are struggling with alcohol addiction. This paper supports the concept that there is a holistic paradigm social workers can use in acquiring a broad understanding of alcohol addiction. An overview of contemporary theories associated with alcohol abuse is presented along with a biblical means of understanding alcohol addiction. Implications for social work practice within a Christian context are discussed. (SWA: Journal abstract.)

Morell, C. (1996). Radicalizing recovery: Addiction, spirituality, and politics. *Social work, 41*(3), 306-312.

Presents a sociospiritual approach to recovery from substance abuse, which integrates addiction, spirituality and politics. Addiction is seen as a deficiency in both spirit and power, and is related to separation and oppression. Spiritual and political worldviews are 2 modes of understanding experience containing both empowering and disempowering tendencies. The liberating aspects of these worldviews need to be blended by social workers to produce a holistic perception of humankind's fundamental relatedness. Progressive social workers can help to incorporate political education and opportunities for political action into all their activities, while dealing with addicts, oppressed people and skills-training groups. Spirituality can inspire and sustain people to move beyond external and internalized oppression. The sociospiritual approach suggests that social workers should negotiate client, treatment and funding policy issues. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Okundaye, J. N., Smith, P., & Lawrence Webb, C. (2001). Incorporating spirituality and the strengths perspective into social work practice with addicted individuals. *Journal-of-Social-Work-Practice-in-the-Addictions*, 1(1), 65-82.

In the last two decades, the social work profession began to confront the professional avoidance of alcoholics and other drug addicts, and discussions of spirituality. While acknowledging the importance of 12-Step Programs of Alcoholics/Narcotics Anonymous, we also acknowledge that spirituality is a major aspect of addiction and recovery from an addiction. The authors present the strengths perspective and apply key concepts to Steps 1-3 of the 12-Steps to increase our understanding of addiction and recovery from alcoholism and other drug addiction. The article concludes that social workers must continue to increase their understanding of the recovery and spiritual issues of alcoholics and other drugs addicts. (Journal abstract.)

Pittman, J., & Taylor, S. W. (2002). Christianity and the treatment of addiction: An ecological approach for social workers. In B. Hugan & T. L. Scales (Eds.), *Christianity and Social Work: Readings on the Integration of Christian Faith and Social Work Practice (second edition)*. Botsford, CT: North American Association of Christians in Social Work.

This chapter provides a summary of current addiction etiological theories and interventions. In addition, a significant portion of the chapter deals with Christian approaches to the etiology of addiction, treatment interventions, and theological interpretations. Finally, a ecological approach is presented that provides for a wholistic approach to addiction treatment including Christian faith.

Spirituality

Aborn, S. (2000). *Thirty days to a more spiritual life*. New York: Doubleday.

For persons interested yet wary of all the spiritual paths available today, Aborn presents an accessible program. Her simple guidebook is designed to help readers find personal, comprehensible ways to tap into their spirituality in every aspect of daily life. Growing closer to God or one's Higher Power means communicating not only through prayer and meditation, but also through understanding and appreciating one's self and one's world. This book guides readers toward creating holy moments in the day and discovering their spiritual sides in interactions with others, in conducting business, and even in expressing love.

Albarino, J. E. (1990). The journey beyond the self: Chemically dependents are using spirituality to help heal the soul. *Focus on Chemically Dependent Families*, 12(6), 22-23,30-31.

Annotation was not available for this source.

Albers, R. H. (1998). Continuity and change in the continuum of care [Editorial]. *Journal of Ministry in Addiction & Recovery*, 5(2), 1-12.

The issues of continuity and change in the spiritual dimensions of addiction care are discussed in this editorial. The continuum of care in addiction ministry is addressed in sections about (1) the role of the spiritual dimension in addiction and recovery, (2) the need to maintain a holistic approach to spiritual care, and (3) the primacy of prevention in the continuum of care. Changing religious issues in the continuity of care include the developmental nature of the faith tradition, commitment to change resulting from addiction research and experience, and attention to systemic theories of and approaches to addiction.

Alpers, R. R. (1995). Spiritual reading as bibliotherapy. In R. J. Kus (Ed.) (pp. 49-63). New York, NY, US: Harrington Park Press/Haworth Press Inc; New York NY: Harrington Park Press/Haworth Press Inc. Retrieved from PsycINFO Online Database.

Discusses a special type of bibliotherapy [for chemically dependent persons], spiritual reading ... [examines] the benefits and limitations of spiritual bibliotherapy ... gives the reader some concrete

examples of spiritual readings which many 12-Steppers have found to be particularly helpful in their journey to wholeness (PsycINFO Database Record (c) 2000 APA, all rights reserved).

Alt, P. M. (1991). Addiction and grace: Love and spirituality in the healing of addictions. *Journal of Health Politics, Policy and Law*, 40(3), 605-613.

A review essay on books by: Herbert Fingarette, *Heavy Drinking: The Myth of Alcoholism as a Disease* (Berkeley & Los Angeles: U of California Press, 1988); Laurence Miller, *Inner Natures: Brain, Self, and Personality* (New York: Saint Martin's, 1990); Gerald May, *Addiction and Grace: Love and Spirituality in the Healing of Addictions* (San Francisco: Harper Religious Books, 1988); Jean-Charles Sournia, *A History of Alcoholism* (Oxford: Basil Blackwell, 1990 [see listings in IRPS No. 63]). These works represent a paradigmatic shift away from viewing alcoholism as a single disease. Sournia chronicles the history of drinking & drunkenness from earliest recorded human history to the present, highlighting the role of the Swedish doctor Magnus Huss in coining the term alcoholism in 1849. Fingarette offers a highly confrontational approach to alcoholism, challenging its classification as a disease. Miller reviews neuropsychodynamic approaches to alcoholism, describing the "emptiness of the ego" in addictive personalities. May combines psychology & biology in a discussion of the need to integrate mind, body, &, most importantly, spirit, in treating alcoholism. Implications of these perspectives for the development of public policy are discussed. 7 References. K. Hyatt

Balmer, B. H. (1997). *Spiritual transformation in addicted men spirituality and addiction*. Unpublished Thesis (D. Min., University of St. Michael's College, Ottawa.

Ten men were interviewed as they recovered from drug and alcohol addiction, with their childhood, active addiction, recovery, and continuing sobriety as the background to their experiences and understanding of God. The men graduated from the Alcoholism Recovery Home and, through continued work with Alcoholics Anonymous and a Spiritual Discovery group, they came to a new understanding of a higher power or God and most have reached a spiritual transformation. Spiritual transformation is analyzed from the perspective of several theologians.

Berman, J. C. (2001). Cutting edge science and spirituality: Can they co-exist? *Behavioral Health Tomorrow*, 10(4), 37038.

The Twelve Steps are written to appeal to a universal spirituality. Still, there are unique difficulties that people of some faiths face. This pamphlet is written to help Jewish people square the Twelve Steps with their faith.

Bernas, E. (1993). *Practicing spiritual reality*. Center City, MN: Hazelden.
Annotation was not available for this source.

Booth, L. (1984). The gauntlet of spirituality. *Alcoholism Treatment Quarterly*, 1(1), 139-141. Retrieved from PsycINFO Online Database.

Asserts that spirituality is essential to alcoholism treatment and criticizes the tendency of alcohol recovery counselors to exclusively connect spirituality with religion. Spirituality should be connected to faith and hope in the power of the individual, community, and world. Alcoholism recovery and spirituality both involve the whole person. Strengthening the body, exercising the mind, and becoming aware of emotion are realms of the recovering alcoholic that appropriately involve spirituality. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Booth, L. (1985). *Walking on water: Life after addiction*. Pompano Beach, FL: Health Communications, Inc. Booth discusses life in recovery. Chapter titles include: walking on water, miracle, spirituality, my moment, two heads, surrender to live, being different, and meditation.

Booth, L. (1995). A new understanding of spirituality. *Journal of Chemical Dependency treatment*, 5(2), 39-48.

Father Leo explores a new understanding of spirituality as the relationship between body, mind, and emotions which permits spiritual empowerment. He suggests that addictions, depression and other problems are symptoms of a broken relationship within the self. Faith Leo discusses the disempowering effects of the traditional "body-mind-spirit" model of spirituality, as well as the negative effects of health religion, emotional and physical relationships. Father Leo suggest steps and techniques for reclaiming spiritual empowerment, and effective treatment methods for guiding patients into health spirituality.

Bowden, J. W. (1998). Recovery from alcoholism: A spiritual journal. *Issues of Mental Health Nurses, 19*(4), 337-352.

The purpose of this study was to discover the internal aspects of change in persons who are doing well living without alcohol. The heuristic research method, a qualitative phenomenological design, was used to investigate the experience of recovery. Eight recovering alcoholics were interviewed in depth. The process of recovery reflected a mythological journey comprising a departure from the shadowland of drinking, initiation into the world of sobriety, and knowledge gained along the way. New adaptive strategies were acquired, including strengthening the will, training the mind, and exercising spiritual qualities in one's daily life. The profile of doing well in recovery also reflected self-acceptance and an ongoing search for connecting with the transpersonal realm (abstract from MEDLINE).

Bradley, T. G. (1992). *Thirsting for wholeness: The Spiritual journey of addiction and recovery*: Health Communications, Inc.

Bragdon examines how to deal with the disorientation that can accompany death, illness, injury, childbirth, drug experiences, sex, meditation, and all life-transforming experiences. She aims to help the reader change a "spiritual emergency" into a "spiritual awakening", explaining the causes, dynamics, and potential benefits of life's transformative events. Specific topics include: spiritual emergency versus psychosis; breakdown or breakthrough; childhood, adolescence, mid-life, late adulthood, and preparation for death; role of religions and churches; physical stress--athletics, childbirth, near-death experiences; emotional distress; sexual experiences; drug use and spiritual emergency--recreational drugs, psychiatric drugs, anesthetics; global crisis; how to help; and more.

Bragdon, E. (1990). *Call of spiritual emergency: From personal crisis to personal transformation, The*. San Francisco: Harper and Row.

Annotation was not available for this source.

Brewster, A. L. (1990). The relationship between spiritual awareness and recovery from alcoholism. *Dissertation Abstract International, 50*(11), 3628-A.

This study sought to examine the alleged relationship between spiritual awareness (defined in a non-sectarian universal way) and recovery from alcoholism. Scales that measured both conventional religious and mystical interpretations of spiritual experience were used. Other predictors of outcome included AA involvement and the background variables of income, age, marital status, sex, and race. A survey was mailed to a random sample of alcoholics who had completed 28 days of inpatient treatment at Gateway Rehabilitation Center. Data from 110 respondents were analyzed using discriminate analysis and partial correlation techniques to test the hypothesis that the higher the spiritual awareness of a recovering alcoholic the better the recovery from alcoholism. The results indicated that conventional spiritual awareness was significantly related to recovery but that mystical spiritual awareness was not related. Time ordering analysis of these data suggested that spiritual awareness might precede and then, in an interactive fashion, be developed by AA. Based upon this study, AA may be conceptualized as a program which, through its unique 12 step structure, places in perspective the application of spiritual awareness to the problem of alcoholism. The temporal role of AA appears to be as an

intervening variable between conventional spiritual awareness and recovery. Supplemental tests using the discriminant analysis procedure indicated that AA involvement was a strongly significant predictor of recovery. Limitations on the ability to generalize these findings and their relevance to Jungian theory and practice were explained.

Carter, T. M. (1998). The effects of spiritual practices on recovery from substance abuse. *Journal of Psychiatric and mental health nursing*, 5, 409-413.

Twelve step programs have stressed the importance of spiritual practice for over four decades. The spiritual principles embodied in the twelve-step programs may be key in their success of recovering addicts/alcoholics with an overall recovery rate of 34%. A literature search revealed little available data on spiritual principles and practices and their effects on long-term recovery from substance abuse. This study compared two groups of recovering addicts, those with one year of recovery and those with less than one year and a history of relapse. Spiritual practices were measured using a five point Likert scale questionnaire. The results of the study indicated a relationship between spiritual practices and long-term recovery from substance abuse.

Chappel, J. N. (1998). Spirituality components of the recovery process. In A. W. Graham & T. K. Schultz & B. B. Wilford (Eds.), *Principles of Addiction Medicine* (pp. 725-728). Chevy Chase, MD: American Society of Addiction Medicine, Inc.

The relevance of spirituality to addiction recovery is discussed in this chapters. Sections address the awareness of the role of spirituality in addiction medicine by health care professionals, the personal benefits of spirituality, and processes and religious practices involved in the attainment of spiritual health. It is noted that the clinician working in addiction medicine or addiction psychiatry needs to have knowledge of the role of spirituality in enhancing recovery, and of Alcoholics Anonymous (AA) in particular, and be able to support spiritual involvement in the treatment of addictive disorders.

Chopra, D. (1998). *Overcoming eddiction: The spiritual*. New York, NY: Crown Publishing Group.

A growing dependency on mood-altering substances continues to be one of our society's most alarming ills. We are addicted to all sorts of substances: food, alcohol, coffee, cigarettes, and drugs. In *Overcoming Addictions*, Deepak Chopra, M.D., addresses this vitally important topic and guides the reader to replace addictive behavior with enduring sources of joy and spiritual fulfillment. Dr. Chopra sees the addictive person as having potential, as being a seeker, albeit a misguided one. In his view, aligning this seeker with the true object of the quest - transcendence - can have a powerful and transformative effect. According to Dr. Chopra, many conventional forms of treatment for addiction are negative and fear-based, and therefore less likely to succeed long-term than a more uplifting approach. Dr. Chopra's Ayurveda-based regimen enables the reader to become more attuned to the needs and benefits of the spirit, allowing the mind and body to shed destructive dependencies as they discover more satisfying alternatives (From The Publisher)

Claytor, R. M. (1996). *Made fit for God in that affliction*. Virginia: Bedewrite Pr.

A book about the physical, mental and spiritual journey to recovery from alcohol and drug addiction, written for those who wish to be healed and those who wish to heal them. The author has been treating alcoholics, addicts, and their families for a quarter century (from cover).

Crawford, R. (1998). Made fit for God in that affliction : [Review]. *Journal of Ministry in Addiction & Recovery*, 5(1), 81-83.

Annotation was not available for this source.

Hughes, R. D. (1997). Made fit for God in that affliction : [Review]. *Sewanee Theological Review*, 41, 93-94.

Annotation was not available for this source.

Ishee, J. (1998). Made fit for God in that affliction : [Review]. *American Journal of Pastoral Counseling*, 1(3), 88.

Annotation was not available for this source.

Claytor, R. M. (1998). Recovery as quest for spiritual transformation. *Journal of Ministry in Addiction & Recovery*, 5(1), 31-36.

Spirituality is crucial, the sine qua non, to substance abuse counseling because the objective of the entire enterprise is for the client to come to believe in one spirit more than another. Tillich's "ultimate concern," a paradigm from William James, the experience of Bill Wilson, an explanation of Vernon Johnson's and Silkworth's "deflation in depth" elaborate this. The patient transfers his "ultimate concern" from trust in the substance to faith in recovery community and its Higher Power. Reality-facing the truth – is not enough.

Comings DE, G. N., Saucier G, Johnson JP, MacMurray JP. (2000). The DRD4 gene and the spiritual transcendence scale of the character temperament index. *Psychiatr Genet*, 10(4), 185-189.

Two hundred male subjects (81 college students and 119 subjects from an addiction treatment unit) were administered the Temperament and Character Inventory (TCI) and genotyped at the 48 base pair repeat polymorphism of the DRD4 gene. Subjects were divided by genotype into those carrying any < 4 repeat allele, those homozygous for the 4 repeat allele, and those with any > 4 repeat allele. The total MANCOVA of seven TCI summary scores, with age and diagnostic group as covariates, was significant ($P < \text{or} = 0.001$). The largest effect was with self-transcendence ($P < \text{or} = 0.001$). The total MANCOVA for the three self-transcendence subscores was significant ($P < \text{or} = 0.017$), with the spiritual acceptance subscore showing the most effect ($P < \text{or} = 0.001$, power = 0.91). These results suggest the DRD4 gene may play a role in the personality trait of spiritual acceptance. This may be a function of the high concentration of the dopamine D4 receptor in the cortical areas, especially the frontal cortex (abstract from MEDLINE).

Cunningham, D., & Ramer, A. (1988). *The spiritual dimensions of healing addictions*. San Rafael, CA: Cassandra Press.

Annotation was not available for this source.

DeBruyn, J. C. (2002). Binge drinking and salutogenesis: Sense of coherence, stress, religiousness and spirituality. *Dissertation Abstract International*, 62(10), 3588A.

This study focuses on binge drinking from a salutogenic perspective in that, unlike traditional pathogenic research into being drinking, it examines students' sense of coherence (Antonovsky, 1987) in relation to binge drinking, stress, university norms of drinking behavior, religiousness and spirituality. The fellowship hypotheses were tested: a) students with a strong sense of coherence (SOC) will perceive their lives as less stressful; b) will report less binge drinking; and c) will report stronger religious and/or spiritual convictions that students with a weak sense of coherences. As hypothesized, this cross-sectional classroom administered survey of students at a Midwestern university found that the strength of one's SOX played a weak but significant role in ameliorating binge drinking and perceptions of stress. Positive relationships were refund between SOX and spirituality. Additionally, students in this sample perceived binge drinking as normative campus behavior; however, the percentage of students reporting binge drinking episodes in the two weeks preceding questionnaire administration was higher than the national average found in other research of collegiate populations. The findings of this research provide evidence of the role one's SOCX plays in stress, perception of binge drinking norms, and spirituality on the incidence of binge drinking. Interventions directed toward increasing students levels of SOC, decreasing students levels and perceptions of stress, as well as changing erroneous perceptions of binge drinking norms are discussed. Further longitudinal studies are recommended and can be expected

to aid in the design of functional, more successful programs and policies aimed at impeding binge drinking on college campuses.

Declan, J., Leatherwood, M., Leatherwood, B., & Randall, J. (1997). *Some sat in darkness: Spiritual recovery from addiction and codependency*. Billerica, MA: Discipleship Publications International.

Annotation was not available for this source.

DiLorenzo, P., Johnson, R., & Bussey, M. (2001). The role of spirituality in the recovery process. *Child Welfare, 80*(2), 257-273. Retrieved from PsycINFO Online Database.

Though innovative approaches to working with substance-abusing parents of maltreated children have emerged within the last few years, child welfare agencies continue to be challenged by the chronic nature of addictive diseases. This article discusses the often ignored element of spirituality as a critical component of recovery for parents. It also highlights how the regulation of spirituality by parents has a significant influence on their ability to responsibly care for their children. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(journal abstract)

Dolman, J. (2002). Spirituality and alcoholism. *Journal of Substance Abuse, 7*(2), 105-106.

A preliminary study to assess inpatient attitudes to spirituality and its potential role in recovery is described. The study was conducted at the National Alcohol Unit of the United Kingdom (UK). A final-year medical student conducted 12 unstructured interviews on the ward. In the course of the interviews, personal data included school-leaving age, qualifications obtained, current employment status, and number of previous detoxifications was obtained. Attitudes toward religion, spirituality and Alcoholics Anonymous (AA) were discussed. Over half of those interviewed felt they were neither religious nor spiritual, with a clear distinction made between the two. Religion was perceived as being negative exile spirituality was generally positive. AA was almost unanimously disliked, primarily because of its religious overtones. In fact, most patients indicated that they would not attend AA meetings following their discharge, even when evidence was presented that it might be helpful to them. It is concluded that this pilot study may provide some insight into British patients' attitudes toward spirituality and toward AA.

Ettelson, R. (1999). A theory of spirituality related to chemical dependency recovery. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 59*(9-B), 5079. Retrieved from PsycINFO Online Database.

The problem. The purpose of this dissertation was to devise a theory of spirituality to explain how spirituality works in the recovery of chemically dependent persons. Method. A critical review of the literature was presented, which included the psychology of religion. literature relating to Alcoholics Anonymous, and literature relating to chemical dependency treatment. The theory. Two types of spirituality were posited. One type of spirituality dealt with private-individual spirituality, such as the type that Bill Wilson, the founder of Alcoholics Anonymous experienced. The other type of spirituality posited was historical-collective, which is the type of spirituality usually found within religious or cultural groups. When private-individual spiritual experience is recorded and transmitted, it becomes historical-collective spiritual experience. Historical-collective spiritual experience can be communicated so that chemically dependent people are exposed to and can benefit from spiritual experience that at one time enabled an individual to recover from chemical dependency. Application of the theory. Spirituality varies among different religious and cultural groups. Spirituality was examined from a Buddhist, Islamic, Christian, Jewish, and Native American perspective. The different ways these religious and cultural groups apply spirituality to recovery from chemical dependency were examined. Hypothesis. The dissertation concluded with suggestions for further research using the following hypothesis: Spirituality has a curative effect in chemical dependency recovery. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Farris, J. R. (1994). Addiction and dualistic spirituality: Shared visions of God, self, and creation. *Journal of Ministry in Addiction & Recovery*, 1(1) p. 5-31

Examines the relationship between addiction and dualistic spiritualities and formulates a model for responding to addiction. The major working thesis is what dualistic spiritualities and the addictive process share a common vision in which meaning and value dwell outside the person. Growth toward non-dualistic spiritualities, where meaning and value are seen as residing within the person, offers a valuable resource to healing addiction. Healing takes place through addressing visions of self, other and creation which foster addictive behavior (abstract from article).

Fishel, R. (1991). *Healing energy: The power of recovery*. Deerfield Beach, FL: Health Communications, Inc. Fishel combines the wisdom of the East and West and brings it to those in recovery. She helps people connect with their spirituality through meditation. Linking the newest medical discoveries in mind/body/spirit connections with the field of recovery, she illustrates: (1) how to use our natural endorphins and other brain chemicals which affect our sense of well-being and immune systems; and (2) how to balance ourselves mentally, physically, and spiritually to overcome our dysfunctional and addictive behavior.

Fox, M. (1995). *Wrestling with the prophets: Essays on creation spirituality and everyday life*. New York, NY: Harper San Francisco.

Fifteen essays examine such varied topics as the environment, Native American and African American spirituality, AIDS, homosexuality, spiritual feminism, and Christian mysticism. Also: Hildegard, Julian, Thomas Aquinas, dreamtime, Howard Thurman, liberation theology, Meister Eckhart, Karl Marx, political theology, Otto Rank, artistic journey, ecumenism, ecojustice, art as meditation, the spiritual journey, authentic spirituality, New Age, postmodern spirituality, mysticism, contemporary culture, and desentimentalizing spirituality.

French, C. V. (1993). Spirituality as a basis for recovery in alcoholics: A phenomenological approach. *Dissertation Abstract International*, 53(11), 5974B.

The purpose of this descriptive study was to explore the subjectively held truths of a select group of personally identified alcoholic persons. The methods used were designed to illuminate the subjectively held truths of the subjects with regard to experiences past and present; and other related phenomena of their environmental and experiential existence. The primary technique of investigation was the open-ended in depth interview. This study included twenty adult men and women, having at least 5 years of sobriety, who volunteered to participate and who identified themselves as having experienced spiritual conversions or transformations in sobriety as part of the recovery process. In this study, 65 themes emerged that provide insight into some of the factors that operate in a spiritually oriented recovery alcoholics. The themes that emerged indicate that spirituality in recovery alcoholics requires more than a limited time but requires instead a period of time to happen and involves a genuine process of both giving and receiving spirituality. Spirituality could thus be defined as a behavioral response to another or to others that happens as a consequence of given to others, learning from others, and relinquishing the ego/self. Many intrinsic truths emerged to account for the motivation underlying the process of spiritual transformation. Further, these truths, attitudes, and beliefs are not necessarily operating simultaneously in each individual but have evolved through the process of recovery in the program of Alcoholics Anonymous in various combinations and intensities.

Friedman, B. D. (2000). Building a spiritual based model to address substance abuse. *Social Thought*, 19(3), 23-38.

Substance abuse is on the rise. There are many discussions about how society should deal with these issues. Some suggest increasing the education while others suggest using a "big stick" in order to punish offenders. Within treatment circles the term spirituality continues to be used as an

important ingredient to address the substance abuse problem. But how does one define spirituality? The formerly low rate of substance abuse in the Jewish community suggested further investigation into the components that contributed to that rate. The author suggests that the low rate of substance abuse was linked to a value orientation that relied heavily on God, Torah, and Israel (community). These three concepts are used to help understand spirituality and how the interrelationship between the three are important in leading to low substance abuse rates. The author then generalizes these components into the larger social service community in understanding the term spirituality. The author suggests that there is a relationship between the interrelationship of God, Torah, and Israel with the concept of spirituality and proposes the development of a model based on this interaction as a way to reduce substance abuse. (Journal abstract.)

Fuller, R. C. (2000). *Stairways to heaven: Drugs in American religious history*. Boulder, CO: Westview Press. Fuller presents how the use of mind-altering substances have been used as an aid to spirituality in American religious history. He shows how peyote, jimson weed, hallucinogenic mushrooms, LSD, marijuana, wine, and coffee have stimulated ecstatic revelations of spiritual truth and strengthened the social bonds that sustain communities of faith. Fuller (1) demonstrates that the ritual use of mind-altering substances has contributed to the innovation and diversity that characterize American religious life, and (2) shows that the religious use of drugs sheds light on the legal, ethical, and spiritual controversies that surround drug use in the contemporary United States. He assesses the usefulness of drugs in the quest for a mature, life-affirming, community-building, creative spirituality. Chapters: from the plant kingdom to the Kingdom of God; the Native American heritage; psychedelics and metaphysical illumination; wine and the varieties of American religious life; drugs, aesthetics, and unchurched spirituality; and the quest for ecstasy.

Gabriel, G. P. (1994). How do you get the spiritual part of the program? *Journal of Ministry in Addiction & Recovery*, 1(1), 44-47.

Spirituality is a gift in the recovery process. It is not something that is secured, discovered or purchased. Rather, it is a gift from a Power greater than human beings that breaks in upon the individual when honesty, openness and willingness become normative in a person's lifestyle. Often, that power breaks into a person's life through a meaningful relationship, but God is not limited in the ways in which the gift of spirituality is given (abstract from article).

Gesinger, S. H. (1998). Spiritual dimensions in rehabilitation from addiction. *Journal of Ministry in Addiction & Recovery*, 5(1), 13-29.

Spirituality is an important component of human life and can play a role in the recovery from addictions. Six dimensions of spirituality (community, creativity, ethics, mysticism, theology, revelation) are discussed within the framework of psychology of religion and world religions and examples are given from the phenomenological framework of the recovery from addictions (Haworth).

Gregson, D., & Efran, J. S. (2001). *The Tao of sobriety: Helping you to recover from alcohol and drug addiction*. New York, NY. St. Martin's Press, Inc.

The Tao of Sobriety shows how to apply eastern philosophy to enhance recovery from addiction to alcohol and other drugs. With a few simple mental exercises, readers can learn how to quiet "The Committee," those nasty mental voices that undermine serenity and self-esteem. With leaders of the recovery movement enthusiastically endorsing this uniquely helpful book, The Tao of Sobriety is an invaluable addition to the recovery bookshelf. (From the Publisher - Barnes & Noble)

Grof, C. (1993). *Thirst for wholeness: Attachment, addiction, and the spiritual path, the*. New York, NY: HarperSanFrancisco.

Grof explores the issues at the heart of addictive craving--the longing for spiritual identity and the yearning to know the true self. Topics: self and wholeness; addiction and attachment; the craving behind addiction; alienation, abuse, and the human experience; survival; surrender; healing and spiritual maturity; recovery, rediscovery, and the spiritual path; challenges and pitfalls; acceptance and forgiveness; and the divine experience of being human.

Grof, S., & Conference Recording Service. (1993). *Addiction, spirituality, and Western science*. Berkeley, CA: New Medicine Tapes.

The relationship between spirituality and psychology / psychiatry, psychotherapy. Also discusses the use of LSD in the study of psychotherapy.

Hall, H. A. (1985). The role of faith in the process of recovering from alcoholism. *Dissertation Abstracts International*, 45(11-A), 3369.

Annotation was not available for this source.

Hartnett, R. G. (1994). *Three inner voices: Uncovering the spiritual roots of addiction and recovery*: Serenity Publications.

Annotation was not available for this source.

Hatch, R. L., Burg, M. A., Naberhaus, D. S., & Hellmich, L. K. (1998). Spiritual Involvement and Beliefs Scale: Development and testing of a new instrument. *Journal of Family Practice*, 46(6), 476-486.

A new instrument, the Spiritual Involvement and Beliefs Scale (SIBS), is described. The questionnaire was designed to be used across various religious traditions, to assess actions and beliefs, to be easily administered and scored. The SIBS has application for assessing spiritual needs of patients in programs such as hospice and Alcoholics Anonymous. The questionnaire contains 26 items in a Likert-type format. The instrument was carefully pretested and then administered to 50 family practice patients and 33 family practice educators. Instrument reliability and validity were found to be very good with high internal consistency, a clear four-factor structure, and a high correlation with the Spiritual Well-Being Scale. The SIBS has theoretical advantages of broader scope, use of terms avoiding culture-religious bias, and assessment of both beliefs and actions. The instrument is included as appendix material

Hauser, J. A. (1991). Spirituality and addiction. *Counselor*, 9(4), 24-26.

Annotation was not available for this source.

Jafolla, R., & Jafolla, M.-A. (1993). *Quest: A journey of spiritual rediscovery, the*. Unity Village, MO: Unity Movement Advisory council.

This guidebook is journey to living spiritual principles, an aid in translating awareness of truth into daily thoughts and actions. Topics: starting over, friends, what God is, what am I?, Jesus, the Bible, oneness, cause and effect, heaven and hell, good and evil, prayer, silence, random walk, God's will, God first, personal powerlessness, surrender, inner change, God as mind, law of mind action, power of the spoken word, I am, release and affirmation, moving into action, faith, forgiveness, love, guidance, overcoming fear, living in the now, child of God, judgment, spirit, relationships, helping others, thanksgiving, welcome back, prosperity, the physical world, healing, continuity of life, humility, serving God, trusting God, joy, the path, your unique way, race, the simple life, and future quest.

Jarusiewicz, B. P. (1999). *Spirituality and addiction: Relationship to religion, abuse, gender, and multichemical use*. Unpublished doctoral dissertation. Dissertation Abstracts International: Section B: The Sciences and Engineering. Retrieved from PsycINFO Online Database.

This study explored the relationship between an individual's level of faith an or her success of addiction recovery, recognizing (a) that differences exist between spirituality exhibited by

individuals and their identified religion(s) of their childhood and adult life and (b) the dynamic quality of spirituality. The research could provide a foundation for specific counseling programs, educational elements, and skills that can be implemented in substance abuse treatment programs, thereby potentially improving rates of recovery, which may save substantial social and dollar costs. The study used two surveys and compared the results. One, Schaler's Spiritual Belief Scale (SBS), was developed specifically for addiction treatment providers and has been found to be statistically significant and reliable. The second, developed by Fowler, is an interview process that assigns levels of faith to individuals. Two groups of 20 addicted individuals (12 males, 8 females, reflecting the average male/female ratio in the treatment center) were studied. The first group represented those in the recovery process, with at least 2 years of abstinence (no use of addicting substances). The second group represented a relapsing population. The researcher found that (a) those in the recovery process have statistically greater levels of faith and spirituality than those continuing to relapse, and greater than the general populace according to Fowler's interview process; (b) the 2 survey instruments used to assess levels of spirituality were found by Pearson's product moment coefficient calculation to show statistical correlation at the 0.01 level (2-tailed); (c) relapsing individuals show significantly lower levels of spirituality than the general population; (d) those in recovery who evidence significant levels of spirituality do not choose to express this spirituality in conventional religious contexts, but state they are 'independent,' or say their religious affiliation is 'none'; (e) recovering and relapsing groups do not show meaningful differences between different kinds of abuse; and (f) females appear to show higher levels of multiple chemical abuse than males. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Johnson, R. A., Sandler, K. R., & Griffin Shelley, E. (1987). Spirituality and the regulation of self-esteem. *Alcoholism Treatment Quarterly*, 4(3), 1-12. Retrieved from PsycINFO Online Database.

Contends that spirituality and self-esteem are often neglected or misunderstood concepts in the treatment of alcoholics. One's spirit can either be malevolent or vital, and alcoholics typically feel either cynical or lifeless. Self-esteem can also be positive or negative, and alcoholics have generally abdicated their responsibility for this choice. It is suggested that the process of reestablishing a positive spirituality and a healthy self-esteem involves separating spirituality from concepts of formal religion; having alcoholics recognize their negative, caustic views of themselves and the world; identifying the regulating mechanism of self-esteem; removing blocks to healthy psychological functioning; instilling hope and developing positive processes for controlling one's view of self and the world; and accepting the choice and responsibility to live with reality on a daily, creative basis. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Johnson, V. E. (1991). *God, help me to be me: Spiritual growth during recovery*. Minneapolis, MN: Johnson Institute.

Johnson discusses the spiritual awakening and growth that nurture during recovery.

Jordan, M. R., ed, & Morgan, O. J. (1999). *Addiction and spirituality: A multidisciplinary approach*. St Louis: Chalice Pr.

The editors hope to further the conversation regarding addiction and spirituality. Chapter titles: Addiction and spirituality in context; Substance use disorders as symptoms of a spiritual disease; Healing the addictive mind; A systemic view of spirituality--God and twelve step programs as resources in family therapy; Overcoming cultural points of resistance to spirituality in the practice of addiction medicine; Many roads, one journey--one woman's path to truth; Unconditional surrender; The spirituality of recovery--recovery is learning to love; Spirituality for high and low rollers--the paradox of self-esteem in gambling recovery; Pastors and spiritual directors; By love possessed; Beyond abstinence and toward spiritual integration; Addiction and recovery through Jewish eyes; and Addiction and spirituality--a clinical-theological reflection.

Quesada, F. (2000). Addiction and spirituality : [Review]. *Journal of Ministry in Addiction & Recovery*, 7(1), 72-76.

Annotation was not available for this source.

Stoneberg, & Theodore, A. (2000). Addiction and spirituality : [Review]. *Journal of Pastoral Theology*, 10, 120-121.

Annotation was not available for this source.

Kavanaugh, P. R. (1992). *Magnificent addiction: Discovering addiction as gateway to wellness*: Fairfield, CT: Aslan Publishing.

This book will decisively change the way you see addictions and emotional disorders--forever. From the unique vantage point of a physician who has treated thousands of patients with emotional disorders, yet has undergone a major life-breakdown and healing himself, this revolutionary book takes all the assumptions that therapists have about treatment of emotional disorders and turns them upside down. Our unhealthy addictions aren't bad, believes Dr. Kavanaugh, they are misguided attempts at solutions. So are emotional disorders. The same yearnings recur again and again--expressed as emotional crises or destructive addictions--because they're trying insistently to prod us to reconnect with our inner wellspring of creativity and spiritual fulfillment. The energy which fuels all of these is the same energy that furnishes our creative power. At the deepest level we are all addicted. It is not addiction that destroys our lives, he tells us, but what we become addicted to. Dr. Kavanaugh forcefully argues for passionate addiction to life! This profoundly encouraging book offers a radical three-step program that has helped hundreds of people in addiction surrender to the guidance of their own spiritual source and achieve full and permanent recovery. Dr. Kavanaugh's work is destined to have a major impact on the whole way our society perceives and treats emotional disorders (from the publisher).

King, D. J. (1995). *Applied spirituality: Expressing love and service*. New York, NY, England: Harrington Park Press/Haworth Press. Retrieved from PsycINFO Online Database.

Applied spirituality, in 12-Step groups, usually refers to being of service to others ... after looking at how [4] AA [Alcoholics Anonymous] members engage in applied spirituality, the author discusses both short-term and long-term activities which individuals in recovery [from chemical dependency] may experience ... after identifying barriers and misunderstandings newcomers to recovery have regarding applied spirituality concepts, strategies for helping clients overcome these barriers are given ... the importance of service work in recovery, stages of applied spirituality in recovery and potential pitfalls which persons in long-term recovery may experience are all explored ... gives practical suggestions to clinicians for helping their clients in the realm of applied spirituality (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Kissman, K., & Maurer, L. (2002). East meets West: Therapeutic aspects of spirituality in health, mental health and addiction recovery. *International Social Work*, 45(1), 35-43. Retrieved from PsycINFO Online Database.

The effects of eastern and western spiritual practices in promoting physical and emotional healing are increasingly being identified by professionals. During recovery from addiction, bereavement and in mental health treatment, some of these methods for bridging the body/mind/spirit cleavage include connectedness with self and others, present-moment awareness, sharing and listening to stories to correct distortions of extreme opposites, prayer and meditation. Buddhism, Hinduism and other eastern spiritual beliefs and practices have much to contribute to western ways of understanding the spiritual elements of holistic healing. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Kohn, G. F. (1984). Toward a model for spirituality and alcoholism. *Journal of Religion and Health*, 23(3), 250-259. Retrieved from PsycINFO Online Database.

Contents that spirituality is a significant factor in recovery from alcoholism and discusses the relationship of alcohol abuse to the balance between brain hemispheres. It is noted that the excessive use of alcohol anesthetizes the object-based, language-oriented functions of the left hemisphere, which is associated with an action mode of consciousness. This allows greater engagement of the right-hemisphere receptive mode, which is also associated with religious experience. A model of spirituality based on achieving a balance between hemispheric functions and modes of consciousness that could provide a nonchemical alternative to treatment for alcohol abuse is proposed. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Krystal, S., & Zweben, J. (1989). The use of visualization as a means of integrating the spiritual dimension into treatment: Part II. Working with emotions. *Journal of Substance Abuse Treatment, 6*(4), 223-228.

This paper describes additional visualizations intended to foster the integration of the spiritual dimension into the treatment of addiction. An earlier paper described visualizations derived from Jungian principles, aiming particularly at calming, centering, and strengthening the spiritual connection. This paper focuses on work with feelings that arise in recovery. It describes the differing stance towards emotions in psychotherapy and in spiritual disciplines, and how these can be unified using visualizations (abstract from MEDLINE).

Kus, R. J. (Ed.). (1995). *Spirituality and chemical dependency*. New York, NY, US: Harrington Park Press/Haworth Press Inc. Retrieved from PsycINFO Online Database.

(from the publicity materials) "Spirituality and Chemical Dependency" shares current thinking on how spirituality is used in recovery from alcoholism and other forms of chemical dependency. Because the 12-Step programs have been the most successful form of treatment thus far, readers will find the insight in this book to be revealing as to why...In each chapter, the author gives ideas on specific aspects of spirituality in the 12-Step context and answers the ever-important question "So what?!" to provide guidelines for healthy spirituality in the addicted person. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

L., M. (1989). *Stairway to serenity: A spirituality of recovery*. San Francisco, CA: Harper.

Mark L. focuses on one aspect of the recovery process--the necessity of finding your spiritual center, or higher power. Drawing on 'A Course in Miracles' and the Twelve Steps (particularly the Eleventh Step regarding prayer and meditation), he outlines the spiritual and emotional aspects of recovery from addiction. Chapter topics: brave new world, how it works, act as if, call to action, teachers of each other, just be yourself, doing what comes naturally, turn it over, appreciation, dialogue with myself, ask, one spirit, defenselessness, forgiveness, now, give, and everything's okay.

MacQueen, A. R. (1999). Spiritual dimensions of alcohol and other drug problems. *Addiction, 94*(3), 436. Retrieved from PsycINFO Online Database.

Comments on the article by W. R. Miller (see record 1998-04590-001) on the spiritual dimensions of alcohol and other drug addiction and recovery. The current author comments that long running uncontrolled intervention trials are working in opposition to spiritual interventions. Additionally, economic disparity and the resulting creation of powerlessness, hopelessness, and poverty create a spiritual void that is easily filled by alcohol and other drugs. Improved alcohol and drug abuse outcomes may come from population strategies which increase hope, social cohesion, and justice. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Mason, M. (1984). Bodies and beings: Sexuality, spirituality & recovery. *Focus on Family and Chemical Dependency, 7*(3), 5-6.

Annotation was not available for this source.

Massey, D. M. (1994). Addiction and spirituality. *Review and Expositor, 91*, 9-18.

It is contended that recovery from chemical dependency must be based on a redefinition of sexuality that includes spiritual dimensions. Six assumptions underlying the interrelatedness of sexuality, intimacy, and chemical dependency are presented. Finally, sexual concerns most frequently held by alcoholics and other drug addicts are discussed.

Mathew, R. J., Georgi, J., Wilson, W. H., & Mathew, V. G. (1996). A retrospective study of the concept of spirituality as understood by recovering individuals. *Journal of Substance Abuse Treatment, 13*(1), 67-73. Retrieved from PsycINFO Online Database.

In 62 individuals recovering from substance abuse, materialism and spiritualism and cognitive patterns were quantified, before (retrospectively) and after recovery with the Mathew Materialism Spiritualism Scale (MMSS) and a Cognitive Patterns Questionnaire (CPQ). MMSS was also administered once to 61 general controls. Recovering individuals showed highly significant pre-recovery to post recovery increases in spirituality on most subscales of MMSS and changes in cognitive patterns. Sixteen controls who met the criteria for alcoholism on the Michigan Alcoholism Screening Test (MAST-positive) were separated from the others. Pre-recovery MMSS scores did not differentiate the recovering individuals from MAST-positive controls. However, the pre-recovery MMSS scores obtained by recovering individuals were significantly lower than the scores obtained by the MAST-negative controls. On the other hand, after recovery, recovering individuals showed higher MMSS spirituality scores in comparison to MAST-positive controls. The only MMSS item that differentiated recovering individuals after recovery from MAST-negative controls was mysticism with the recovering group obtaining higher scores. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(journal abstract)

Mathew, R. J., Mathew, V. G., Wilson, W. H., & Georgi, J. M. (1995). Measurement of materialism and spiritualism in substance abuse research. *Journal of Studies on Alcohol, 56*(4), 470-475. Retrieved from PsycINFO Online Database.

Evaluated the use of the Mathew Materialism-Spiritualism Scale (MMSS) for substance abuse research in the US. The scale was administered on 62 individuals (mean age 42.8 yrs) recovering from substance use, and 2 control groups of 20 clergy people (mean age 37.2 yrs) and 56 Ss from the general population (mean age 33.3 yrs). The Ss also completed the Michigan Alcoholism Screening Test (MAST) and the Drug Abuse Screening Test (DAST). The test-retest reliability of the scale was verified. Results indicate that the women obtained higher spirituality scores. Ss from the recovering group obtained significantly higher scores on 'character' and 'mysticism' than the general controls. Christians had higher scores on 'God' and 'religion' subscales as compared to the non Christians and agnostics. It was concluded that the scale is useful for the study of spirituality in the US. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Maynard, P. (2000). *To slake a thirst: The Matt Talbot way to sobriety*. New York, NY: Alba House. Annotation was not available for this source.

McDowell, D., Galanter, M., Goldfarb, L., & Lifshutz, H. (1996). Spirituality and the treatment of the dually diagnosed: An investigation of patient and staff attitudes. *Journal of Addictive Diseases, 15*(2), 55-68. Retrieved from PsycINFO Online Database.

Investigated the importance of spirituality among 101 severely mentally ill and chemically dependent inpatients on a dual-diagnosis unit and 31 members of the nursing staff who treated them. Patients and staff members were questioned about their spiritual beliefs and the role of spirituality in the patients' recovery from addiction. In addition, staff members were asked what they think the patients' view of spirituality was. Patients and staff members were equally spiritually oriented. The patients viewed spirituality as essential to their recovery and valued spiritual programming in their treatment more than some concrete items. The nursing staff underestimated both the patients' level of spirituality and the importance patients' placed on spiritual issues. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Morgan, O. J. (1992). In a sober voice: A psychological study of long-term alcoholic recovery with attention to spiritual dimensions. *Dissertation Abstract International*, 52(11), 6069-B.

In a sober voice explores the dynamics of long-term recovery from alcoholism. The research is exploratory and descriptive. By entering into "focused" conversation with recovering persons, this qualitative study addresses two questions: How do persons experience and understand their recovery from alcoholism? How might recovering persons understand their recovery as, at least in part, "spiritual"? This "focused" interview method assumes that certain experiences exist, but does not pre-frame how respondents will describe them. Fifteen long-sober, male alcoholics were interviewed about their recovery experiences. The sample was varied according to length of sobriety, age, employment background, geographic location, and religious affiliation. Each person was contacted through the network of Alcoholics Anonymous. Participants were encouraged to tell their "stories" of addiction and recovery, following a natural AA format. This research highlights a pattern of alcoholic degradation and dehumanization that gives way in recovery to a restoration and transformation of self. Recovery is described as an experience of ongoing "transformation," originating in an experience of "Rescue," through the intervention of a Higher Power. Participants tend to speak the language of "rescue," "miracles," "providence," and childlike "trust." These recovering persons find that their lives today are increasingly imbued with a sense of providential care, of positive self-worth, of comfort in living, and are increasingly shaped by affirming attitudes and practices. These characteristics are integrated into a perspective for living that deepens and grows in recovery. Thus, recovery is described by this sample of recovering persons as inherently "spiritual."

Morgan, O. J. (2002). Alcohol problems, alcoholism and spirituality: An overview of measurement and scales. *Alcoholism Treatment Quarterly*, 20(1), 1-18. Retrieved from PsycINFO Online Database.

Presents a brief overview of interest in the relationship of alcohol and other drug problems, addiction and religiousness/spirituality. Some basic issues involved in this area of assessment and scientific investigation are addressed. Brief reviews of several clinical and research instruments that may prove useful in addiction studies are presented. Providing an overview of measurement issues and potential scales for use in research related to addiction and spirituality is seen as beneficial to interested researchers and treatment providers. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Moten-Solomon, R. R. (2002). Experience of emergent spirituality in addiction recovery: A phenomenological investigation. *Dissertation Abstract International*, 62(9), 4255B.

This study contributes to the growing body of knowledge exploring the role of spirituality in addiction recovery. This phenomenological investigation does not prove or disprove any hypothesis, nor ascertains correlations between or among variables. The research was intended to elicit a rich, textural description and generate insight into this phenomenon. Six individuals, 3 woman and 3 men, who attribute spirituality to their recovery and maintained sobriety, participated as co-researches (subjects) in this study. Individuals were administered the Spiritual Well-Being Scale (SWBS) to assess spiritual perception. Age ranged from early 30's to mid 50's. Years of recovery ranged from 5 to over 20. Ethnic makeup was 5 African Americans and 1 Caucasian. Interview questions were open-ended and interviews ranged from 1 to 1.5 hours in length. The data were analyzed in terms of the common characteristics and themes which emerged from the co-researcher's responses to the focused area of this study. These themes were analyzed using a phenomenological model. Findings suggest that the individuals interviewed possessed an array of common feelings and perceptions in addiction, including a sense of lacking and disconnectedness and commonalities in their subsequent spiritually driven recovery, such as a sense of purpose, awareness and social responsibility. Based on the experiences shared, the incorporation of spirituality is not immediate, but is characterized by an evolutionary emergence that is gradual and leads to progressive change and development. These findings suggest that

spirituality in addiction recovery is an emerging process that encompasses elusive, coincidental, and impulsive forms.

Moxley, D. P., & Wathington, O. G. M. (2001). Strengths-based recovery practice in chemical dependency: A transpersonal perspective. *Families in Society*, 82(3), 251-260.

Given the tremendous damage chemical dependency can inflict on the human spirit, a transpersonal perspective is relevant to the recovery process because it assigns importance to the development of personal meaning and life purpose. The use of a transpersonal perspective can foster hope for both providers and consumers of services, particularly during periods of recovery when people are struggling with relapse and despair, and when it appears almost impossible to surmount barriers to recovery. During these challenging times people may look to a higher power for strength and fortification however they may conceive of this power (Frankl, 1997) [from Article].

Nowak, J. M. (1998). *Sobriety amen: Growth beyond the initial spiritual experience*: Franklin, TN: Providence Two.

Annotation was not available for this source.

O'Brien, P. (1990). *I am not yet born ... A handbook for spiritual recovery from alcoholism for those who believe in belief but struggle to believe*. Brooklyn, NY: East River/Saratoga, Inc.

This book is a handbook for spiritual recovery from alcoholism. Its purpose is to be with you on your journey, more as a companion than a teacher. The chapters divide according to the major themes of spirituality: spiritual birth, goal - meditation, the path, spiritual disease, alcoholism a spiritual disease, the spiritual heals, and gratitude. Each chapter divides into meditations, and as such the book is meant to be reflected upon.

Olson, M., & ed. (1993). Against the tide : [overcoming our addictions]. *Other Side*, 29, 8-28,56-63.

Annotation was not available for this source.

Parhan, A. P. (1987). *One Man - One Cross: A spiritual journey*. San Francisco: Harper San Francisco.

Annotation was not available for this source.

Prugh, T. (1985). Alcohol, spirituality, and recovery. *Alcohol Health and Research World*, 10(2), 28-31, 53.

The relationship between alcoholism and spirituality is examined. The link of spirituality to recovery from alcoholism is shown. The component parts of spirituality are outlined. Spiritual values can help an alcoholic deal with a lifetime of negative experiences. Sobriety is often accomplished through spiritual means such as prayers and devotion. It is contended that spiritual experiences must be received and integrated into an alcoholic's life to achieve this sobriety

Robinson, A. (1994). Spirituality and risk: toward an understanding. *Holistic Nursing Practice*, 8(2), 1-7.

To be fully healthy is to risk encountering and embracing the complex substrate of mysterious life-giving and life-denying spiritual forces, the hidden wholeness of God. Risky health behavior may paradoxically arise from the psychospiritual need to both probe and avoid probing the deeper understandings of health reflected in the tensions between good and evil. Avoidance of the painful truths of poverty, racism, sexism, and classism among other evils in our society results in the prevalence of high-risk life styles, addictions, and violent behaviors. Spiritual paradigms from holistic community care are needed to enable communities to more fully respond to the health empowering potential of the hidden wholeness rather than hiding from it.

Royce, J. E. (1995). The effects of alcoholism and recovery on spirituality. In R. J. Kus (Ed.), (1995) (pp. 19-37). New York, NY: Harrington Park Press/Haworth Press, Inc.

Annotation was not available for this source.

Sandoz, J. (2000). Alcoholism recovery: A survey of myth, philosophy, and spiritual influence. *The Counselor, 18*(2), 29-32.

Recovery from alcoholism is in part a spiritual odyssey. This process is related to the conversion experience described by William James and the inner emptiness described by Blaise Pascal. However, before the alcoholic sets foot on the recovery path certain thoughts and behaviors must be eliminated. Action must be taken to remove the desire for the god-like self-elevation that alcohol produces. Recovery begins when the alcoholic is free from the compulsion to drink, but the process continues with the letting go of resentments, which leads to the freedom to forgive. This article will address the nature of alcoholism within the context of myth, philosophy, and spiritual thought (from the introduction of the article).

Shibley, D. (2001). *The Tao of Sobriety*: Communications Company.

The Tao of Sobriety shows how to apply eastern philosophy to enhance recovery from addiction to alcohol and other drugs. With a few simple mental exercises, readers can learn how to quiet "The Committee," those nasty mental voices that undermine serenity and self-esteem. With leaders of the recovery movement enthusiastically endorsing this uniquely helpful book, *The Tao of Sobriety* is an invaluable addition to the recovery bookshelf (from the Publisher).

Shuler, P. A., Gelberg, L., & Brown, M. (1994). The effects of spiritual/religious practices on psychological well-being among inner city homeless women. *Nurse Pract Forum, 5*(2), 106-113.

As part of a larger, retrospective investigation of homeless women's wholistic family planning needs, we examined spiritual/religious practices in relationship to mental health status and substance use. Ninety-two percent of our sample reported one or more spiritual/religious practices, such as praying, attending worship services, or reading religious materials. Forty-eight percent of the women reported the use of prayer as significantly related to less use of alcohol and/or street drugs, fewer perceived worries, and fewer depressive symptoms (abstract from MEDLINE).

Stewart, C. (2001). The influence of spirituality on substance use of college students. *Journal of Drug Education, 31*(4), 343-351. Retrieved from PsycINFO Online Database.

Examined the relationship between students' spiritual and religious beliefs and their decision to use substances. 337 university students (aged 17-29 yrs) completed surveys concerning drug usage and spiritual or religious beliefs. Results show that spirituality exerted a moderate buffering effect on the decision to use alcohol and marijuana. This general protective effect existed for both alcohol use and binge drinking, but dissipated as Ss reached upper-class levels. Findings suggest that spirituality plays a significant role in the decision of college students to use substances. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

States, J. A. (2001). *Self-efficacy and spirituality in the recovery process from alcohol dependence: A paradox*. Unpublished Thesis (Ph. D.), West Virginia University, Morgantown W. Va.

The current study provides an exploration of self-efficacy and spirituality as they relate to the recovery process from alcohol dependence. Data were collected from 81 adult (over age 18) clients who sought treatment at an outpatient drug and alcohol agency. Each client met the criteria for alcohol dependence based on DSM IV criteria, and was placed in one of four groups based on self-reported level of recovery (no treatment---assumed to be actively using alcohol, recent relapse, 3 months sobriety, and 6 months sobriety). The clients completed a demographic data sheet, the Situational Confidence Questionnaire---39 (SCQ-39), the Spiritual Well-Being Scale (SWBS), and the Spiritual Involvement and Beliefs Scale (SIBS). The results of this study suggest that self-efficacy and spirituality are related in the recovery process from alcoholism. The seemingly paradoxical relationship between these constructs can be explained through an understanding of the multidimensionality of spirituality. Self-efficacy was correlated with spirituality as it relates to

one's connectedness with others and the world (Existential Well-Being), as well as one's involvement in spiritual actions/beliefs. In contrast, self-efficacy was not related to spirituality as it relates to one's connectedness with God (Religious Well-Being). Religious Well-Being may account for the seemingly paradoxical relationship between self-efficacy and spirituality because it is the only aspect of spirituality related to surrender of control. The results also offer explanations for changes in self-efficacy and spirituality with regard to length of recovery. These findings have important implications for providers of drug and alcohol treatment.

Twerski, A. J. (2000). *Spiritual self: Reflections on recovery and god, the*. Minneapolis, MN: Hazelden. What is spirituality? What does it mean, and mean to different people? How is it discovered, nurtured, and expressed? Why does it matter? Twerski helps us find our way to the very heart of spirituality, and shows how spirituality--independent of religion--is central to emotional and mental health, and is a key to being truly and profoundly human. Also: recovery, free choice, contentment, self-reflection, self-esteem, growth, awareness of history, purpose of existence, respect of others, in all we do, time, honesty, anger, God as Higher Power, divine providence, understanding God, turning our lives over to God, mastery over emotions, the will of God, human will vs. will of God, patience, peer pressure, prayer, faith, inability to pray, contrition, joy, worship, the psalms, and carrying the message.

Wegscheider, D. (1995). From ideals to bankruptcy and back again. *Journal of Ministry in Addiction & Recovery*, 2(1), 107-116. Life situations are multi-dimensional. Present actions are always influenced by actions of the past and their emotional loading. Material actions can mirror what is happening on a spiritual level as well. The description of bankruptcy in business can be a metaphor for the pain, shame and humiliation of spiritual bankruptcy. While people in recovery from addiction have long used the term "spiritually bankruptcy," they are not the only population susceptible to it. This article presents not only a description of the problem, but hopefully a contribution to the solution as well.

White, J. (1981). Alcoholism: A spiritual disorder? *Psychiatric Nursing*, 22(4), 8-9. The author addresses the question of whether alcoholism is a spiritual disorder that can be conquered through spiritual conversion, such as with Alcoholics Anonymous programs, or with such chemical treatment as disulfiram. It is contended that genetics plays a key role in determining who has alcoholic tendencies, and that counselors and nurses are more important than many factors in achieving successful recovery from alcoholism.

Whitfield, C. L. (1984). *Alcoholism, other drug problems & spirituality: A transpersonal approach*. Baltimore, MD: The Resouce Group. It is suggested that the spiritual approach can complement and transcend conventional psychotherapeutic and stress management techniques in the treatment of alcoholic, the coalcoholic, and the chemically addicted. It is theorized that these afflictions have different meanings and connotations at the following levels of consciousness to those afflicted: 1) at the level of survival, the afflictions are a physical toxicity; 2) at the level of passion, they are harmful to emotional stability; 3) at the level of the mind of ego, they are detrimental to the inner peace of mind; 4) at the level of acceptance, the alcoholic or coalcoholic experiences an ambivalence but in spite of the ambivalence there exists the possibility of achieving recovery, receiving personal insight, and growing spirituality; 5) at the level of understanding, the desires of alcoholism or coalcoholism is accepted in a positive light; 6) at the level of compassion, the once afflicted help others who are currently afflicted with alcoholism or coalcoholism; and 7) at the level of unity consciousness, the once afflicted become pure being and purse serenity,. It is concluded that a spiritual approach to healing is compatible with any other treatment approach.

Whitfield, C. L. (1984). Stress management and spirituality during recovery: A transpersonal approach: I. Becoming. *Alcoholism Treatment Quarterly*, 1(1), 3-54. Retrieved from PsycINFO Online Database.

Describes an approach to recovery from dependence or attachment, using recovery from alcohol as a model, that can complement and transcend conventional psychotherapeutic and stress management techniques. The present discussion is provided as an ongoing synthesis of the author's discovery of useful transpersonal and spiritual psychology as it applies to the recovery process in alcoholism. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Whitfield, C. L. (1984). Stress management and spirituality during recovery: A transpersonal approach: II. Being. *Alcoholism Treatment Quarterly*, 1(2), 1-50. Retrieved from PsycINFO Online Database.

In a discussion of spiritual practices that are drug-free, the author focuses on principles that help one to attain Self: (1) living in the here and now, (2) accepting what is and letting be, (3) thinking positively, (4) communicating, (5) ventilating feelings, and (6) suspending beliefs about the nature of one's Self. A self-help program, such as Alcoholics Anonymous, uses nearly all of the above-described spiritual practices. It is emphasized that these practices do not lead to unity consciousness; they are expressions of it. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Whitfield, C. L. (1984). Stress management and spirituality during recovery: A transpersonal approach: III. Transforming. *Alcoholism Treatment Quarterly*, 1(4), 1-54. Retrieved from PsycINFO Online Database.

Discusses transformation (TFM) during recovery; the relationship between alcohol, drugs, and spirituality; and love and unconditional love as aspects of stress management and spirituality during recovery. Stages of TFM, its time duration, experiences of hitting bottom, and unwanted side effects of TFM are also discussed. It is demonstrated that alcoholism (AC), co-alcoholism (CAC), and other attachments are multidimensional conditions among levels of consciousness. At Level 1, survival, AC and CAC are toxic; they destroy tissues and sometimes lives. At Level 2, passion, they are painful, controlling, and bothersome. At Level 3, mind or ego, they are a stigma, an embarrassment, and a curse. Level 4, acceptance, presents a turning point--alcoholics and co-alcoholics experience ambivalence about their condition, part of which reflects their perceived potential to recover, grow, and learn something about themselves. At Level 5, understanding, they know that having the disease of AC or CAC is a gift. At Level 6, compassion, they hope that others will not fall victim to AC and CAC, yet they accept it when it occurs and try to help when they can. At Level 7, unity consciousness, alcoholics and co-alcoholics are "pure beings," experiencing serenity. Spirituality plays a major role in this recovery process. The ultimately aware spiritual person lives and is all 7 levels of consciousness at the same time, accepting the ups and downs as they happen. (335 ref) (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Wood, R. J., & Herber, E. P. (2002). Spiritual meaning and its relationship to substance use in college students. *Research Quarterly for Exercise and Sport*, 73(Supplement 1), A31-A32.

This study (a) assessed the factor structure of Pargament's (1999) "spiritual meaning" survey, (b) described college students' responses to this instrument, and (c) assessed the relationship between spirituality, demographics, and substance use. Data were collected from 605 undergraduate students, who completed Pargament's 20-item instrument in addition to the substance use items of the National College Health Risk Behavior Survey. Spirituality items with the highest responses included, "My life is significant because I am part of God's plan," and "My relationship with God helps me find meaning in the ups and downs of life." Items with the lowest scores included, "When I am disconnected from the spiritual dimension of my life, I lose my sense of purpose," and "Without my religious foundation, my life would be meaningless." A Spiritual Meaning Score (SMS) was calculated by averaging participants' responses to the 19 loading items. Comparisons of SMSs indicated differences for gender and race. Pearson Product Moment correlations were calculated to assess the relationship between respondents' SMS and behaviors relative to smoking,

alcohol, marijuana, and using alcohol in combination with an illegal drug. All four correlations were significant and negative. The results indicate students' spiritual beliefs helped them find meaning in life and cope with difficulties; women and Black students had stronger spiritual beliefs; and spiritual beliefs were negatively related to substance use.

Spontaneous Remission

Chadwell, B. O. (1977). *A self-report measure of spontaneous remission and psychotherapy outcome*. Provo, UT: Brigham Young University.

Annotation was not available for this source.

Dugan, B. (1996). *The history of spontaneous remission*. Unpublished B.S., California Polytechnic State University.

Annotation was not available for this source.

Kubicek, K. R., Morgan, O. J., & Morrison, N. C. (2002). Pathways to long-term recovery from alcohol dependence: Comparison of spontaneous remitters and AA members. *Alcoholism Treatment Quarterly*, 20(2), 71-81.

This descriptive qualitative pilot study explored like attributes of successful recovery among 13 alcoholics with six or more years of continuous sobriety. Seven subjects were current members of Alcoholics Anonymous (AA). Six subjects were spontaneous remitters (SA), chosen through convenience sampling techniques; these persons achieved and maintain stable, long-term recovery without the assistance of a support group. Open-ended questions about attributes that contribute to successful recovery were posed to these participants. Common attributes and themes were identified as these recovering alcoholics: utilized the help of supportive people, accepted help from God or a Higher Power, had a strong desire to get well, strove to be honest with self and built self confidence and remembered the negative consequences of their past alcohol abuse. Implications for treatment and further research are suggested. The spiritual attributes listed by both groups of participants as important for successful recovery are noted. 44 Ref. Copyright 2002 - The Haworth Press, Inc.

Ludwig, A. M. (1985). Cognitive processes associated with "spontaneous" recovery from alcoholism. *Journal for Studies in Alcohol*, 46(1), 53-58.

Interviews were conducted with 29 alcoholics who claimed a "spontaneous" remission from alcoholism to elucidate the cognitive processes associated with the initiation and maintenance of absolute or relative abstinence. Factors associated with the initiation of abstinence included hitting a personal bottom, alcohol-induced physical problems, allergy or physical aversion, change in lifestyle and spiritual-mystical experiences. With respect to the maintenance of abstinence, the majority periodically resorted to willpower, some claimed the disappearance of craving and others were protected by their physical aversion to alcohol. Cognitive factors underlying the maintenance of abstinence overwhelmingly involved negative associations to the notion of drinking. The implications of these findings for psychotherapy are discussed (abstract from MEDLINE]

Stall, R., & Biernacki, P. (1986). Spontaneous remission from the problematic use of substances: An inductive model derived from a comparative analysis of the alcohol, opiate, tobacco, and food/obesity literature. *International Journal of the Addictions*, 21(1), 1-23.

The literature germane to spontaneous remission from four substances (opiates, alcohol, food/obesity, and tobacco), selected for their widely variant meanings within the mainstream North American culture, is reviewed. Common processes important to spontaneous remission from these four substances are identified. That certain factors are consistently identified across literatures that describe the problematic use of substances is suggestive of a common process of

spontaneous remission. Any attempt to construct a model of spontaneous remission behavior must account for the common factors identified in the previous sections. It is suggested that the central process that underlies spontaneous remission is the successful public renegotiation and acceptance of the user's new, nonstigmatized identity. Based on this new identity, significant-other support as well as other positive feedback mechanisms--by most accounts, processes crucial to the recovery process--may be extended to the remitter. The model is broken down into three analytic stages. The first stage deals with the building of resolve or motivation to quit using substances in a problematic manner, and this stage is primarily based on economic factors. Additionally, with the announcement of intent to quit using or to change use patterns, remitters are often required to redefine important social and economic relationships. The second stage begins with the public announcement that the remitter has decided to end the problematic use of a substance. Such an announcement forces the start of a process of renegotiation of the user's social identity. Mechanisms important to the maintenance of the resolution of a problem-use career as indicated in the literature are the management of the new identity and an integration into a nonusing life-style. Further, informants across the lines of substance use tend to report the continuing importance of significant-other support in helping to maintain a nonusing status. Increased religiosity is also typically mentioned and this change after remission may help to strengthen the claims by the remitter to a new identity as well as introduce the remitter to circles in which the problematic use of substances meets with strong formal and informal sanctions. Treatment programs should be designed to take advantage of the processes at work in spontaneous remission for clinical treatment populations. It is clear that the scientific consideration of spontaneous remission behavior holds profound importance to both substance use theory and treatment

Tuchfeld, B. S. (1981). Spontaneous Remission in Alcoholics - Empirical Observations and Theoretical Implications. *Journal of Studies on Alcohol*, 42(7), 626-641.

Life histories of 35 men (34 Whites) and 16 women (11 Whites) who resolved their chronic drinking problems without professional or formal treatment, gathered by intensive interview, were analyzed to determine whether and by what means spontaneous remission of alcoholism occurs. At a mean (deg sd) age of 48.6 deg 12.6 the average years of abstinence (40 subjects) or moderated drinking (11) was 6.4. The analysis indicated that remissions of alcoholism problems do occur without formal or professional therapy. The commitment to stop problem-causing drinking, however, is usually precipitated by extraordinary influences which may constitute therapeutic in an extra formal sense. Such influences may range from interventions by friends and relatives or even strangers to religious conversion and other gross life-style changes; they are usually activated by environmental phenomena and reinforced by socially based maintenance factors. "Few if any cases could be characterized as 'spontaneous' in the sense of developing without apparent external influence." Remission without treatment apparently entails a process that suggests similarity with processes occurring in some formal therapeutic experiences. The relevance of informational social controls and reactions to labeling is discussed.

van Kalmthout, M. A. (1991). Spontaneous remission of addiction. In G. M. Schippers (Ed.), *Contributions to the Psychology of Addiction* (pp. 47-64). Lisse, Netherlands: Swets & Zeitlinger. Retrieved from PsycINFO Online Database.

Reviews the literature on the psychological processes involved in spontaneous remission of addiction ... emphasis will be on long-standing, complete recoveries from very serious forms of addiction ... review and criticize some psychological theories of this phenomenon ... [present] the report of an intensive case-study on the spontaneous recovery of a very severe heroin addict ... [addresses the question of] whether fundamental psychological changes are involved in such cases and, if so, what their characteristics are ... the subject of this study is a single woman who was 38 at the time of interview (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Walters, G. D. (2000). Spontaneous remission from alcohol, tobacco, and other drug abuse: Seeking quantitative answers to qualitative questions. *American Journal of Drug and Alcohol Abuse*, 26(3), 443-460. Retrieved from PsycINFO Online Database.

The purpose of this review is to provide a preliminary quantitative analysis of research on spontaneous remission organized to answer three primary questions: (1) does spontaneous remission from alcohol, tobacco, and other drug abuse occur, and if so at what rate; (2) are self-remitting individuals fundamentally different from people who continue misusing substances or remit through formal treatment; and (3) can the initiating and maintaining factors responsible for spontaneous remission from alcohol, tobacco, and other drug abuse be identified and quantified? To test this the general prevalence of spontaneous remission is calculated for studies on alcohol, tobacco, and illicit drugs and reemission substance abuse histories are studied. Evidence is presented to indicate that spontaneous remission from alcohol and illicit drugs and spontaneous remission from tobacco smoking may differ in several key respects. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Surrender

Albers, R. H. (1994). Spirituality and surrender: A theological analysis of Tiebout's theory for ministry to the alcoholic. *Journal of Ministry in Addiction & Recovery*, 1(2), 47-69.

The insights provided by Dr. Harry A. Tiebout are foundational for understanding the dynamics of recovery from addiction. His awareness of the spiritual dimensions of recovery, particularly as related to the concept of surrender, has provided a foundation for significant theological reflection. Some of the theological and pastoral insights extrapolated from his writing and research are lifted up as being pivotal in an understanding and ministry with those who are chemically dependent (abstract from article).

Baugh, J. R. (1998). Gaining control by giving up control: Strategies for coping with powerlessness. In W. R. Miller (Ed.), *Behavior therapy and religion: Integrating spiritual and behavioral approaches to change* (pp. 125-138). Thousand Oaks, CA, US: Sage Publications Inc; Thousand Oaks CA US: Sage Publications Inc. Retrieved from PsycINFO Online Database.

(from the chapter) Paradox of control/ why should an individual ever give up / method of surrender: a spiritual approach/ humility/ self-surrender/ manageable and unmanageable behaviors of a compulsive overeater / case history: resentment exchanged for grief/ case history: a wife of an alcoholic (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Berenson, D. (1987). Alcoholics Anonymous: From surrender to transformation. *Family Therapy Networker*, 11(4), 24-31. Retrieved from PsycINFO Online Database.

Discusses C. Jung's and Freud's views related to the treatment of alcoholic patients and in the context of the origin, growth, and structure of Alcoholics Anonymous (AA) and its effectiveness with alcohol abusers. 12 steps that began as AA's attempt to define the core attitude necessary in recovering from alcoholism are delineated. (0 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Hidas, A. H. (1981). Psychotherapy and surrender: A psychospiritual perspective. *Journal of Transpersonal Psychology*, 13(1), 27-32.

Annotation was not available for this source.

Jabay, E. (1970). *God-players, how not to run your life, with questions for discussion groups, the*. Grand Rapids, MI: Zondervan Publishing House.

Jabay's analysis of one of man's prime problems: egotism. He believes that life and society are falling apart because humans play the part of God, rather than giving up the right to ownership of himself.

James, W. (1902). *The varieties of religious experience*. New York, NY: Random House.
Annotation was not available for this source.

Jones, G. S. (1995). *The surrender experience in recovery from substance dependence: A multiple case study*. Unpublished doctoral dissertation, Dissertation Abstracts International: Section B: The Sciences and Engineering. Retrieved from PsycINFO Online Database.

In six persons recovering from severe and chronic chemical dependency, the study described and explained the surrender experience. The founder of Alcoholics Anonymous (AA), Bill Wilson, had portrayed a spiritual conversion he later called surrender as providing the impetus to his successful recovery from alcoholism. The first three of the Twelve Steps specify spiritual surrender as fundamental to recovery in AA. The study explored the phenomena of surrender not only in recovery but also in relationship to the larger issues of transformational change. Three males and three females were studied. The subjects had an average age of 45.6 years (range: 36 to 65 years) and an average sobriety length of 6.6 years (range: 4 mos. to 14 years). When followed up after 23 months, all of the subjects were currently in recovery. During the interim, one of the males had relapsed for a period of 6 months. Events influencing the relapse were explored. The cases were selected from a pool of 26 recovering persons who had indicated successful surrender experiences on a self-report rating scale of surrender behavior. The individuals were chosen for study according to concerns for objectivity, gender balance, and maximum variability of length of sobriety, age, religious background, education, family constellation, and socioeconomic status. The data were collected through face-to-face interviews. Transcriptions of the data, collected through audio-tape recordings of face-to-face interviews, were examined through the Grounded Theory methods of qualitative analysis. Within and across the cases, the components of surrender behavior were identified, along with the biographical and religious antecedents and influences. The study found that although the subjects admitted having had little effective spirituality during their active chemical dependency phases, after recovery, they ascribed their sobriety and lifestyle satisfaction to the spiritual processes of surrender. These highly selected case (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Keller, J. E. (1985). *Let go, let God: Surrendering self-centered delusions in the costly journey of faith [alcoholism]*. Minneapolis, MN: Augsburg Pub House.

Keller addresses the nature of the human condition, sinfulness, brokenness, pain, surrender, conversion, grace, morality, and faith. He integrates clinical understandings and the gospel message by using the model of AA, enriches the view of Scripture, addresses distorted perception, and opens the way for spiritual and emotional growth.

Hulme, W. E. (1985). Let go, let God : [Review]. *Book Newsletter of the Augsburg Publishing House*(517).
Annotation was not available for this source.

Ludes, P. (1977). The radicalness of surrender: Reflections on a significant concept. *Sociological analysis*, 38(4), 402-408.

This commentary on Kurt H Wolf's essay, "Toward Understanding the Radicalness of Surrender," deals with one aspect, of one dimension – the radicalness – of surrender and catch. Not doubting its mythological radicalness, questions concerning five conditions of social radicalness are raised: whether it contributes (1) to self-enlightenment and self-change and (2) to enlightenment or education; whether surrender (3) are organizable; (4) may have an impact on the scale, distribution, and use of power; and (5) can ascertain and initiate desirable, logically consistent, and realizable alternatives to prevailing social actions, processes, or structures. The conclusion is that conditions (1) and (2) are fulfilled, but conditions (3) to (5), which point beyond the area of surrender and catch and enter the problem area of its consequences, require further exercise in surrender and studies on their basis.

North, G. (1988). *Unconditional surrender: God's program for victory*. Tyler, TX: Institute for Christian Economics.

Annotation was not available for this source.

Reinert, D. F., Estadt, B. K., Fenzel, L. M., & Allen, J. P. (1995). Relationship of surrender and narcissism to involvement in alcohol recovery. *Alcoholism Treatment Quarterly*, 12(1), 49-58.

Examined the relation between surrender and the type and extent of participation in self-help alcohol recovery. Ss were 55 participants (mean age 41.9 yrs) in 2 self-help groups, 45 Ss in Alcoholics Anonymous (AA) and 10 Ss in Rational Recovery (RR). Two groups of AA Ss were distinguished based on degree of AA involvement. As predicted, a surrender instrument was able to discriminate between the High AA, Low AA, and RR groups, with the High AA group scoring above the other groups on surrender. Results suggest there is more to the act of surrender than level of involvement, length of sobriety, or degree of dependence on alcohol. Some support is provided for AA's philosophy that surrendering to a higher power occurs during the course of alcohol recovery. Results suggest there is a negative correlation between pathological narcissism and surrender. However, firm conclusions could not be drawn regarding narcissism. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Reinert, D. F. (1997). The surrender scale: Reliability, factor structure, and validity. *Alcoholism Treatment Quarterly*, 15(3), 15-32. Retrieved from PsycINFO Online Database.

Evaluated the reliability, factor structure and the convergent discriminate and predictive validity of the Surrender scale in 3 studies. Study 1 explored the internal structure of surrender responses of 190 alcoholics, aged 17-74 yrs. Using principal-components analysis, evidence was found for a general construct of surrender theoretically consistent with H. M. Tiebout's concept. Study 2 (70 Ss, mean age 35 yrs) and 3 (54 Ss, mean age 36 yrs) evaluated the validity of the Surrender scale among samples of alcohol treatment clients. Ss in Study 2 and 3 also completed a battery of tests. Evidence was found for convergent and discriminate validity for the full scale. Results show surrender is associated with less psychopathology, increased internal locus of control, and a sense of God-mediated control. Over treatment there was, as expected, a significant increase in surrender, acceptance, and God-mediated control. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Speer, R. P., & Reinert, D. F. (1998). Surrender and recovery. *Alcoholism Treatment Quarterly*, 16(4), 21-29. Retrieved from PsycINFO Online Database.

Tested the relationship of surrender, as operationalized by H. Tiebout (1949), to the quality of ongoing recovery and expected to find that Ss with a higher level of surrender a year following substance abuse treatment would report a higher quality of recovery. One year following treatment at a Minnesota-model center, 29 alcoholics (mean age 34 yrs) reported on the status of their recovery in this pilot study. Ss completed the Recovery Scale (R. P. Speer, 1995) and the Reinert Surrender Scale (D. F. Reinert, 1997). On the basis of a median split on a Surrender scale, two groups were formed: High Surrender and Low Surrender. Those in the High Surrender group had the higher quality of recovery, as measured by the Speer Recovery Scale. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Tiebout, H. M. (1954). The ego factors in surrender in alcoholism. *Quarterly Journal of Studies on Alcohol*, 15, 610-621. Retrieved from PsycINFO Online Database.

The inflated Ego is what must be surrendered before alcoholism can be arrested. This includes a feeling of omnipotence, inability to tolerate frustration, and excessive drive as exhibited in the need to do everything precipitously. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

- Tiebout, H. M. (1953). Surrender versus compliance in therapy with special reference to alcoholism. *Quarterly Journal of Studies on Alcohol.*, 14(58), 68. Retrieved from PsycINFO Online Database.
The concept of acceptance and the dynamics of the process in therapy have been unexplored, although crucial. Resistance to acceptance is unconscious and due to fears of passivity. Surrender, not compliance, is necessary. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)
- Tiebout, H. (1951). Surrender as a psychological event. *American Journal of Psychoanalysis.*, 11(84-85).
Annotation was not available for this source.
- Tiebout, H. M. (1951). Conversion as a psychological phenomenon (in the treatment of the alcoholic). *Pastoral Psychology.*, 2(13), 28-34. Retrieved from PsycINFO Online Database.
During alcoholic illness a person is tense and depressed, aggressive or stubborn, oppressed with a sense of inferiority, perfectionist, lonely and isolated, egocentric, defiant and walled off from others. Alcoholics Anonymous have proved that conversion as a psychological event can produce a major shift in personality manifestation, whereby the above symptoms are replaced by their opposite tendencies. Religion in this process provides the cultural via media to the attainment of an affirmative outlook and feeling tones toward the world and oneself. Rather than discounting the spiritual motives, psychiatrists must be alert to the constructive forces residing in every person in which conversion is possible. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)
- Tiebout, H. M., Jr. (1963, April). What does surrender mean? *Grapevine*, 20, 30-34.
Annotation was not available for this source.
- Tiebout, H. M. (1961). Alcoholics Anonymous: An experiment of nature. *Quarterly Journal of Studies on Alcohol.*, 22(62-68).
Based on observations of Alcoholics anonymous as its program has affected change in many members, and from clinical experience with alcoholic patients, a hypothesis is formulated concerning the effective psychological events which make possible the maintenance of sobriety. Four elements are recognized as playing an essential role: hitting bottom, surrender, ego reduction, and maintenance of humility. The application of this conceptualization in individual psychotherapy is discussed and illustrated with case material (summary of article, p.68).
- Tiebout, H. M. (1994). The ego factors in surrender in alcoholism. In J. D. Levin (Ed.), (1994) (pp. 148-157). Northvale, NJ, US: Jason Aronson Inc.
Annotation was not available for this source.
- Wolff, K. H., & Ludes, P. L. (1977). Toward understanding the radicalness of surrender. *Sociological Analysis*, 26(3), 397-340.
An attempt is made to isolate three meanings of the radicalness of surrender, which, undifferentiated, are: the state & the relation of cognitive love, entailing total involvement, suspension of received notions, pertinence of everything, identification, & risk of being hurt. Building, above all, on the second of these characteristics--the suspension of received notions (which is being compared with phenomenological suspension)--the three meanings of the radicalness of surrender result as: (1) the surrender's being in the world, (2) surrender as an element in a theory of society, & (3) as a criterion of maximum or optimal research. In *The Radicalness of Surrender: Some Reflections on a Significant Concept*, Peter L. Ludes (U of Trier, Federal Republic Germany) deals with one (social) aspect of one dimension (the radicalness) of the central notion of Wolff's work, ie, surrender-&-catch. Not doubting its methodological radicalness, five conditions of social radicalness are discussed: (A) whether it contributes to self-enlightenment & self-change, (B) to enlightenment or education, (C) are surrender organizable, (D) does it have

an impact on the scale, distribution, & use of power, & (E) can it ascertain & initiate desirable, logically consistent, & realizable alternatives to the prevailing social actions, processes, or structures. Conditions (A) & (B) are fulfilled. Conditions (C) to (E)--which show beyond the area of surrender-&-catch & enter the problem-field of what to do thereafter--require further exercises in surrender & studies on the basis of them. AA

Theology

Came to Believe Volume 2: Addiction Recovery Through Bible Therapy. (1994). [Audiotape]. Las Vegas, NV: Waterboy Ministries.

Here is Scriptural foundation for the Twelve Steps of recovery. Side 1: Message 4 (Steps 4, 5, 6, 7) and Message 5 (Steps 8, 9, 10). Side 2: Message 6 (Step 11)/Prodigal Won and Message 7 (Step 12).

Came to Believe Volume 1: Addiction Recovery Through Bible Therapy. (1994). Las Vegas, NV: Waterboy Ministries.

Here is Scriptural foundation for the Twelve Steps of recovery. Side 1: Testimony by Mr. Jimmy Wheeler and Message 1 (Step 1). Side 2: Message 2 (Step 2) and Message 3 (Step 3).

Abel, L. (1996). The sure proof. Wine is sure proof that God loves us and wants us to be happy [Editorial]. *Journal of the Arkansas Medical Society*, 93(7), 316-318.

Annotation was not available for this source.

Albers, R. H. (1955). *Shame a faith perspective*. New York, NY: Haworth Pastoral Press.

Albers presents a presentation of disgrace shame that integrates the faith tradition with psychological theory. He explores how God's gifts of love, acceptance, and forgiveness can heal our shame-based identity and empower us to accept our God-given identity as loved people. The book contains helpful suggestions and resources for people to heal spiritually, emotionally, intellectually, and relationally.

Albers, R. H. (1982). *The theological and psychological transformation in the recovery from the disease of alcoholism*. Unpublished doctoral dissertation, Claremont.

The pervasiveness of alcoholism in our society inevitably involves the pastor in his/her ministry. The nature and effectiveness of pastoral involvement is contingent upon his/her ability to address the issue from a comprehensively informed perspective. Purpose. The dissertation has a two-fold purpose. The first is to explicate the manner in which the psycho-social-theological dynamics of transformation can be conceptualized from an integrative perspective. The second purpose is to indicate how the informed and involved pastor can play a strategic role in the transformation process. Methodology. Material was drawn from three primary sources. The first is the literature addressing the multi-faceted aspects of alcoholism including the publications of the self help groups of Alcoholics Anonymous and Al-Anon. The second source was the theology and tradition of the Lutheran Church. The third source was the observations and leanings drawn from a decade of pastoral experience and two units of clinical pastoral education in working with alcoholics and their families. The phenomenon of transformation in recovery is examined from these three perspectives and the impact of each is considered for the integrative process. Practical insights for pastoral care evolved from the study as a consequence. Conclusions. A number of specific theoretical and practical conclusions were reached on the basis of this study. These specific conclusions can be subsumed under the following comprehensive statements. (1) Transformation in the recovery from alcoholism is a gift of grace. It is a processive phenomenon incorporating the reality of the past, the actuality of the present and the potentiality of the future. (2) The recovery approach of Alcoholics Anonymous provides a solid psycho-social-theological foundation and framework for the pastor to work with the family system. (3) The informed and involved pastor,

as theologian and counselor, can function strategically in facilitating the transformation process through identification, intervention, and prevention of the addictive cycle.

Albers, R. H. (1998).: Spiritual barriers in recovery [Editorial]. *Journal of Ministry in Addiction & Recovery*, 5(1), 1-11.

Annotation was not available for this source.

Albers, R. H. (1999). The search for meaning [Editorial]. *Journal of Ministry in Addiction & Recovery*, 6(2), 1-9.

Annotation was not available for this source.

Baker, T. S. (1994). *Understanding the spiritual nature of addiction*. Providence, RI: Manisses Communications Group, Inc.

This document is written in two parts. The first part, entitled "Understanding the spiritual nature of addiction," is an overview and discussion of addiction as a biological, psychological and spiritual disease with special attention to the spiritual aspects of both the disease process and recovery. The second section of this volume, entitled "..and if that doesn't work," is an historical overview of various religious approaches to the problem of intoxication and is meant to demonstrate that abuse of alcohol and other drugs is far from a recent phenomenon. A discussion of the recovery process from addiction to alcohol and other drugs is presented. The goal is to focus on the need to improve diagnostic awareness in laypersons and the clergy to help dispel harmful myths, to raise consciousness, and to encourage clerical attention to the spiritual aspects of this condition. Particular attention is given to the role of Alcoholic Anonymous in overcoming addiction. A history of various religious approaches to intoxication is presented.

Black, C. (1988). The need to believe: Resolving religious teachings. *Alcoholism and Addiction*, 8(4), 39.

Annotation was not available for this source.

Carroll, M. M. (1999). Spirituality and alcoholism: Self-actualization and faith stage. *Journal of Ministry in Addiction & Recovery*, 6(1), 67-84.

This article looks at the relationship between Maslow's concept for self-actualization and Fowler's stages of faith of recovering alcoholic adult children of alcoholics. There were 17 respondents: 10 self-actualizes (S-A) and 7 not self-actualized (NS-A). The S-A respondents were in the higher faith stages in dictating a transformative conversion process. Data on current life functioning demonstrated correlation between S-A, faith stage, and current behaviors. Discussion addresses two key and interconnected concepts – an innate dynamic force to search for God and the surrender of self as a grieving process – and their implications for ministry (abstract from article).

Dunbar, S. (1999). A service of reconciliation. *Journal of Ministry in Addiction & Recovery*, 6(1), 85-99.

This article proposes a religious service for members of Alcoholics Anonymous, or other Twelve Step programs, who are interested in reconciling their recovery program with their Christian heritage. The sermon contained in the service connects Scripture with the twelve steps and recounts the influence of the Bible and Christianity in the development of AA. A metaphor of walking the path of the Way of God is equated with the path of recovery. The service concludes with foot washing as a remembrance of baptism (abstract from article).

Finnegan, D. G., & McNally, E. B. (Eds.). (1995). *Defining God or a higher power: The spiritual center of recovery*. New York, NY: Harrington Park Press/Haworth Press. Retrieved from PsycINFO Online Database.

Explores a process central to recovery from the spiritual trauma of alcoholism--that of defining God or a Higher Power ... examines people's cultural and personal histories and contexts for this process, the steps they take to create or find this definition, and the importance of this process and

this definition to their recovery ... clinical implications and suggestions will be provided to assist clinicians in helping alcoholic clients on their journey to recovery (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Garriety, R. M. (1994). *O Happy Fault: Personal Recovery Through Spiritual Growth*. New York: Paulist Press. Garrity combines modern recovery psychology with the Christian spiritual tradition. The dynamics of addiction are viewed through the lens of faith, showing how our shortcomings, blindspots, and everyday addictions can become avenues for growth. Drawing on such spiritual mentors as Julian of Norwich, Bonaventure, Francis, Claire, John Wesley, and Teresa of Avila, Garrity offers a spirituality for any who has ever experienced "getting stuck", and for those who want to embark on their own journey to genuine freedom. Other topics: self-love, failure, slow progress, spiritual friendship, spiritual maturity, suffering, "why, God"?, desire, detachment, and making a difference.

Goodman, A. (1995). Addictive disorders: An integrated approach: Part One-An integrated understanding. *Journal of Ministry in Addiction & Recovery*, 2(2), 33-75.

In Part One of this two-part paper, a theoretical framework for understanding addictive disorders is presented. A review of research literature supports the hypothesis that several behavioral syndromes-addiction to alcohol (alcoholism), addictions to other drugs, bulimia, pathological gambling, and sexual addiction – have in common an underlying process that precedes onset of the pathognomonic behavioral patterns. An underlying psychobiological process is hypothesized to be shared by all addictive disorders. It is designated the addictive process and defined as compulsive dependence on external actions as a means of regulating one's internal states (one's feelings and sense of self). The addictive process is considered in more detail, in two complementary formulations: a psychological formulation and neurobiological formulation. A definition of addiction and diagnostic criteria for addictive disorder also are presented. In Part Two, which follows in the next issue of this journal, an integrated system for treating addictive disorders, is outlined (abstract from article)..

Goodman, A. (1996). Addictive disorders: An integrated approach part two-An integrated treatment. *Journal of Ministry in Addiction & Recovery*, 3(1), 49-77.

In Part One of this two-part paper, a framework for understanding addictive disorders was presented that centered on underlying addictive process: compulsive dependence on external actions as a means of regulating one's internal states. In Part Two, an integrated system for treatment of addictive disorders is outlined. This treatment system was designed to address both addictive behavior and the addictive process. Addictive behavior is addressed through behavioral symptom management, which includes relapse prevention and other cognitive-behavioral techniques. The addictive process is addressed through treatments that promote self-regulation and development of the meaningful interpersonal connections. These include psychoanalytic (exploratory-expressive) psychotherapy and therapeutic group experience. The role of pharmacotherapy (medication treatment) also is discussed. The proposed treatment system brings together these therapeutic methods in one theoretically coherent, clinically unified approach. The paper then concludes by considering how our understanding of addiction can illuminate spiritual perspective on our society and culture (abstract from article).

Hopson, R. E., & Moses, M. J. (1996). Theology of paradox: A Pauline contribution to the understanding and treatment of addictions. *Journal of Ministry in Addiction & Recovery*, 3(1), 7-47.

The Biblical text of 2 Corinthians 4 presents Paul's rejoinder to a theological controversy which had arisen within the Corinthian Christian community. Paul suggests that his opponents were exposing an errant theology which insisted upon the capacity for transcendent experiences without the reality of suffering and limitation. In contrast, Paul argues that the human condition is characterized by the paradox of the fact of human finitude and limitation together with the

reality of the capacity for transcendent experiences. The theological perspective offered by Paul in 2 Corinthians 4:6-12 is brought to bear on the problem of addictions in contemporary society. It is suggested that the desire to escape human finitude underlies the addictive problem. Paul's theological remedy is offered as an approach for clergy and layperson who work in ministry settings with addicted people (abstract from article).

convenient

Jelinek, E. (1998). Alcoholism and the book of Proverbs: A look at alcoholism as shown in Proverbs 23:29-35. *Journal of Ministry in Addiction & Recovery*, 5(2), 65-74.

This article looks at the breakdown of family and community due to addictions, namely alcoholism. The Book of Proverbs is used as a scriptural reference for working within communities, namely Proverbs 23:29-35. This proverb is then exegeted, showing how this passage is still applicable to modern culture and the issues raised in it are just as pertinent, if not more so, today as they were when the proverb was written. This article concludes with possible implications for this proverb, ways it can possibly be used in pastoral settings (abstract from article).

Kahn, A. (1998). The Exodus: A parable of addiction and recovery. *Journal of Ministry in Addiction & Recovery*, 5(2), 13-31.

This paper offers a perspective on supporting the spiritual needs of addicts by drawing from biblical, mystical and traditional Jewish observance, especially the story of Passover and the Exodus from Egypt. Alcoholism and other addictions tend to be greatly denied among Jews and many Jewish addicts who do acknowledge their addiction rightly turn to twelve step programs but are unaware of the roots of spirituality that also exist with Judaism. Indeed, many of the basic concepts of AA, such as: admitting powerlessness, surrendering to a Higher Power, turning our will over to God as we understand Him, seeking contact with God through prayer and meditation, are deeply compatible with story of the Exodus and with the teachings of mystical and traditional Judaism (abstract from article).

Kiely, H. C. (1996). The demon of addiction: Jesus answers our cry for spiritual deliverance: A Bible study on Mark 5:1-20. *Sojourners*, 25, 26-29.

Annotation was not available for this source.

Kroll, J., & Bachrach, B. (1984). Sin and mental illness in the Middle Ages. *Psychol Med*, 14(3), 507-514.

The modern stereotype that in the Middle Ages there was a general belief that mental illness was caused by sin is reviewed. The authors examined 57 descriptions of mental illness (madness, possession, alcoholism, epilepsy, and combinations thereof) from pre-Crusade chronicles and saints' lives. In only 9 (16%) of these descriptions did the sources attribute the mental illness to sin or wrongdoing, and in these cases the medieval authors appeared to use this attribution for its propaganda value against an enemy of their patron saints, their monastery lands, or their religious values. The medieval sources indicate that the authors were well aware of the proximate causes of mental illness, such as humoral imbalance, intemperate diet and alcohol intake, overwork, and grief. The banality that, since God causes all things he also causes mental illness, was only used by medieval authors under special circumstances and in a minority of cases. It does not constitute evidence of superstitious and primitive notions about mental illness in the early Middle Ages.

Lattimore, V. L. (1997). A theology of addiction: Spiritual, psychological, and social roots. *Journal of Ministry in Addiction & Recovery*, 4(1), 47-61.

The diagnosis, treatment and aftercare of those addicted and their significant others requires a holistic understanding of the disease of addiction. Biblical and theological dimensions of the phenomenon are postulated as foundational to the psychological and social roots of addiction (abstract from the article).

Luter, B., & McReynolds, K. (1994). *Truthful Living: What Christianity Really Teaches about Recovery*. Dartmouth, MA: Baker Books.

Some Christian leaders have embraced the recovery movement, while others have shunned it. But what does the Bible say? In a refreshingly balanced approach, *Truthful Living* mines the Bible's wealth of guidance for healing emotional compulsions, showing which aspects of recovery are rooted in scripture and which are not.

Martin, J. A. (1992). *Blessed are the addicts: The spiritual side of alcoholism, addiction, and recovery* (1st HarperCollins pbk. ed.). San Francisco, CA: Harper San Francisco.
Annotation was not available for this source.

May, G. (1977). *Simply san: The spirituality of mental health*. New York, NY: Crossroad Publishing Company.
Annotation was not available for this source.

May, G. (1982). *Care of mind, care of spirit: Psychiatric dimension of spiritual direction*. San Francisco, CA: Harper & Row Publishers.
Annotation was not available for this source.

May, G. (1991). *Addiction and grace*. San Francisco: Harper Collins Publishers.
Here is Gerald May's brilliant and now classic exploration of the psychology and physiology of addiction. It offers an inspiring and hope-filled vision for those who desire to explore the mystery of who and what they really are. May examines the "processes of attachment" that lead to addiction and describes the relationship between addiction and spiritual awareness. He also details the various addictions from which we can suffer, not only to substances like alcohol and drugs, but to work, sex, performance, responsibility, and intimacy. Drawing on his experience as a psychiatrist working with the chemically dependent, May emphasizes that addiction represents an attempt to assert complete control over our lives. *Addiction and Grace* is a compassionate and wise treatment of a topic of major concern in these most addictive of times, one that can provide a critical yet hopeful guide to a place of freedom based on contemplative spirituality (from the publisher).

Alsdurf, J. (1989). Addiction and Grace : [Review]. *Christianity Today*, 33, 63.
Annotation was not available for this source.

Bauman, G. (1991). Addiction and Grace : [Review]. *Journal of Psychology and Christianity*, 10, 286.
Annotation was not available for this source.

Carey, A. (1989). Addiction and Grace : [Review]. *Weavings*, 4, 43-44.
Annotation was not available for this source.

Craft, C. M. (1989). Addiction and Grace : [Review]. *Cross Currents*, 39, 108-114.
Annotation was not available for this source.

Dotts, T. (1989). Addiction and Grace : [Review]. *Perkins Journal*, 42, 27-28.
Annotation was not available for this source.

Emeth, E. V. (1990). Addiction and Grace : [Review]. *Sojourners*, 19, 40-41+.
Annotation was not available for this source.

Handspicker, M. B. (1990). Addiction and Grace : [Review]. *Andover Newton Review*, 1, 37-39.

Annotation was not available for this source.

Roessler, J. S. (1991). Addiction and Grace : [Review]. *Anglican Theological Review*, 73, 91-93.

Annotation was not available for this source.

Sphar, A. R., & Iii. (1994). Addiction and Grace : [Review]. *Theological Educator*(50), 182-183.

Annotation was not available for this source.

Talbert, B. W. (1991). Addiction and Grace : [Review]. *Perspectives in Religious Studies*, 18, 96-100.

Annotation was not available for this source.

May, G. (1991). *The awakened heart: Living beyond addiction*. San Francisco: Harper Row.

Annotation was not available for this source.

Martignetti, C. A. (1999). Addiction: Putting off until tomorrow. *Journal of Ministry in Addiction & Recovery*, 6(1), 9-27.

Substance misuse is viewed as a means of putting off ("forestalling") perceived worse possible consequences than those of addiction. Included are the concepts of "maturing into" a necessary developmental stage and subsequent "maturing out" of substance abuse. The importance of understanding the "meaningfulness" and "emotional truth" behind addictive behaviors is also considered, as well as a rethinking of the conventional approach of a priori abstinence as a requisite for psychotherapeutic treatment. The concepts are explained and illustrated by clinical vignettes throughout the text (abstract from article).

McCormick, P. T. (1989). *Sin as addiction*. New York, NY: Paulist Press.

McCormick explores six models for understanding human sinfulness, pointing out the particular strength of each model's explanatory insight. But each model also has its own limitations. I especially like how McCormick underlines the psychological and social destructiveness that can and has resulted from reliance on any one model to the exclusion of the others. This makes the book more than an abstract exercise. It shows that a complete view of sin in all its dimensions is a practical necessity for psychological and social well-being (on cover).

Varacalli, J. A. (1990). Sin as Addiction [Review]. *Review of Religious Research*, 38(5), 329-330.

Annotation was not available for this source.

McCloud Dort, V., & Furton, E. J. (2000). *Addiction and Compulsive Behaviors : Proceedings of the Seventeenth Workshop for Bishops*. Boston, MA: National Catholic Bioethics Center.

Annotation was not available for this source.

Mellon, J. C. (1995). *Mark as recovery story: Alcoholism and the rhetoric of gospel mystery*: Chicago, IL: University of Illinois Press.

Mark as Recovery Story interprets the Gospel of Mark in terms of alcoholism and Twelve-Step recovery. Identifying numerous previously unrecognized ambiguities in the gospel's Greek text, John Mellon portrays Mark's mysterious "insider" audience as a fellowship of ex-inebriates turned waterdrinkers, alcoholics whose spirituality of powerlessness resembled that of Alcoholics Anonymous today. Mellon discovers in Mark, the most enigmatic of the Jesus narratives, genre features of the former drunkard's sobriety story, and he reconstructs the first-person story Jesus would have told on his return to Galilee, culminating in his Last Supper words about wine and his Gethsemane prayer for removal of the cup (From the Publisher).

Mercadante, L. A. (1997). Sin, gender, and addiction. *Journal of Ministry in Addiction & Recovery*, 4(1), 37-43.

The concept of "sin" is hidden within the addiction metaphor. The roots and content of his concept must be made explicit before the addiction metaphor's spiritual adequacy can be properly evaluated.

Mercadante, L. A. (1996). *Victims and sinners: Spiritual roots of addiction and Recovery*. Louisville, KY: John Knox Press.

More than one million Americans participate in Alcoholics Anonymous groups. Addiction recovery groups such as AA often rely heavily on religious themes, offering a form of spirituality as a way to deal with life's problems. Many recovery groups, however borrow selectively from theology because the full Christian doctrine of sin can be alienating for those in recovery. Linda Mercadante offers a theological critique of addiction recovery programs and proposes an alternative view of addiction that avoids both excessive blame and excessive victimization. This book is for pastoral counselors, clergy, laypersons, and recovery group members wanting to reassess addiction recovery from a theological perspective. It offers a wake-up call to the church both to establish recovery groups and to construct a language for better dialogue.

Morgan, O. J. (1997). Victims and sinners : [Review]. *Journal of Pastoral Care*, 51, 464-466.
Annotation was not available for this source.

Miller, W. R. (1995). Toward a biblical perspective on drug use. *Journal of Ministry in Addiction & Recovery*, 2(2), 77-87.

Alcohol, tobacco, and other drugs exact a terrible toll of suffering and death in society. A biblical basis is explored for personal and public policy toward alcohol and other drug use. The complexity of a biblical view includes not only the nature of drugs, but considerations related to dose, motivation for use, and actual or potential harm. The sinfulness of an act of drug use, from a biblical perspective, depends upon such factors. This view moves beyond an individual, offender-focused view toward an understanding of drug use that recognizes our communal responsibility for problems and solutions (abstract from article).

Miller, K. J. (1987). *Sin: Overcoming the ultimate deadly addiction*. San Francisco, CA: Harper.

Longtime spokesman with Bruce Larson for the "relational" approach to Christianity, Miller now tackles the subject of sin, which he sees as a blinding self-absorption, heavily camouflaged by denial and, like chemical addiction, curable only through complete, day-by-day surrender to God. Opening with a naked confession of his own sinfulness, Miller proceeds to a more general discussion of sin as addiction and as disease, the healing power of prayer, Bible reading and corporate worship, and the importance of small group support and concerned outreach. This should be welcomed by Miller's many admirers. EC (Barnes & Noble)

Morgan, O. J. (1999). Chemical comforting and the theology of John C. Ford, SJ: Classic answers to a contemporary problem. *Journal of Ministry in Addiction & Recovery*, 6(1), 29-65.

This article is an historical and thematic study of the theological ethics of John C. Ford, SJ, regarding alcohol abuse and chemical dependency. Retrieving "classic" perspectives on these problems is seen as important for helping the churches to address this challenging "sign of the times" today. Ford's involvement in the fledging "recovery movement" and his collaboration in early addiction science are documented. His main theological views regarding addiction are reviewed. Three themes are addressed: the nature of addictive illness, the role of a "spiritual" component in addiction, and the notions of sin and personal responsibility in relation to abuse and dependency (abstract from article).

Morgan, O. J. (1998). Practical theology, alcohol abuse and alcoholism: Methodological and biblical considerations. *Journal of Ministry in Addiction & Recovery*, 5(2), 33-63.

Communities of faith are challenged today to join the contemporary struggle against chemical abuse and dependency in new and exciting ways. Beyond utilizing church basements for Twelve Step meetings and including alcohol and other drugs as topics in teenage religious education, faith communities are being invited to bring their full theological and religious resources to bear on this pressing social problem. Using contemporary practical-theological method as a way to approach these issues, the author integrates historical, biblical and other sources into a way of thinking about issues of chemical abuse and dependency in a theological frame (abstract from article).

Ndahne, J. (1999). Communicating the addiction message in the unwritten language. *Journal of Ministry in Addiction & Recovery*, 6(2), 61-73.

This paper focus on drug abuse prevention strategies in the unwritten language = the media option. The media shapes public opinion, As such, reporting about addicts becomes a platform from which society view the, It is high time media practitioners turn to positive reporting to promote developmental communication for the benefit of the addicts. They should treat addiction stories based on knowledge of their communities rather than mere news events. To relate the addiction message in an unwritten language for the consumption of the illiterate and semiliterate rural communities untouched by the addiction message, some communication strategies must be considered. Such include simplicity in reporting, thinking in a local language, translating Western thought and then retranslating in a local language coupled with training. The complex method d adoption and adoption that goes beyond new sin breaking of law rake primacy place in treatment by the media. The journalist explores the story to identify with addicts. In so doing, he provides alternatives to the non-medical use of drugs. This, in a nutshell, is action oriented information than changes apathy to action in health an human advancement. But the men and women of God working in the Ministry of Addiction and Recovery have an uphill task in society. It is to combine the spiritual dimension of the victim with the other disciplinary approaches in order to restore hope in the addict in particular and society in general (abstract from article).

Oates, W. E. (1994). A Biblical perspective on addiction : [Deut 5:6-7; 6:4; Matt 22:34-40; Gal 4:3,8; expository article]. *Review and Expositor*, 91, 71-75.

Annotation was not available for this source.

O'Brien, J. M., & Seller, S. C. (1989). Drunkenness in the Old Testament: A clue to the great Jewish Drink mystery. In S. Einstein (Ed.), *Drug and alcohol use: Issues and factors* (pp. 93-100). New York, NY, US: Plenum Press. Retrieved from PsycINFO Online Database.

This paper is based on a project which is designed to develop a series of tables that catalog and categorize references to alcohol in the sacred scriptures ... this report deals with references to alcohol in the Bible/Old Testament ... the primary purpose of each table is to enable researchers to locate references to alcohol in the respective texts (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Royce, J. E. (1994) Christianity: Another tradition. *Journal of Ministry in Addiction & Recovery*. 1(2) p. 87-90

In this lead article in the first issue of this new journal. Dr. Farris laments a common tradition in Christianity which is essentially negative and puritanical, emphasizing a view of human nature as depraved by original sin. He points out that one's theological anthropology can be very important for counseling people in recovery. In support of his position, another more optimistic view is presented a rooted in the Bible's portrait of God as loving, and human nature as essentially good (abstract from article).

Royce, J. E. (1986). Sin or solace? Religious views on alcohol and alcoholism. In T. D. Watts (Ed.), *Social Thought on Alcoholism: A Comprehensive Review*. Malabar, FL: R.E. Krieger Pub. Co.

The Bible condemns drunkenness as evil, yet praises wine as a gift from God. The concept of alcoholism as a disease is of a much later origin, and has moral implications on which the churches have varied opinions. Islam forbids alcohol, but Moslem scholars are divided on how much is actually consumed by its followers. Mormons and fundamentalist Protestants are in the same dilemma. The Jews and European Christianity developed viniculture while forbidding drunkenness; American denominations agree on the latter, but differ widely and even vehemently on whether drinking itself is wrong. The WCTU and other movements which lead to a prohibitions in the U.S. confused abstinence with temperance, creating a false dichotomy between total abstinence and drunkenness which actually negated the concept of temperance. Both Alcoholics Anonymous and various current religious approaches exemplify a rapprochement between theism and the disease model (abstract from article).

Schmidt, L. A. (1995). "A battle not man's but God's": Origins of the American temperance crusade in the struggle for religious authority. *Journal of Studies on Alcohol*, 56(1), 110-121.

Major theories of the origins of American temperance have emphasized materialist explanations without taking seriously enough the independent role of ideas--and, in particular, religious ideas--in stimulating the reform. This article develops a new interpretation, focusing on the religious origins of temperance in a "crisis of contested authority" that befell the Protestant denominations descended from Puritanism during the early years of the 19th century. One outgrowth of the crisis over the authority of traditional religious ideas was a new theology focused on religious salvation through the suppression of vice. This new religious ideology provided a core of beliefs and powerful justification for organizing a public crusade to "exterminate" vice, and one that for ideological reasons ultimately narrowed its focus to the specific vice of intemperance. The crusade against vice in the early republic offered clergymen a "solution" to their problems of contested authority by providing new strategies and an organizational base of voluntary societies for carrying out what they perceived to be their sacred duties: winning souls to God, guarding collective salvation and leveraging government to promote obedience to religious prohibitions on vice. At least initially, temperance was part of a new kind of effort to assert the authority of religious ideas in the public sphere, and to regroup religious forces under auspices outside the church.

Scott, E. M., & Ten Eyck, T. G. (1995). Alcoholism, AA and a bit of theology. *Alcoholism Treatment Quarterly*, 12(4), 97-102. Retrieved from PsycINFO Online Database.

Using medical concepts to define alcoholism, differences between illness and disease are discussed. Using theological concepts, AA's ideas of God in its belief system are delineated. In terms of psychological constructs, an attempt is made to compare a Higher Power to transitional object theory. The authors argue that AA's suggestions act as potential interjects, proposing that the alcoholic seek a God and turn over the illness of alcoholism to that God. The authors suggest that the Higher Power should be more in line with F. Thompson's (1947) Hound of Heaven in which the hound doesn't sit and wait, but to be sought, he seeks. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Seiden, J. (1993). *Divine or Distorted?: God as We Understand God*. San Diego, CA: Recovery Publications, Inc.

Seiden shows how our families, our churches, and our own fears have distorted our view of God, and how the Bible can help us transform that view. He provides a powerful healing tool and a way to find an authentic relationship with a loving, all-powerful God. He shares his own recovery story, the stories of others, and stories of people in the Bible from a recovery point of view. Chapters: God distorted by parents, defined in Christ (acceptance, significance, competence, virtue, power); God distorted by church, described in law (differences, fairness, jubilee, disadvantages, redeemers); and God distorted by fear, depicted in Exodus (rescue, provision, protection, victory, promise).

Shoemaker, S. (1932). *Confident faith*. London: Fleming H. Revell Company.
Annotation was not available for this source.

Shoemaker, S. (1946). *How you can help other people*. New York, NY: E.P. Dutton & Co. Inc.
Annotation was not available for this source.

Seiden, J. (1993). *Divine or distorted?: God as we understand god*. San Diego, CA: Recovery Publications, Inc.
Seiden shows how our families, our churches, and our own fears have distorted our view of God, and how the Bible can help us transform that view. He provides a powerful healing tool and a way to find an authentic relationship with a loving, all-powerful God. He shares his own recovery story, the stories of others, and stories of people in the Bible from a recovery point of view. Chapters: God distorted by parents, defined in Christ (acceptance, significance, competence, virtue, power); God distorted by church, described in law (differences, fairness, jubilee, disadvantages, redeemers); and God distorted by fear, depicted in Exodus (rescue, provision, protection, victory, promise).

Seller, S. C. (1985). Alcohol abuse in the Old Testament. *Alcohol and alcoholism*, 34(1), 69-76.
The Old Testament offers lessons in the use & abuse of alcohol & may also contain pertinent clues as to why Jews, rarely abstinent, evince a remarkably low incidence of addictive drinking. Some observations are offered within the context of a modern classificatory system suggested in the Major and Minor Criteria for the Diagnosis of Alcohol, outlined in 1972 by the National Council of Alcoholism in the US. 1 Addendum, 5 References. HA

Seller, S. C. (1987). Alcohol abuse in the New Testament. *Alcohol*. 22(1), 83-90.
The New Testament is similar to the Old Testament in terms of some fundamental attitudes towards alcohol. St Paul, for example, in the spirit of the Old Testament, unequivocally condemns drunkenness but recommends the consumption of wine in moderate amounts. Nevertheless, there are significant differences in emphasis between the two documents. Wine is referred to as God's gift in six of the books from the Old Testament, and no such description is offered in the New Testament. Total abstention seems acceptable only under exceptional circumstances in the Old Testament, while it is implicitly extolled through the exemplary role of John the Baptist in the New Testament. Finally, penalties for drunkards, including loss of salvation, are proportionally more frequent and comprehensive in the New Testament.

Smith, M. A. (1994). Psalms 42 & 130--Hope for the hopeless : [expository article]. *Review and Expositor*, 91, 77-80.
Annotation was not available for this source.

Tillich, P. (1952). *The courage to be*. New Haven, CN: Yale University Press.
In this classic and deeply insightful book, one of the world's most eminent philosophers describes the dilemma of modern man and points a way to the conquest of the problem of anxiety. This edition includes a new introduction by Peter J. Gomes that reflects on the impact of this book in the years since it was written.

Wallace, R. F. (1999). Wanted: A higher power. *Journal of Ministry in Addiction & Recovery*, 6(2), 41-52.
The images of God as presented in the Old Testament can be somewhat troublesome for those who are attempting to base their concept of a higher power on biblical texts. Although God is repeatedly portrayed as being judgmental and harsh within the pages of the Old Testament, a close look at the text, considering in its original context, can provide the reader with new insight into the parallels between the stages of addiction and the stages of exile. As a result, a new

appreciation for the Old Testament images of God in the context of recovery emerges (abstract from article).

Wallace, R. M. (2000). Here we go again [Editorial]. *Journal of Ministry in Addiction & Recovery*, 7(1), 1-7. Annotation was not available for this source.

Weatherhead, L. D. (1934). *Discipleship*. Chicago, IL: Abingdon Press.

Wilde, G. (1999). *Bible promises to treasure for people in recovery: Inspiring words for every occasion*. Nashville, TN: Broadman & Holman Publishers.

A worship disorder: this is how Edward T. Welch views addictions. "Will we worship ourselves and our own desires," he writes, "or will we worship the true God?"

With this lens the author discovers far more in Scripture on addictions than passages on drunkenness. There we learn the addict's true condition: like guests at a banquet thrown by "the woman Folly," he is already in the grave (Prov. 9:13-18). Can we not escape our addictions? If we're willing to follow Jesus, the author says we have "immense hope: hope in God's forgiving grace, hope in God's love that is faithful even when we are not, and hope that God can give power so that we are no longer mastered by the addiction." Each chapter concludes with "Practical Theology," guidance "As You Face Your Own Addictions" and "As You Help Someone Else." (from publisher).

Therapy

Barbaroussis-Goot, D. (2001). *Integrating spirituality into mental health and addiction recovery therapies*.

Unpublished Thesis (M.L.S.), Regis University, Denver, CO.

Annotation was not available for this source.

Bergin, A. E., & Ellis, A. (1992). Should psychotherapy include religious values? In B. Slife & J. Rubinstein (Eds.), *Taking sides: Clashing views on controversial psychological issues (7th ed.)* (pp. 286-301).

Guilford, US: Dushkin Publishing Group. Retrieved from PsycINFO Online Database.

"Psychotherapy and Religious Values" ... Allen E. Bergin ... advocates injecting theistic religious values into the psychotherapeutic context ... "Psychotherapy and Atheistic Values: A Response to A. E. Bergin's 'Psychotherapy and Religious Values'" ... Albert Ellis ... feels that extreme religiosity leads to emotional disturbance, and he advances values that are based upon a humanistic-atheistic system of beliefs (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Cruse, S. W. (1989). *Another chance: Hope and health for the alcoholic family*. Palo Alto, CA: Science and Behavior Books, Inc.

This helpful guide introduces the roles played by various members of an alcoholic family, the effects of the disease, and how intervention can interrupt the downward spiral. It offers fresh insight on what is happening in alcoholic families and what one can personally do to change it. Also discussed are adult children of alcoholics, the importance of spirituality in recovery, a powerful therapeutic experience called Family Reconstruction, and co-dependent therapists and their need for treatment.

Diamond, J. (2000). *Narrative means to sober ends: Treating addiction and its aftermath*. New York: Guilford Press.

Diamond proposes a narrative approach that builds a bridge between family therapy, psychodynamic therapy, and addictions counseling. Clients will form new understandings of what has happened in their lives, explore their relationships to drugs and alcohol, and develop new stories to guide and nourish their recovery. Rich with examples, the core approach uses letter writing, personal accounts, and other creative tasks. Topics: writing for our lives, a sobriety of

literary merit, letters of invitation and dismissal, bargaining (controlled drinking and other negotiated settlements), healing, telegrams from God, re-authoring spirituality, letting go, , becoming 12-Step literate, stories for our time, trauma and recovery, reality bytes, narrating food addictions, writing home, sobering up Ophelia, therapy with children and adolescents, narrating our own stories (therapists in recovery), no conclusions, a less convenient fiction, and muddling through. Special attention is given to race, gender, class, and other issues of culture and power that surface in the treatment of diverse individuals.

Georgi, J. M. (1998). The spiritual platform. *Spirituality and psychotherapy in addiction medicine. N C Med J*, 59(3), 168-171.

This study discusses the role of spirituality and psychotherapy in the treatment of addictions. From a biological perspective, a growing body data suggests that drug addicts and alcoholics differ biologically from the non-addicted. Differences in both their brain chemistry and their metabolic processing of drugs make addicts particularly sensitive to the re-enforcing aspects of drugs of addiction. Psychological "woundings" that addicts experience in life and the psychological/social contexts in which they operate give energy to the biological vulnerabilities with which they are born. Spiritually sensitive psychotherapeutic interventions such as directed actions or increased awareness allow access to a patient's spirituality. This spiritual platform is comprised of (1) a capacity to make conscious choices; (2) an ability to take growth-producing risks; (3) a facility to develop healthy relationships; and (4) a capacity to experience wonder and awe. "Spiritual psychotherapy" recognizes the importance of the psychological variables supporting addictive disease and the intrapsychic pain experienced by patients. Patients need to be encouraged to become mindful of their process capacities, not only within the therapy relationship but also in life in general. As the spiritual journey becomes more comfortable, the therapist encourages activities that support a right hemispheric world view. It is through acceptance and integration that patients expand their spirituality and solidify their recovery from addictive behaviors.

Heggenhougen, H. K. (1997). *Reaching new highs: Alternative therapies for drug addicts*. Northvale, NJ: Jason Aronson Inc.

Heggenhougen reviews the literature that describes and assesses traditional interventions rooted in other cultures (Buddhist, Malay, Native American, etc.), as well as therapies advanced through alternative achievements like acupuncture, biofeedback, and meditation. Besides exploring their features and evaluating their efficacy, he comments on their transferability to conventional American and European addiction programs. This exposure to the cross-cultural perspective, replete with potential for creative adaptation, may enrich our understanding as it expands treatment options. Also: herbal, art therapy, outward bound, biofeedback, acupuncture, affect, ASC, high mind, relaxation, ibogaine, TM, psychodrama, music therapy, bibliotherapy, ritual, spiritism, revivalism, shamans, and therapeutic communities.

Martin, J. E., & Booth, J. (1999). Behavioral approaches to enhance spirituality. In W. R. Miller (Ed.), *Integrating Spirituality into Treatment: Resources for Practitioners* (pp. 161-175). Washington, DC: American Psychological Association.

This chapter addresses the enhancement of spirituality from a practical standpoint, focusing on applying behavioral methods to strengthen spiritual and religious practices which may be efficacious in enhancing one's physical health, mental health, and overall quality of life. Discussed here are components of spirituality including meditation and prayer, following the Twelve Steps, surrendering control, practicing acceptance and forgiveness, developing mindfulness, and manifesting values, hope, and serenity. The principles of cognitive therapy are highly applicable in helping people establish and maintain spiritual practices. The overall effectiveness of cognitive therapy for depression can be significantly improved for religiously oriented clients by incorporating their spiritual perspectives. Three general insights are seen in the enhancement of

spirituality: (1) There is much shapable behavior in spirituality. (2) Psychology, particularly cognitive-behavioral therapy, has much to offer in helping individuals strengthen their spirituality and religious adherence. (3) Spiritual behavior enhancement may be approached from three basic directions that involve increasing spiritual practice, strengthening spiritual identity, and decreasing spiritual barriers. Studies have shown that a number of empirically validated behavioral interventions have incorporated spiritual components, with salutary effects on health across a variety of individuals, settings, and religious affiliations.

Miller, W. R., Martin, J. E., & Association for Advancement of Behavior Therapy. (1988). *Behavior therapy and religion: Integrating spiritual and behavioral approaches to change*. Newbury Park, Calif.: Sage Publications.

Annotation was not available for this source.

Milstein, G. A. (1999). *Religion and mental health care in practice: A nationwide, cross-sectional survey of rabbis and psychologists. (psychotherapists)*. Unpublished doctoral dissertation, Dissertation Abstracts International: Section B: The Sciences and Engineering. Retrieved from PsycINFO Online Database.

The occupational responsibilities of clergy and mental health professionals overlap: people bring psychological problems to their clergy, and religious issues to their psychotherapists. Therefore, clergy and clinicians need to distinguish psychological dysfunction from religious concerns. Additionally, the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders has introduced the diagnosis of 'Religious or Spiritual Problem-V62.89.' This requires clinicians to differentiate mental disorders from profound personal religious problems, and both from religious concerns. The purpose of this dissertation was to investigate the likelihood that these two professions would seek consultation from one another when responding to helpseekers with diverse presenting problems. A nationwide sample of 210 doctoral-level psychologists and 210 pulpit rabbis were randomly chosen to receive questionnaires. These questionnaires were designed to measure the participants' consultation choices in response to three categories of presenting problems (represented by six vignettes): Mental Disorders (schizophrenia, suicidal depression), Psychospiritual Problems (near- death experience, mystical experience), and Religious Problems (marital conflict, mourning a parent). Variables hypothesized to be associated with consultation practices were also measured. There was an overall 54% rate of return of the 373 deliverable questionnaires; psychologists returned 90, rabbis returned 111. The study found that rabbis and psychologists were able to distinguish between both the religious and psychological aspects of the three types of presenting problems. Both groups indicated a willingness to interact with one another; rabbis demonstrated a greater inclination to do so than psychologists. Both groups reported a greater interest in interaction across professions than within their own professions. They also preferred to collaborate in the helpseeker's care rather than consult one another verbally. Rabbis' consultation choices were most frequently associated with their evaluations of the religious and serious nature of the presenting problems and their own professional training. Psychologists' consultation choices were most often associated with their personal religious beliefs and practices, as well as their evaluation of the religious or spiritual nature of the presenting problems. As this study is a preliminary investigation of cross-professional interaction between clergy and mental health professionals, future studies should be conducted on additional types of clergy and mental health care providers. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Sherman, J., & Fischer, J. M. (2002). Spirituality and addiction recovery for rehabilitation counseling. *Journal of Applied Rehabilitation Counseling*, 33(Part 4), 27-31.

Annotation was not available for this source.

Wokasch, J. (1999). Intervention with members of religious communities. *The Counselor*, 17(3), 29-32.

This article examines addiction in religious communities and offers guidance to the professional counselor who is called upon to intervene with a member of such a community. The route to religious life and early training in the community can set the stage for addiction. Many middle-aged and older religious entered religious life in their teens, when the process of individuation was unfinished and may even have been stunted by parents unable to cope. Many religious are taught to "suffer in silence," and their need for treatment for their addiction may go unrecognized and not addressed by the individual or religious community. Typically men and women religious addicted to chemicals have been shipped off to a treatment center, usually out of state, where all patients are priests, brothers, or sisters. Perhaps one to three months are spending in treatment in a safe, nurturing environment, away from reality. Many of the characteristics of an unhealthy system describe a religious community, which has the same potential for disintegration as a family system when addictive behaviors are allowed to take control of the environment. Ideally, intervention involved the entire community. A model for intervention, designed with religious community in mind, is presented. Counselors can provide three major aids: 1) providing treatment with the religious community in mind, is presented; 2) educate the religious community on how to be supportive through seminars and workshops; and 3) encourage the client to divulge to the community as soon as possible that he/she is chemically dependent.

Transcendental

- Alexander, C. N., Robinson, P., & Rainforth, M. (1995). "Treating and preventing alcohol, nicotine, and drug abuse through transcendental meditation: A review and statistical meta-analysis": Errata. *Alcoholism Treatment Quarterly*, 13(4), 97. Retrieved from PsycINFO Online Database.
 Reports an error in the original article by C. N. Alexander et al (*Alcoholism Treatment Quarterly*, 1994, Vol 11[1-2], 13-87). Due to a transcription error in the application of a statistical formula for Welch's modified t-test, some of the p-values cited were incorrect. The correct p-values are provided. (The following abstract of this article originally appeared in record 82-14944.). Contends that the Transcendental Meditation (TM) program provides a holistic, natural, and effective treatment that impacts social, environmental, physiological, psychological, and spiritual factors that can influence addictive behavior. The problem of substance dependence and the limitations of current drug treatment approaches are described. A theoretical framework, the Vedic psychology of Maharishi Mahesh Yogi, and supporting research for understanding how TM may be used to address the multiple causes of addiction are provided. A qualitative review and statistical meta-analysis of 19 studies summarize the effect of TM on alcohol, cigarette, and illicit drug use and compare the outcomes of TM with relaxation and standard treatments. . . . (PsycINFO Database Record (c) 2002 APA, all rights reserved)
- Bleick, C. R. (1994). Case histories: Using the transcendental meditation program with alcoholics and addicts. *Alcoholism Treatment Quarterly*, 11(3-4), 243-269. Retrieved from PsycINFO Online Database.
 Discusses 10 case histories of the use of Transcendental Meditation (TM) with alcoholic or drug-addicted Ss in Los Angeles, California. Monthly advance TM meetings consisting of group meditation, a taped lecture by Maharishi Mahesh Yogi, and discussion, as well as semi-annual special events with a guest speaker or videotapes were held for students between 1986 and early 1991. Two Ss had learned TM years before beginning the program. Four case histories show how Ss who have practiced TM very regularly have found great benefits. Examples of 3 Ss who had success with irregular TM (i.e., less than 15-20 min twice daily) are given. A difficult yet eventually successful case and 2 cases discussing the use of TM with Ss whose sobriety was well-established are also discussed. (PsycINFO Database Record (c) 2002 APA, all rights reserved)
- Buckley, P., & Galanter, M. (1979). Mystical experience, spiritual knowledge, and a contemporary ecstatic religion. *The British journal of medical psychology*, 52(3), 281-289.
 Annotation was not available for this source.

Gelderloos, P., Walton, K. G., Orme Johnson, D. W., & Alexander, C. N. (1991). Effectiveness of the transcendental meditation program in preventing and treating substance misuse: A review.

International Journal of the Addictions, 26(3), 293-325. Retrieved from PsycINFO Online Database.

Reviews 24 studies on the benefits of transcendental meditation (TM) in treating and preventing misuse of chemical substances. All addictive substances are considered, including alcohol and cigarettes. Evidence indicates that the TM program can be a useful adjunct to the treatment and prevention of addiction. TM addresses diverse causal factors of substance misuse, specifically psychological distress, lack of coping abilities, and neurotransmitter imbalances. TM provides a natural way to achieve the experiences substance abusers are looking for: relief from distress, increased self-esteem, enhancement of well-being and self-efficacy, and a sense of personal power and meaning in life. Psychological and physical mechanisms that might be involved in the effects of TM on substance usage are discussed. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

O'Connell, D. F. (1991). The use of transcendental meditation in relapse prevention counseling. *Alcoholism Treatment Quarterly*, 8(1), 53-68. Retrieved from PsycINFO Online Database.

Explores the use of transcendental meditation (TM) as an adjunctive treatment of chronic relapse through the case report of a 32-yr-old White male relapse prone patient. The S was involved in a 2-yr continuing care program following inpatient care for cocaine dependency. The S maintained daily practice of TM for approximately 30 mo and had been completely abstinent from all mood altering chemicals for that same time period. TM is described as a well researched cost effective program with social, physical, psychological, and spiritual benefits that can represent a holistic treatment for a holistic disease. Its easy access, availability, and ongoing nature make it highly attractive as a daily program for relapse prevention. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

O'Connell, D. F., & Alexander, C. N. (1994). Introduction: Recovery from addictions using Transcendental Meditation and Maharishi Ayur-Veda. *Alcoholism Treatment Quarterly*, 11(1-2), 1-10. Retrieved from PsycINFO Online Database.

Provides an overview of research on Transcendental Meditation (TM) and a preview of the articles in a special issue of *Alcoholism Treatment Quarterly* on the application of TM concepts in addiction treatment. Maharishi Ayur-Veda (MA) is a therapeutic approach to health and well-being using clinical and natural pharmacological procedures for the prevention of disease and promotion of health. The system of natural medicine includes methods for physical purification, herbal and fruit preparations, dietary and behavioral recommendations, and breathing and physical exercise. The volume presents a new paradigm for the treatment of addiction based on the holistic system of MA and demonstrates the efficacy of the approach in research and case studies of its application. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

O'Connell, D. F. e., & Alexander, C. N. e. (1994). *Self recovery: Treating addictions using transcendental meditation and maharishi ayur-veda*. New York: Haworth Press.

This volume presents the research examining the treatment of addictions via Transcendental Meditation and Maharishi Ayur-Veda. They emerge as natural biobehavioral approaches that holistically address the psychological, physiological, and spiritual aspects of addictive behavior and could become components of any program treating chemical dependency.

O'Murchu, D. (1994). Spirituality, recovery, and Transcendental Meditation. *Alcoholism Treatment Quarterly*, 11(1-2), 169-184. Retrieved from PsycINFO Online Database.

Discusses the relationship between spiritual growth and recovery from addictive behavior from the personal perspective of a practitioner of Transcendental Meditation (TM). The concepts of spirituality and religion and meditation and prayer are contrasted. The TM technique is discussed

in the context of the 12 Steps Program of Alcoholics Anonymous that encourages meditation. The social and systemic dimensions of addiction and spirituality are reviewed. It is suggested that the motivation to learn TM may come from 3 sources: the recovery process, the desire for spiritual growth, or the insight of health care professionals. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Orme Johnson, D. (1994). Transcendental Meditation as an epidemiological approach to drug and alcohol abuse: Theory, research, and financial impact evaluation. *Alcoholism Treatment Quarterly*, 11(1-2), 119-168. Retrieved from PsycINFO Online Database.

Presents the theory of Maharishi Mahesh Yogi and discusses its application to the collective stress that contributes to alcohol, tobacco, and drug use. The research suggests that Transcendental Meditation (TM) is a highly effective public health measure against stress and its symptoms. The "Maharishi effect" reduces stress and increases coherence by treating the stress epidemic systematically. Epidemiological research supports the hypothesis that social stress is a causative factor in the drug/alcohol epidemic. TM is discussed as a means of stress reduction at the behavioral/psychological, physiological, and molecular levels. The financial impact of the TM program on addiction is detailed. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Ramirez, J. (1990). *The transcendental meditation program as a possible treatment modality for drug offenders: Evaluation of a pilot project at Milan Federal Correctional Institution*. Seelisberg Switzerland: Maharishi European Research University.

Annotation was not available for this source.

Royer, A. (1994). The role of the Transcendental Meditation technique in promoting smoking cessation: A longitudinal study. *Alcoholism Treatment Quarterly*, 11(1-2), 221-239. Retrieved from PsycINFO Online Database.

Prospectively assessed the influence of Transcendental Meditation (TM) techniques on smoking cessation behavior of 110 TM and 214 non-TM smokers over a 2-yr period. There was a consistent relationship between extent of adherence to TM techniques and successful quit rates; 51% of the Ss who were fully adherent to TM had quit vs 21% of the Ss who partially adhered. The results suggest that the effects of TM are cumulative, with smoking continuing to decline or cease up to 24 mo after beginning TM. Once smoking stopped, little recidivism appeared to occur. Alternative explanations for the findings and the threats to internal and external validity are reviewed. Regular participation in a TM program appears to be a predictor of cessation. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Sharma, H. M., Dillbeck, M. C., & Dillbeck, S. L. (1994). Implementation of the Transcendental Meditation program and Maharishi Ayur-Veda to prevent alcohol and drug abuse among juveniles at risk. *Alcoholism Treatment Quarterly*, 11(3-4), 429-457. Retrieved from PsycINFO Online Database.

Proposes a treatment program whose purpose would be to provide a holistic, natural approach to prevent alcohol and drug abuse among high-risk school-age children and adolescents by reducing psychological distress and physiological imbalance and by enhancing protective resources through an individual and family program. Key components of the program would be aspects of Maharishi Ayur-Veda, including twice-daily use of Transcendental Meditation and twice-daily use of Maharishi Amrit Kalash (an herbal supplement). Other elements would be daily afternoon sessions to ensure regularity and maximum benefit, a weekly treatment/class meeting for Ss to understand their own experience of developing consciousness, and parental and peer participation. Treatment outcome evaluations and procedures to evaluate the program are also discussed. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Staggers, F., Alexander, C. N., & Walton, K. G. (1994). Importance of reducing stress and strengthening the host in drug detoxification: The potential offered by Transcendental Meditation. *Alcoholism Treatment Quarterly*, 11(3-4), 297-331. Retrieved from PsycINFO Online Database.

Focuses on the early withdrawal phase of alcohol treatment, outlines the special problems encountered at this phase, and summarizes the research suggesting that the Transcendental Meditation (TM) program is an unusually promising technology currently underutilized during drug and alcohol detoxification. TM's holistic effect on physical and mental health is stressed. The essay also focuses on the deleterious effects of stress in drug detoxification and evidence that TM strengthens the host. Where TM fits within the public health model and its special advantages for detoxification conclude the article. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Walton, K. G., & Levitsky, D. (1994). A neuroendocrine mechanism for the reduction of drug use and addictions by Transcendental Meditation. *Alcoholism Treatment Quarterly*, 11(1-2), 89-117. Retrieved from PsycINFO Online Database.

Proposes a neuroendocrine theory of chronic stress and discusses its role in weakening homeostatic mechanisms as a cause of drug abuse. Transcendental Meditation (TM) is presented as a mental technology to counter addictive behaviors. The crucial components of the CNS responsible for maintaining homeostasis including the locus coeruleus, the hypothalamic-pituitary-adrenocortical (HPA) axis, and the raphe nuclei are reviewed. The neurochemical changes resulting from the practice of TM that may prevent or reverse the effects of chronic stress are discussed. Research on addiction, the effects of stress on the HPA axis and serotonin levels, and the application of TM is presented. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Treatment and Spirituality

Abdel-Mawgoud, M., & Al-Haddad, M. K. (1996). Heroin Addiction in Bahrain: 15 Years Experience. *Addiction*, 19(3), 1859-1864.

An alternative treatment program for heroin/opium addiction in Bahrain is described & evaluated using data from hospital & arrest records. The program, established in 1987, relies on detoxification procedures that include use of the Opioid Objective Withdrawal Manifestation & social rehabilitation that emphasizes spiritual & religious values. The program is distinguished by its eschewal of methadone maintenance therapies. Results show that a small number of patients developed moderate to severe withdrawal symptoms, & the rate of dispensed controlled medications (ie, methadone, sedatives) was reduced by 99%. Findings also reveal greater program attendance among inpatients than outpatients. 4 Tables, 14 References. W. Howard

B., D. (1997). *Hope: The story of Geraldine D., Alina Lodge, and recovery*. Kihei, HI: Tincture of Time Press. Here is a description of Little-Hill Alina Lodge, and its founder Geraldine D. The program provided is a no-nonsense, structured, residential program which requires long-term treatment, and bases its ideas on the love of God, the principles of AA, structure, discipline, and education. Alina Lodge insists on non-fraternization, lack of distractions, and the "tincture of time" believed necessary for a life change and complete recovery.

Bahr, S. J., Maughan, S. L., Marcos, A. C., & Li, B. (1995). Systems oriented prevention strategies and programs: Religious organizations. In R. H. Coombs & D. Ziedonis (Eds.), *Handbook on drug abuse prevention : a comprehensive strategy to prevent the abuse of alcohol and other drugs* (pp. 159-179). Boston: Allyn & Bacon.

The purpose of this chapter is to explore the influence of religious involvement on drug use and the role of religious organizations in drug abuse prevention and treatment. Studies on religion and drug use are reviewed and discussed under the following topic headings: (1) religion and drug use; (2) theoretical explanations; (3) religious positions toward alcohol and drug abuse; (4)

religion, mental health, and drug use; (5) religion and the prevention and treatment of drug abuse; and (6) prevention possibilities. A variety of prevention and treatment programs have been implemented by religious organizations. Some of the ways in which religious organizations could improve efforts toward alcohol and drug abuse prevention are by networking among religious organizations to help disseminate and evaluate drug prevention information.

Bartha, R., & Davis, T. (1982). Holism and high level wellness in the treatment of alcoholism. *Journal of Alcohol and Drug Education*, 28(1), 28-31. Retrieved from PsycINFO Online Database.

Endorses the treatment of alcoholism through an improved life-style for the alcoholic. Alcoholism may cause malnutrition, diseases of the nervous system, impaired cardiovascular functioning, and other physical disorders. An alcoholic's life may also be complicated by psychiatric and emotional problems, stress, and social and family problems. High-level wellness stresses treatment of alcoholism on 5 levels: nutritional awareness, physical fitness, stress management, environmental sensitivity, and self-responsibility. The wellness approach stresses that a healthy life-style is more rewarding than unhealthy habits. (7 ref) (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Booth, L., & Westcenter Behavioral Health Institute (Tucson Ariz.). (1985). *Spirituality in addiction treatment a discussion* [1 videocassette (41 min., 28 sec.)]. Tucson Ariz.: The Institute.

Father Booth talks about discovering God in your life and taking control of your life. Explores the myth of addiction being "cured." Encourages those in treatment to take responsibility for their disease and rehabilitation.

Booth, L. (1984). Aspects of spirituality in San Pedro Peninsula Hospital. *Alcoholism Treatment Quarterly*, 1(2), 121-123. Retrieved from PsycINFO Online Database.

Argues that the majority of treatment programs reveal both ignorance and denial when it comes to the positive and creative contribution that spirituality can make to alcohol treatment. At the San Pedro Peninsula Hospital, the author acts as spiritual director, lecturing to patients and their families as well as counselors and interested medical staff about the comprehensive implications of spirituality in their lives. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Brown, H. P., & Peterson, J. H. (1989). Refining the BASIC-IS: A psychospiritual approach to the comprehensive outpatient treatment of drug dependency. *Alcoholism Treatment Quarterly*, 6(3-4), 27-61. Retrieved from PsycINFO Online Database.

Discusses methodological improvements in a model for treatment of chemical dependency, BASIC-ISs (behaviors, affects, sensations, images, cognitions, interpersonal relationships, and spiritual actualization), developed by H. P. Brown et al (in press). An adaptation was designed for outpatient treatment of poly-dependency. This application incorporates in its 4-wk primary component a set of treatment modules that introduce individuals to underlying issues found to be common (in a review of 12-step texts) to dependent individuals regardless of the particular object of their addiction. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Brown, H., & Peterson, J. H. (1991). Assessing spirituality in addiction treatment and follow-up. *Alcoholism treatment quarterly*, 8(2), 21-50. Retrieved from PsycINFO Online Database.

Reviews the literature on the program of Alcoholics Anonymous and describes the development of the B-PRPI to obtain data on behaviors, cognitions, and beliefs of those successfully using a 12 step program. The B-PRPI also measures progress in the acquisition of such behaviors, cognitions, and beliefs in the treatment or research setting. Data are presented on the demographic characteristics and spiritual practices of 93 successfully recovering members of 12 step groups (aged 17-63 yrs). Preliminary data are presented supporting the validity and internal reliability of the B-PRPI, and suggestions are offered for its use in alcoholism, drug addiction, and

codependency treatment and research. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Brown, H. P., & Peterson, J. H. (1990). Rationale and procedural suggestions for defining and actualizing spiritual values in the treatment of dependency. *Alcoholism Treatment Quarterly*, 7(3), 17-46. Retrieved from PsycINFO Online Database.

Describes a 2-stage values clarification/therapy procedure being used in a multidimensional psychospiritual treatment program for individuals suffering from alcoholism, drug addiction, bulimia, and related disorders. Discussion includes (1) a review of the literature on the values of alcoholics/addicts; (2) data on differences between value rankings of the normal population, alcoholics/addicts in treatment, and successfully recovering Alcoholics Anonymous members; and (3) research findings indicating a significant relationship between value/behavior consistency and self-concept. The procedural description includes a step-by-step description of the methodology and a clinical case study of a 26-yr-old female referred for extended treatment for co-dependency. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Brown, H. P. (1993). Tools for the logotherapist: A twelve-step spiritual inventory. *International Forum for Logotherapy*, 16(2), 77-88. Retrieved from PsycINFO Online Database.

Presents results of a normative study of the Brown-Peterson Recovery Progress Inventory (BPRPI), and examines the parallels between the tenets of logotherapy and the philosophies of 12-step recovery programs. The BPRPI was used to assess participation in 12-step group noetic practices among 58 12-step group members (aged 17-63 yrs). The mean and standard deviation were approximately 136 and 26, respectively. A reliability coefficient of .94 was obtained on odd vs even items. Following assessment, results were used to identify recovery mechanisms relevant to the therapeutic approach in logotherapy. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Brown, H. P., Jr. (1992). Substance abuse and the disorders of the self: Examining the relationship. *Alcoholism Treatment Quarterly*, 42(2), 1-27.

Assessments of 50 alcoholics/addicts utilizing the Millon Clinical Multiaxial Inventory (MCMI), administered 3-5 days prior to discharge from an inpatient chemical dependency unit, support the existence of a strong positive relationship between substance abuse & characterological/personality disorders &/or "disorders of the self." Results indicate that 50%-70% of Ss were likely suffering from comorbid "disorders of the self." Implications of the findings are discussed, & treatment suggestions offered, including increased emphasis on spirituality, individual psychotherapy, & matching of treatment to patient needs. 1 Table, 107 References. Adapted from the source document

Brown, H. P. (1990). A multidimensional psychospiritual approach to the outpatient treatment of chemical dependency, codependency, poly-dependency, and related disorders. *Dissertation Abstracts International*, 50(11-B), 5364.

Annotation was not available for this source.

Buhr, T. A., & Unkovic, C. (1990). The attitudes of chronic inebriates toward alcoholism treatment modalities. *Free Inquiry in Creative Sociology*, 38(5), 77-85.

Chronic alcoholics (N = 95 males, 23 females) recruited from two long-term treatment facilities in Orlando, FL, were surveyed on their attitudes toward treatment for the disease. Several treatment modalities were rated along a 9-point bipolar scale, & 6 open-ended questions were asked concerning the clients' feelings about spirituality, strength & weaknesses of group therapy & the overall program, after care, & long-term recovery. The results indicated that the 12 Steps of Alcoholics Anonymous, Alcoholics Anonymous meetings, & spirituality were rated the three most important modalities for recovery, while vocational rehabilitation, visualization relaxation, &

recreation were reported as the least important factors. The major strength of group therapy for the clients was the opportunity to gain self-knowledge, & its major weakness was working with clients who were disruptive, did not participate, or whom they did not like. The major strength of the treatment program was the chance to interact with other clients, & its major weaknesses were insufficient resources or inconsistent care. Results are discussed in terms of their clinical utility. 2 Tables, 37 References. AA

Carroll, J. F. X., McGinley, J. J., & Mack, S. E. (2000). Exploring the expressed spiritual needs and concerns of drug-dependent males in modified, therapeutic community treatment. *Alcoholism Treatment Quarterly*, 18(1), 79-92. Retrieved from PsycINFO Online Database.

200 18-65 yr old males admitted into 1 of 2 inner-city residential substance abuse treatment programs were evaluated for spirituality/religious concerns with the Substance Abuse Problem Checklist (J. F. X. Carroll, 1983). Results indicated considerable levels of religious/spiritual needs and concerns for residents of both a Philadelphia and New York City modified therapeutic community program. Implications of these needs are identified and considered. The Substance Abuse Problem Checklist is appended. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Chappel, J. N. (1997). Spirituality and addiction psychiatry. In Saunders (Ed.), *The principles and practice of addictions in psychiatry* (pp. 416-421).

The role of spirituality in recovery, as expressed in the twelve-step approach of Alcoholics Anonymous, is explained in this chapter. The personal meanings and attainment of spirituality and spiritual health are discussed. In clinical practice, clinicians in addiction psychiatry should be aware of the role spirituality plays on recovery from alcoholism and other addictions. They also need to know the tenets of Alcoholics Anonymous, which is a spiritual program but not a religion, and to know about the benefits associated with spiritual health. Practitioners in addiction psychiatry have an obligation to show a knowledge and acceptance of the role spirituality can play in the treatment of addictive disorders

Chernoff, G. J. (1991). Spirituality the soul of Christian treatment. *The U.S. journal of drug and alcohol dependence*, 15(12), 7.

"Despite subtle differences that separate one Christian center from another, the fundamental approach to treating addiction is the same in both secular and Christian-based treatment centers." This is referring to places such as New Life Treatment Centers - middle class, insurance based treatment. Also writes about Open Homes Ministries in Orlando, Florida which claims a 60% success rate. Dale Ryan, e.d. for National Association for Christian Recovery: "Right now, Christian based treatment can mean anything from a fundamental hard-line legalistic Christianity to other extreme of 'Just tell the Lord your problems and he'll fits them'".

Christo, G., & Franey, C. (1995). Drug users' spiritual beliefs, locus of control and the disease concept in relation to Narcotics Anonymous attendance and six-month outcomes. *Drug and Alcohol Dependence*, 38(1), 51-56. Retrieved from PsycINFO Online Database.

Examined the relationship among spiritual beliefs, locus of control, and disease concept beliefs and determined their direct effect on outcome and their indirect effect by facilitating engagement with Narcotics Anonymous (NA). 90% of 101 drug users in treatment were followed up after 6-mo of treatment. A modified version of the Opiate Treatment Index and a spirituality beliefs questionnaire were used at both baseline and follow-up. NA attendance was inversely related to drug use for Ss who had left residential care. Spiritual beliefs and disease concept beliefs were not prerequisites for attendance of NA, and spiritual beliefs were not found to cause external attributions for previous drug use or possible future lapse events. The most powerful predictors of nonattendance were positive attitudes to the use of alcohol. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Coons, S. L. (1996). Religiosity and the treatment of alcoholism. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 56(12-B), 7041. Retrieved from PsycINFO Online Database.

This study evaluated the relationship between alcohol treatment modalities, specifically Alcoholics Anonymous (AA), and religious orientation, beliefs and practice. By first providing a thorough literature review, it was discovered that there is a large volume of literature on alcoholism but little on religiosity and alcoholism. This study is one of the first to look at religion and alcoholism. The study was conducted with eighty five male and female subjects. One group was comprised of Alcoholics Anonymous members only and the other group was composed of alcoholics in treatment centers who attended a few AA meetings. The subjects were given five instruments within their first two weeks of sobriety and then given three of the instruments ninety days into treatment. Data Analysis was conducted in three stages. In the first stage, univariate descriptive statistics were computed to describe the demographic background, drinking history, locus of control and religiosity of the subjects. MAST scores were evaluated to insure the eligibility of the subjects. These descriptive statistics circumscribed the population of alcoholics to which subsequent results can be generalized. In the second stage of the analysis, the comparability of the two groups upon entering treatment was investigated. The third stage of the data analysis tested the eight research hypotheses. Results of the study are significant. When baseline and follow-up responses were compared, Alcoholics in Alcoholics Anonymous considered themselves more religious at a higher frequency than the treatment center subjects. The change in the Religious Background and Belief practice score from baseline to follow-up was significantly higher for AA subjects. Intrinsic orientation showed a greater increase for AA members, both compared to themselves at baseline and compared to the treatment center group over time. The findings of this study suggest that religion is an important part of most alcoholics' early life (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Conners, G. J., Tonigan, J. S., & Miller, W. R. (2001). Religiosity and responsiveness to alcoholism treatments. In R. Longabaugh & P. W. Writz (Eds.), *Project MATCH Hypotheses: Results and causal chain analysis* (pp. 166-175). Bethesda:MD: NIAAA.

The proposition evaluated is that clients who are more comfortable with religious beliefs and practices would derive greater benefit from a treatment that incorporated spirituality. In terms of the Project MATCH treatments, it was expected that clients with higher levels of religiosity would benefit more from the Twelve Step Facilitation (TSF) treatment than would clients lower in religiosity. No relationship beyond a weak prognostic effect of religiosity on treatment outcome was predicted for clients in the Cognitive-Behavioral Coping Skills Therapy or Motivational Enhancement Therapy conditions. Tests of this matching hypothesis revealed no support for the predicted match among either the outpatient or aftercare populations sampled. The evaluation of the causal chain presumed to underlie the hypothesized matching effect showed limited support for the proposed chain among aftercare clients, where it was found that religiosity among the TSF clients was linearly related to the degree of therapeutic task compatibility. In terms of other analyses, it was found that aftercare clients reported greater religiosity at pretreatment than did outpatient clients and that pretreatment religiosity predicted positive posttreatment drinking outcomes. Taken together, religiosity did not emerge as a viable matching dimension with the treatments evaluated in Project MATCH, although it does appear that religiosity may play a role in the prediction of the therapeutic relationship among aftercare clients and of posttreatment drinking behavior. 17 Ref.

Fee, G. D. (1983). Criticism and Faith: A continuing tension. *Catalyst*, 9(4).
Annotation was not available for this source.

Galanter, M. (1997). Spiritual recovery movements and contemporary medical care. *Psychiatry*, 60(3), 211-223.

When confronted with the threat of illness, general medical and psychiatric patients may turn to treatments that have a spiritual orientation but lack empirical validation. This article examines the nature of contemporary moments that offer these treatments and their impact on the medical care. A typology of spirituality oriented recovery movements is presented, including those associated with established religions, holistic medicine, or programs for self-liberation. Possible mechanisms for their behavioral and physiologic impact on health is discussed. The psychological appeal of these treatments is analyzed in light of the way sick people may attribute meaning to illness and may then become engaged into a spiritual recovery moment, achieve a sense of self-efficacy through affiliation, and finally comply with putative "healing" practices. Although some spiritual recovery movements provide hope in face of illness and even offer therapeutic benefits, they may also discourage patients from getting appropriate medical treatment and promote harmful regimens. Options are discussed for mental health professionals' response to the spiritual orientation of their patients and options for future research.

Getsinger, S. H. (1998). Spiritual dimensions in rehabilitation from addiction. *Journal of Ministry in Addiction & Recovery*, 5(1), 13-35.

Spirituality is an important component of human life and can play a role in the recovery from addictions. Six dimensions of spirituality (community, creativity, ethics, mysticism, theological revelation) are discussed within the framework of psychology of religion and world religions and examples are given from the phenomenological framework of the recovery from addictions (abstract from the article).

Johnsen, E. (1993). The role of spirituality in recovery from chemical dependency. *Journal of Addictions and Offender Counseling*, 13(2), 58-61. Retrieved from PsycINFO Online Database.

22 adults who were former participants in a 28-day chemical dependency program completed a questionnaire that contained 2 questions regarding their use of prayer/meditation and their sobriety since leaving the program 6 mo earlier. A member of each S's family also completed a corroboratory questionnaire. There was a trend toward the use of prayer or meditation by Ss abstaining from the use of mind-altering chemicals. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Langrod, J. G., Herman, J., & Valdes, K. (1972). Chapter 7: The role of religion in the treatment of opiate addiction. In L. Brill & L. Lieberman (Eds.), *Major modalities in treatment of drug abuse*. New York: Behavioral Publications.

Annotation was not available for this source.

Legere, T. E. (1999). The spiritual connection: The golden key to recovery. *The Counselor*, 17(5), 36-37.

Annotation was not available for this source.

Martin, C. L., Gass, C. A., Min, D., & Allen, A. T. (2001). Spirituality in substance abuse detoxification treatment. *Journal of Addictive Diseases*, 20(2), 158.

Spirituality is integral to substance abuse treatment (e.g. twelve-step model). Yet medical literature on detoxification – the initial step in recovery – rarely mentions spirituality playing any part in its management. This is surprising since (1) theologians view crises as fertile groups for spiritual awakening and (2) per-detoxification events – social, medical, legal – reveal detoxification to be crises intervention at its best. This study explores an introduction of spiraled in Detoxification. In the study, 72 male and 2 female veterans admitted to the acute psychiatric inpatient unit of Veteran Affairs hospital for detoxification from ethanol and/or cocaine were interviewed by a pastoral psychotherapies/chaplain. A Spiritual Assessment (SA) designed for this study had patients rate (0-10 scale) the importance of spirituality, accountability, forgiveness, trust, tolerance, relationships, and discipline. Change scores between initial and follow-up SAs on each dimension were combined into a 10-item composite change index. The results indicate that greater

importance was given to spirituality concepts with early introduction (0-8 days) that with later introduction (greater than 8 days). The difference is statistically significant. It is concluded that spiritual therapeutic interventions during the detoxification period may facilitate the vital incorporation of spirituality in subsequent recovery phases.

Miller, W. R., Brown, J. M., Simpson, T. L., Handmaker, N. S., Bien, T. H., Luckie, L. F., et al. (1995). What works? A methodological analysis of the alcohol treatment outcome literature. In R. K. Hester (Ed.), (pp. 12-44). Needham Heights, MA, US: Allyn & Bacon Inc. Retrieved from PsycINFO Online Database.

[Using a metaanalytic approach, summarizes the alcohol] treatment outcome literature while taking into account the methodological quality of studies ... [argue that] the better-designed studies would be more likely to detect treatment differences ... provide . . . detailed information on the evidence for 11 groups of specific alcohol treatment approaches ... they are presented roughly in the order of strength of evidence for efficacy (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Miller, W. R. (1999). *Integrating spirituality into treatment: Resources for practitioners* (1st ed.). Washington, DC: American Psychological Association.

This book examines a scientist-practitioner approach to the integration of spirituality and psychotherapy. Four sections examine interrelated aspects of spirituality and treatment. Part I provides some background and context, exploring the relationship of spirituality to health, tracing the common history of spirituality and psychotherapy, and considering ways in which spiritual dimensions can be assessed. Part II offers a set of practical ways in which spirituality can be addressed and incorporated in the process of treatment. Part III considers particular issues with spiritual overtones, broad themes that often arise in treatment: control, acceptance and forgiveness, hope and serenity. Finally, Part IV is concerned with ways in which the training of future therapists can be changed to provide better preparation for clients' spiritual and religious diversity. Ten individual chapters by authors experienced in the fields of psychology and treatment are presented, each with supportive references. Specifically addressed is spirituality and 12-step programs, with a guide for clinicians. Also included is an author and detailed subject index.

Nixon, G. (2001). Using Wilber's transpersonal model of psychological and spiritual growth in alcoholism treatment. *Alcoholism Treatment Quarterly*, 19(1), 79-95. Retrieved from PsycINFO Online Database.

The usefulness of K. Wilber's (1977) transpersonal model of psychological and spiritual development in working with recovery issues is demonstrated by a case study of a 29 yr old male who ceased drinking and consequently developed an existential crisis. The case study illustrates addictions issues and possible counseling interventions specific to each developmental stage. It is concluded that Wilber's spectrum of development provides the addictions counselor with a useful map in working to facilitate enhanced client recovery. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

O'Brien, R. Y. (1994). Spirituality in treatment programs for addicts. *Journal of Ministry in Addiction & Recovery*. 1(1). p. 69-77.

The dichotomy of the sacred and secular which pervades much of society has a deleterious affect upon recovery from addiction when members of a treatment staff are timid and tenuous about the spiritual dimension of recovery. Spirituality is the experience of the transcendent in the recovery process and it cannot be either forced or fabricated. The first three steps in the twelve step program provide solid foundation for incorporating spirituality into recovery without committing to a particular theological or ecclesiastical bias (abstract from article).

Ondo, A. (1997). Model program manual for new life substance abuse treatment. *Dissertation Abstract International*, 57(10), 4544-A.

This Model Program Manual is developed by a Christ centered individual to be used at the Christ Centered Place of Substance Abuse Treatment Program. It is not intended to be another substance abuse program at the corner, but one that will be sensitive to the needs of the people which is the treatment of the disease. This will be the emphasis, not the symptoms of the disease. The social services rendered will be achieved when these groups of people begin to feel good about themselves and develop the ability to take care of themselves, while taking care of their physical, emotional, mental, and spiritual selves to enhance their self-worth. The author believes that lack of self-care leads to lowered self-esteem and that self-care raises self-esteem, and proposes self-care strategies. These caring strategies imply doing something that will help them take action that they value themselves through self-care. This is a primary responsibility that the care giver will help the clients to see and be committed. The role of being dependent will give way to independent living. Copyright 1994 - University Microfilms, Inc. University Microfilms International (UMI)

Peteet, J. (1993). A closer look at the role of a spiritual approach in addictions treatment. *Journal of Substance Abuse Treatment*, 10, 263-267. Retrieved from PsycINFO Online Database.

Explores the nature, indications, and limitations of a spiritual approach to addiction and the implications for collaboration with mental health professionals. It is suggested that 12-step programs not only provide accessible group support and a clear ideology regarding addiction but address individuals' needs for identity, integrity, an inner life and interdependence within a larger social and moral, or spiritual context. Ways in which the religious connotations of the program remain an obstacle for many patients and clinicians are discussed. Clarification of the different needs met by modalities such as AA can improve the specificity and the comprehensiveness of training for patients with substance use disorders. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Prezioso, F. (1987). Spirituality in the recovery process. *Journal of Substance Abuse Treatment*, 4(3-4), 233-238.

In this paper the author discusses spirituality as it refers to the treatment of chemically dependent and co-dependent individuals in a 21-28 day inpatient treatment setting. The author offers a proposal for addressing spirituality and the spiritual issues using such program components as weekly staff groups. Patient lectures and discussion groups, family presentations, and individualized treatment plans.

Ramirez, J. A. (2001). Role of spiritual-religious maturity in substance abuse treatment outcome. *Dissertation Abstracts International*, 61(9), 5002-B.

This study investigated whether spiritual-religious maturity was a key factor in recovery, above and beyond the generic spirituality incorporated in the Twelve-Step programs. The costs for alcoholism and substance abuse in the United States exceed 200 million dollars per year. Despite great efforts and resources spent, most traditional treatment approaches continue to meet with only modest success. The spiritually centered Twelve-Step model has, on the other hand, demonstrated success beyond the psychotherapeutic and medical models, yet troubling relapse rates remain. Theory and research indicate religiosity-spirituality is a complex multidimensional phenomenon associated with better treatment outcomes. Measures of spiritual-religious maturity (RSI), Twelve-Step spirituality (GAATOR), and addiction severity (ASI) were administered to 31 veterans in the Alcohol and Substance Abuse Program at the Veterans Affairs of Angeles Outpatient Clinic. Although the results did not confirm the hypotheses, two trends were found that evidence the positive effect of religious maturity on recovery from drugs and poly-substance abuse. Clinical implications and recommendations for further study were discussed.

Richard, A. J., Bell, D. C., & Carlson, J. W. (2000). Individual religiosity, moral community, and drug user treatment. *Journal for the Scientific Study of Religion*, 48(5), 240-246.

Scholars have variously suggested that deviant behavior is inhibited by individual religiosity, influenced by religiously oriented moral communities, & lessened by nonreligious moral communities such as sports teams or self-help recovery groups. Here, longitudinal survey data from 193 addicts in Houston, TX, are used to examine the associations between addicts' reductions in drug & alcohol use & religiosity, increase in church attendance, & increase in addiction self-help recovery group attendance, following participation in publicly funded treatment programs. Results indicate that increase in self-help recovery group attendance & church attendance were independently associated with reduction in alcohol use. Only increase in church attendance was significantly associated with reduction in cocaine use. Self-assessed religious conviction was not associated with changes in drug use. 1 Appendix, 33 References. Adapted from the source document

Ringwald, C. D. (2002). *Soul of recovery: Uncovering the spiritual dimension the treatment of addictions*. New York, NY: Oxford University Press.

Spirituality is viewed as playing a pivotal role for those recovering from an addiction to drugs or alcohol. Based on the evidence and personal accounts of about 300 alcoholics, addicts, counselors, and others, this book's premise is that many addicts recover by spiritual means. The book explores how and why addicts develop spiritually and the implications for them and society. The book contains 10 chapters progressing from the general to specific and from medical to scientific. The book begins by laying out the premise that a significant portion of alcoholics and addicts recover through spiritual development. The next three chapters explore treatments based on spiritual methods. Chapter five reviews the science of addiction, the business of measuring results, and measuring spirituality. The book continues in the next chapter looking to the extremes of religious and secular approaches, on either side. Chapters seven and eight review approaches with spiritual foundations of a different and evolving nature. In the next chapter, an assessment is conducted on the recovery movement. The final chapter examines the implications for society and for the utility and legality of faith-based social programs. Included in 9 of the 10 chapters are 2 profiles of individual addicts and alcoholics, 1 man and 1 woman, whose recovery illustrates relevant themes. Notes and references

Schaler, J. A. (1996). Spiritual thinking in addiction-treatment providers: The Spiritual Belief Scale (SBS). *Alcoholism Treatment Quarterly*, 19(2), 7-33.

Spiritual Belief Scale (SBS) data, drawn from a larger mail survey, are used to examine spiritual thinking among addiction-treatment providers ([ATPs] N = 295) based on Alcoholics Anonymous (AA) philosophy. The SBS included eight items embodying four spiritual characteristics of AA: release, gratitude, humility, & tolerance. Results indicate that ATPs who have spent more time in AA are likely to be stronger spiritual thinkers than those who have spent less time in AA. ATPs who are female, certified, in recovery, or are now or have been in AA believe more strongly in a metaphysical power that can influence personal experience. Catholics also believe more strongly in a metaphysical power than Protestants & Jews. Factor analysis of the SBS suggests that release, gratitude, & humility constitute one dimension of spirituality, & tolerance constitutes the other. It is concluded that the SBS, although based on AA philosophy, should be useful among other populations. 9 Tables, 33 References. Adapted from the source document

Sugarman, B. (1983). *Daytop Village: A therapeutic community*. New York, NY: Irvington Publishers. Annotation was not available for this source.

White, J. M., Wampler, R. S., & Fischer, J. L. (2001). Indicators of spiritual development in recovery from alcohol and other drug problems. *Alcoholism Treatment Quarterly*, 19(1), 19-35. Retrieved from PsycINFO Online Database.

Operationalized and measured spirituality and examined whether higher levels of spirituality are associated with indicators of successful recovery. 252 participants (aged 17-69 yrs) from a variety of treatment settings completed the Spiritual Health Inventory (J. Chappell, 1995), the Surrender Scale (D. F. Reinert et al, 1995); and the Life Orientation Test (M. F. Scheier and C. S. Carver, 1985). Although all three measures were significant predictors of perceived quality of recovery and the total number of 12 Steps completed, surrender, optimism, and internal spiritual well being differed significantly by (1) length of recovery (<1 yr vs 1 yr or more), (2) level of recovery behaviors (high vs low), and (3) whether Steps 1-3 had been completed. The results indicate that spirituality is an important element in recovery and support the concept of including the practice of spirituality as part of recovery programs. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

SECTION 3: SPECIAL POPULATIONS/ETHNIC/RACIAL ISSUES

Adolescent Issues

Andrews, J. A., Hops, H., Ary, D. V., & Tildesley, E. (1993). Parental influence on early adolescent substance use: Specific and nonspecific effects. *Journal of Early Adolescence, 13*(3), 285-310. Retrieved from PsycINFO Online Database.

Examined both the substance-specific and nonspecific effects of parent substance use, attitudes toward use, and behavior regarding use on adolescent initiation and maintenance of alcohol, cigarettes, and marijuana use. Data from 645 target adolescents (332 girls and 313 boys, aged 11-15 yrs at 1st assessment) and their parent(s) regarding their own use and parents' attitude, cautionary statements, and negative consequences were used to predict both the onset of using each substance and the transition from use to nonuse during the following year. Not only did parents' influence specific to a given substance affect adolescent use of that same substance, but parents' nonspecific influence predicted the onset and maintenance of other substance use. Parent modeling, attitude, cautionary statements, and consequences were all predictors of adolescent initiation and maintenance of substance use. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Amey, C. H., Albrecht, S. L., & Miller, M. K. (1996). Racial differences in adolescent drug use: The impact of religion. *Substance Use and Misuse, 31*(10), 1311-1332. Retrieved from PsycINFO Online Database.

Investigated the extent to which differences in religiosity are responsible for racial differences in adolescent drug use, using data from the Monitoring the Future survey of high school seniors (N = 11,728, average age 17 or 18 yrs). Specifically, this study examined: (1) in a bivariate context, the relationship between race and 3 measures of religiosity: religious affiliation, attendance, and importance; (2) the relationship between these measures of religiosity and cigarette smoking, drinking, marijuana use, and the use of other illegal drugs; and (3) drug use in a multivariate context. Statistical analyses show that religion does provide some protection from drug use by adolescents. However, religiosity has less of an impact on the drug use of Black adolescents, perhaps as a result of the diverse roles of the Black church. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Amoateng, A. Y., & Bahr, S. J. (1986). Religion, family, and adolescent drug use. *Sociological Perspectives, 34*(3), 53-57.

A study of the effect of parents' education, mother's employment status, number of parents in household, religiosity, religious affiliation, gender, & race on alcohol & marijuana use, based on data from the U of Michigan's 1982 Monitoring the Future Survey (N = a national sample of 17,000+ high school seniors). Contrary to some previous research, neither parental education nor employment status of mother was related to use of alcohol or marijuana. Adolescents who lived with both parents were less likely than adolescents in single-parent homes to use marijuana, although the differences were relatively small. Number of parents in household was not related to adolescent alcohol use. Level of religiosity had a significant association with alcohol & marijuana use among all religious denominations, although the magnitude of the relationship varied by denomination. Religious denomination, gender, & race were also related to drug use. 8 Tables, 45 References. Modified HA

Bahr, S. J. (1993). Family and religious influences on adolescent substance abuse. *Youth and Society, 24*(4), 443-465. Retrieved from PsycINFO Online Database.

Examined how family and religious variables are associated with adolescent substance abuse (SA). 322 adolescents (aged 11-18 yrs) and their parents or guardians participated in the study. The

adolescents were either drug free, experimenters, referred as suspected drug users, or already in trouble with the law. Findings indicate that level of peer drug use (DU) was associated with SA. Parental monitoring and family DU did not have direct impacts on adolescent DU but had moderately strong associations with peer DU. Family cohesion and religious importance were not associated with peer DU. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Bahr, S. J. (1994). Religion and adolescent drug use: A comparison of Mormons and other religions [bibliog, tables]. In *Contemporary Mormons* (pp. 118-137). Urbana, Ill: University of Illinois Press
Annotation was not available for this source.

Bahr, S. J., Maughan, S. L., Marcos, A. C., & Li, B. (1998). Family, religiosity, and the risk of adolescent drug use. *Journal of Marriage and the Family*, 60(4), 979-992. Retrieved from PsycINFO Online Database.

With questionnaire data from a random sample of 13,250 adolescents, the authors used structural equation modeling to estimate how mother-adolescent bonding, father-adolescent bonding, parental monitoring, family aggression, family drug problems, and religiosity were associated with adolescent use of alcohol, marijuana, and amphetamines and depressants. Mother-adolescent bonding and family drug problems had modest, indirect effects on the likelihood of adolescent drug use. Father-adolescent bonding, parental monitoring, and family aggression had relatively weak effects on adolescent drug use. Students who were religious tended not to use drugs or to have close friends who use drugs. The influence of these risk factors was similar for both females and males and for all 3 types of drugs. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Barnes, G. M., Farrell, M. P., & Banerjee, S. (1994). Family influences on alcohol abuse and other problem behaviors among Black and white adolescents in a general population sample. *Journal of Research on Adolescence*, 43(1), 183-201.

Interview data obtained in an ongoing longitudinal study of 10 Black & 489 white adolescents, ages 13-16, & their parents, in Buffalo, NY, are used to examine family influences on the development of drinking patterns. Findings reveal that although Black families have more single-parent households & lower family incomes, Black adolescents have higher abstention rates & lower rates of alcohol abuse & other deviance than white adolescents. The same parenting factors (ie, support, monitoring, & parent-adolescent communication) are, however, important predictors for both Black & white adolescents. There is evidence that religion is a protective factor against alcohol abuse for Black adolescents & that white adolescents are more susceptible to peer drinking influences than are Black adolescents. 2 Tables, 34 References. Adapted from the source document

Barrett, M. E., Simpson, D. D., & Lehman, W. E. (1988). Behavioral changes of adolescents in drug abuse intervention programs. *Journal of Clinical Psychology*, 44(3), 461-473.

Examined factors associated with short-term reduction of problem behaviors (drug and alcohol use, school problems, and legal involvement) by 326 Mexican-American youths (primarily aged 13-26 yrs) during their 1st 3 mo in drug abuse intervention programs. Reduction of problem behaviors was negatively related to peer drug use during the program and was positively related to the amount of family support available during the program, participation in program activities, and a background of religious involvement. Findings support the importance of peer influences and commitment to conventional structures of family and religion in relation to adolescent problem behaviors. Results suggest that adolescent drug abuse programs should stress development of positive peer relations and family support and encourage disassociation from deviant friends. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Benda, B. B. (1995). The effect of religion on adolescent delinquency revisited. *Journal of Research in Crime and Delinquency*, 32(4), 446-466. Retrieved from PsycINFO Online Database.

Tested 4 hypotheses on the effects of religion on adolescent delinquency. Ss were 1,093 public high school students from rural Oklahoma; rural Arkansas; Little Rock, Arkansas; and Baltimore, Maryland and were evenly distributed across Grades 9-12. Seven dependent variables including property, person, and status offenses were examined. Results do not support the hypothesis that either antiscetic behaviors are more affected by religiosity than are criminal behaviors or that religiosity is an antecedent factor that has effects fully mediated through other more proximate elements of social control. There were few real differences in the effects of religiosity on various forms of delinquency between the urban and rural areas. Longitudinal data are needed to examine whether religiosity is antecedent to, or the consequence of, various forms of delinquency. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Benda, B. B., & Corwyn, R. F. (1997). A test of a model with reciprocal effects between religiosity and various forms of delinquency using 2-stage least squares regression. *Journal of Social Service Research*, 22(3), 27-52. Retrieved from PsycINFO Online Database.

This was a study of 1,093 9th-12th graders from 6 different public high schools, where the same integrated theoretical model of control and social learning theories fit the data on alcohol use, heavy alcohol consumption, use of marijuana, criminal behavior, sexual exploration, and suicidal thoughts. It was observed that the model explained significantly more variance in some of these forms of delinquency than in others, indicating only equivocal support for the deviance syndrome argument in the literature. This study also found that religiosity was a significant influence only on criminal behavior, whereas the feedback effect of delinquency on religiosity was significant for all forms of delinquent behavior studied. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Benda, B. B., & Corwyn, R. F. (1997). Religion and delinquency: The relationship after considering family and peer influences. *Journal for the Scientific Study of Religion*, 36(1), 81-92. Retrieved from PsycINFO Online Database.

Examined the relationship between religion and delinquency or status offenses after controlling for the effects of elements of the familial and peer influences theories. 724 adolescents (mean age 17.1 yrs) from 4 public high schools were surveyed. Results showed that the significance of the relationship depends on measures of religion, important familial and peer influences and the form of delinquency. Religion was related to status offenses and not to crime while examining measures of church attendance and religiosity at controlled demographics. Evangelism was not related to delinquency when considering the effects of demographic variables. When elements of control theory were added to demographic factors, with hierarchical regression procedures, church attendance and religiosity ceased to be relevant to status offenses and remained irrelevant to crime, whereas evangelism was related to crime. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Benda, B. B. (1997). An examination of a reciprocal relationship between religiosity and different forms of delinquency within a theoretical model. *Journal of Research in Crime and Delinquency*, 34(2), 163-186. Retrieved from PsycINFO Online Database.

Results from a study of 1,093 adolescents (aged 13-20 yrs) do not support the argument that property crimes, crimes against persons, and use of alcohol and other drugs are behavior manifestations of an interrelated constellation or syndrome of delinquency. A factor analysis clearly shows that the various forms of delinquency studied load on three distinct factors. In addition, whereas the hypothesized theoretical model does explain considerable variation in frequency of alcohol use and of criminal behavior (22% and 24%, respectively), it does not account for much variance in drug use (6%). Whereas there are reciprocal relationships between religiosity and drug use and religiosity and crime, only the feedback effect of religiosity on alcohol use is

significant. These latter findings suggest that future studies need to examine reciprocal relationships and that the relationship between alcohol use and religiosity needs to be re-examined conceptually and empirically in future studies. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Benda, B. B. (1999). Theoretical model with reciprocal effects of youthful crime and drug use. *Journal of Social Service Research, 25*(1-2), 77-108. Retrieved from PsycINFO Online Database.

The purpose of this study was to test a social control model constructed by theoretical elaboration of T. Hirschi's (1969) explanation of adolescent delinquent behavior using elements of social learning theory (R. L. Akers, 1997). Ss were 1,093 adolescents (aged 13-20 yrs) from 6 public high schools. The same hypothesized model was applied to criminal behavior, alcohol use, and other drug use. Whereas the hypothesized theoretical model does explain considerable variation in frequency of alcohol use and of criminal behavior (22% and 24%, respectively), it does not account for much variance in drug use (6%). On the other hand there are several reciprocal relationships in common across these forms of delinquency. The study clearly supports the need to formulate and test models with reciprocal effects. The social work implications of these findings are discussed. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Benda, B. B., & Corwyn, R. F. (2000). A theoretical model of religiosity and drug use with reciprocal relationships: A test using structural equation modeling. *Journal of Social Service Research, 26*(4), 43-67. Retrieved from PsycINFO Online Database.

This study of 1,093 9th-12th graders from 6 public high schools was designed to test a hypothesized model formulated by theoretical elaboration of control theory with elements from social learning theory using structural equation modeling procedures. The primary purpose was to establish that religion is relevant to illicit drug use when its direct, indirect, and reciprocal effects are tested within a more complete system of relationships than found in existing studies. Most aspects of the model were supported by data; religion had direct inverse effects on illegal drug use for all adolescents studied. However, the feedback effects of drug use on religion were significant only among younger adolescents and females. Other age and gender differences were observed when the hypothesized model was tested with structural equation modeling procedures. The implications of these findings were discussed in regard to future conceptual work and intervention. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Benda, B. B., & Corwyn, R. F. (2000). A theoretical model of religiosity and drug use with reciprocal relationships: A test using structural equation modeling. *Journal of Social Service Research, 26*(4), 43-67. Retrieved from PsycINFO Online Database.

This study of 1,093 9th-12th graders from 6 public high schools was designed to test a hypothesized model formulated by theoretical elaboration of control theory with elements from social learning theory using structural equation modeling procedures. The primary purpose was to establish that religion is relevant to illicit drug use when its direct, indirect, and reciprocal effects are tested within a more complete system of relationships than found in existing studies. Most aspects of the model were supported by data; religion had direct inverse effects on illegal drug use for all adolescents studied. However, the feedback effects of drug use on religion were significant only among younger adolescents and females. Other age and gender differences were observed when the hypothesized model was tested with structural equation modeling procedures. The implications of these findings were discussed in regard to future conceptual work and intervention. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Berg, D. F. (1996). Adolescents Struggling with Grief on the Road to Recovery. *Journal of Ministry in Addiction & Recovery, 3*(2), 13-42.

Adolescents are particularly vulnerable to grief issues as they move through the process of individuation and separation. Healthy grieving for adolescents is becoming increasingly difficult.

Grief is a significant factor in chemical abuse and dependency and needs to be addressed in order to help teenagers achieve quality recovery. Childhood education which enhances expression of feelings and provides grief language would facilitate healthy grieving.

Brown, T. L., Parks, G. S., Zimmerman, R. S., & Phillips, C. M. (2001). The role of religion in predicting adolescent alcohol use and problem drinking. *Journal of Studies on Alcohol*, 62(5), 696-705. Retrieved from PsycINFO Online Database.

Examined the relationship between religiosity, a cultural factor that is not well understood currently, and racial differences in adolescent alcohol use. 8991 participants were white and Black ninth-grade adolescents involved in a 3-year longitudinal study of ways to reduce alcohol use and sexual risk-taking behavior among adolescents in Ohio and Kentucky. Although participants ranged in age from 14-19 yrs, most were either 14 (57.6%) or 15 (34.2%). Findings indicate that religiosity is differentially associated with alcohol use and problem drinking for white and Black adolescents. Religious service attendance was the most significant predictor of alcohol use for Black adolescents, whereas religious fundamentalism was most important for white adolescents. In contrast, frequency of prayer was the significant predictor of problem drinking for Black adolescents, whereas the level of importance placed on religion was the significant predictor for white adolescents. Important gender differences also emerged in both prediction models and are discussed. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Brownfield, D., & Sorenson, A. M. (1991). Religion and drug use among adolescents: A social support conceptualization and interpretation. *Deviant behavior*, 12(3), 259.

The relationship between religion and drug use by adolescents was studied. The research data, which included responses of more than 800 white male subjects, were collected as part of a large-scale project, the Seattle (WA) Youth Study, assessing the validity and reliability of self-reported delinquent behavior. The following results were seen: 1) measures of religious participation and religiosity were negatively correlated to drug use; 2) measures of social support combining religious participation, religiosity, and paternal communication were also negatively correlated with drug use; 3) measures of peer delinquency and peer attachment were correlated with drug use; and 4) these variables are generally related to less serious forms of drug use. Further research is suggested, including an examination of denominational differences involving fundamentalist faiths.

Burkett, S. R. (1993). Perceived parents' religiosity, friends' drinking, and hellfire: A panel study of adolescent drinking. *Review of Religious Research*, 35, 134-154.

The relationships between perceived parental religiosity, friends' alcohol consumption, and "hellfire" are discussed. Section headings in this review include: (1) hellfire and delinquency; (2) parents' religiosity and adolescent religiosity; (3) preliminary models; (4) the data; (5) measurement; (6) procedures; (7) models for males; and (8) models for females. It is concluded that there is little support for the theory that parental religiosity plays a role in the relationships between adolescent religiosity and drinking behavior. The findings support the hypothesis that religious parents influence children's behavior and choice of friends indirectly through the level of religious commitment the children express, although this influence declines over time relative to direct pressures from friends. Parameter estimates for social selection, socialization and final models linking perceived parents' religiosity, respondent's religious commitment, belief that drinking is a sin, friends' drinking and drinking behavior over years 1, 2, and 3, are presented in table form

Burkett, S. R., & White, M. (1974). Hellfire and delinquency: Another look. *Journal for the Scientific Study of Religion*, 13, 455-462.

Hirschi and Stark (1969) reported very little relationship between religious involvement and adolescent delinquency. They concluded that religion is therefore "irrelevant to delinquency".

present paper offers an alternative interpretation of their findings and tests one of its implications. It is hypothesized that Hirschi and Stark's findings apply only to offenses against persons and property, and that a clear relationship between religion and delinquency should be found for "victimless" crimes. Data from high-school students in the Pacific Northwest replicate Hirschi and Stark's findings but also reveal a moderately strong relationship between religion and the use of marijuana and alcohol. Suggestions are made for further tests of the alternative interpretation.

Burkett, S. R. (1977). Religion, parental influence, and adolescent alcohol and marijuana use. *Journal of Drug Issues*, 7(3), 263-273.

This article reports and analyzes the results of surveys which indicate the extent to which parents' religiosity is related to the acquisition of religious and moral values by adolescents, and the extent to which parents' religious involvement is differentially related to marijuana and alcohol use by adolescents. The discussion focuses on two general propositions: First, the greater the extent of involvement in religious activities by both the child and his/her parents, the greater the likelihood that the youth will maintain religious beliefs which oppose the use of alcohol and marijuana. Second, to the extent that a child adheres to those beliefs the less likely he/she is to use these substances.

Burkett, S. R. (1980). Religiosity, beliefs, normative standards and adolescent drinking. *Journal of Studies on Alcohol*, 41(7), 662-271.

Protestants were more likely than Catholics, religious adolescents were more likely than nonreligious, and adolescents who believe that drinking is a sin were far more likely than adolescents who did not share that belief to disapprove of drinking and to abstain from drinking.

Burkett, S. R., & Warren, B. O. (1987). Religiosity, peer associations, and adolescent marijuana use: A panel study of underlying causal structures. *Criminology*, 25(1), 109-131.

Annotation was not available for this source.

Chassin, L. (1993). Relation of parental alcoholism to early adolescent substance use: A test of three mediating mechanisms. *Journal of Abnormal Psychology*, 102(1), 3-19. Retrieved from PsycINFO Online Database.

Assessed 3 hypothesized mediating mechanisms underlying the relation between parental alcoholism and adolescent substance use. Using structural equation modeling, data obtained from a large community sample of adolescent children of alcoholics and a demographically matched comparison group were analyzed. Results suggested that parental alcoholism influenced adolescent substance use through stress and negative affect pathways, through decreased parental monitoring, and through increased temperamental emotionality (which was associated with heightened negative affect). Both negative affect and impaired parental monitoring were associated with adolescents' membership in a peer network that supported drug use behavior. The data did not support a link between parental alcoholism and temperamental sociability. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Cochran, J. K., & Akers, R. L. (1989). Beyond Hellfire: An Exploration of the Variable Effects of Religiosity on Adolescent Marijuana and Alcohol Use. *Journal of Research in Crime and Delinquency*, 38(4), 198-225. After describing Travis Hirschi's & Rodney Stark's "Hellfire hypothesis" of the link between religiosity & delinquency (see SA 19:1-2/71E7824), several of its subsequent revisions - eg, the antiasceticism, norm qualities, & moral communities hypotheses - are tested using questionnaire data on adolescent substance use & delinquent behavior (N = 3,065 seventh-twelfth graders in 3 Midwestern US states who were part of the original Boys Town study by Ronald L. Akers et al (eg, see SA 28:2/80K6604). After controlling for age, race, gender, & socioeconomic status, regression analysis reveals only moderate support for the link between religiosity & deviance, in contrast to previous studies. Only when secular norms & values are ambiguous, & religious standards

condemn a particular act, does religiosity have a definite deterrent impact, supporting the antiasceticism hypothesis. Additional research is needed to specify the social contexts that modify the effects of religion on delinquency. 7 Tables, 68 References. K. Hyatt

Cochran, J. K. (1992). The effects of religiosity on adolescent self-reported frequency of drug and alcohol use. *Journal of Drug Issues*, 22(1), 91-104.

Homogeneous effects cumulative logistic regression is used to examine the effects of personal religiosity on adolescent self-reported frequency of drug and alcohol use. Survey data from a sample of 3,065 male and female adolescents in grades 7 through 12 in 3 Midwestern States are employed. While the existence of an inverse religiosity-substance use relationship is well documented, questions still exist concerning the nature of these relationships. A review of the literature reveals three rival hypothesis concerning variation in the strength of these relationships across drug types: the Anti-Asceticism hypothesis, which predicts stronger relationships among the "softer" drug types; the Moral Condemnation hypothesis, which predicts stronger relationships among the "harder" drugs; and the Hellfire hypothesis, which predicts stable effects across drug types. These data provide strong support for the more general Hellfire hypothesis, with equivalent parameter estimates for the effects of religiosity observed for each drug type. However, slightly weaker effects are observed for adolescent use of alcohol.

Cochran, J. K. (1993). Variable effects of religiosity and denomination on adolescent self reported alcohol use by beverage types. *Journal of Drug Issues*, 23(3), 479-491.

Homogeneous effects logistic regression is used to examine the effects of personal religiosity and denomination on adolescent self-reported frequency of alcohol use by beverage type. Survey data from a sample of 3,065 male and female adolescents in grades 7-12 in 3 Midwestern States are employed. The findings are somewhat consistent with a hypothesis generated from the different cultural images of alcoholic beverages. For adolescents, the use of beer and liquor are largely restricted to recreational purposes, while wine has both functional and recreational uses. Because purely recreational use of psychotropic substances violates religious standards of asceticism, the effects of religiosity on the use of beer and liquor should be stronger than on the use of wine. The results show that the effects of personal religiosity are weakest for use of wine, but are relatively identical for beer and liquor.

Corwyn, R. F., Benda, B. B., & Ballard, K. (1997). Do the same theoretical factors explain alcohol and other drug use among adolescents? *Alcoholism Treatment Quarterly*, 15(4), 47-62. Retrieved from PsycINFO Online Database.

A study of 1,093 adolescents from six different public high schools showed that the same theoretical model of control and social learning theories fit the data on alcohol use, heavy alcohol consumption, and use of marijuana. The same model did not explain the use of amphetamines, barbiturates, cocaine or opiates. This study also found that religiosity was a significant influence only on certain forms of drug use, whereas the feedback effect of drug use on religiosity was significant for all forms studied. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(journal abstract)

Daily, S. G. (1991). Adventist adolescents and addiction: Substance use/abuse in an Adventist population and its relationship to religion, family, self-perception, and deviant behavior. *Dissertation Abstracts International*, 52(6-B), 3315-3316.

This study was designed to measure the relative impact of four independent variables (religion, family, self-perception, and deviant behavior) on Seventh-day Adventist adolescent substance use/abusers. Also to analyze how the Adventist teaching of total abstinence impacts substance use patterns among the Church's adolescents, and to compare these findings with parallel research conducted with adolescents in six other Protestant denominations, and in the general population. Thirteen thousand eight hundred and eighteen subjects were administered a 465 item

questionnaire in carefully controlled group settings. For testing of hypotheses, substance abusers were defined as those who: smoked tobacco, or drank alcohol more than once a day, used illegal drugs more than once a week, used any of these substances 40 or more times in the last twelve months, or who engaged in binge drinking. As predicted Adventist adolescents scored significantly lower on reported rates of substance use, and to a lesser degree on substance abuse, than adolescents in other Protestant churches. Deviant behavior, religious orientation, family environment, and self-perception all proved to have strong correlations with Adventist adolescent substance use, with religion being even stronger than predicted, and self-perception being weaker than predicted. Contrary to prediction, Hispanic ethnicity was linked to higher reported rates of Adventist adolescent substance use, and geographical location did prove to be a significant factor correlating with varying levels of substance use. Also, contrary to prediction, abstainers scored significantly better than experimenters or moderate users on measures of religion, family, self-perception and deviance.

Else, J. D. (1987). Coming to grips with drug abuse: Spiritual response to powerlessness among teenagers. *Christian Ministry, 18*, 19-20.

Annotation was not available for this source.

Foshee, V. A., & Hollinger, B. R. (1996). Maternal religiosity, adolescent social bonding, and adolescent alcohol use. *Journal of Early Adolescence, 16*(4), 451-468. Retrieved from PsycINFO Online Database. This study tested two hypotheses: (a) that maternal religiosity would predict adolescent alcohol use and (b) that the relation between maternal religiosity and adolescent alcohol use would be mediated by the three Hirschi control theory elements (attachment, belief in conventional rules, and commitment to conventional activities). Panel data were used from a probability sample of 1,553 adolescents who were 12 through 14 years of age. Maternal religiosity was predictive negatively of alcohol use by adolescents. Maternal religious attendance was more predictive than was maternal religious importance. The association between maternal religiosity and adolescent alcohol use was not explained by race, gender, or age of the adolescent; maternal education, maternal religious denomination, or maternal cigarette smoking status; family structure; or the number of friends who smoke cigarettes; or by the elements of the Hirschi control theory. It appears that maternal religiosity had an effect on adolescent alcohol use through mechanisms other than those tested in the study. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(journal abstract)

Francis, L. J., & Mullen, K. (1993). Religiosity and attitudes towards drug use among 13-15 year olds in England. *Addiction, 88*(5), 665-672.

A sample of 4753 13-15 year olds attending the third and fourth year classes of 29 secondary schools completed a questionnaire concerned with attitudes towards the use of alcohol, butane gas, glue, heroin, marijuana and tobacco, together with indices of religious affiliation, belief and practice. The data demonstrated that young adolescents' attitudes towards drug use varies considerably from one substance to another and that religiosity is a significant predictor of attitudes towards the use of each of the substances included in the survey.

Francis, L. (1997). The impact of personality and religion on attitude towards substance use among 13-15 year olds. *Drug Alcohol Dependence, 14*(44), 95-103.

A sample of 11,173 13-15 year old secondary school pupils completed a scale of attitude towards substance use alongside the short form of the Junior Eysenck Personality Questionnaire, measures of personal religiosity and an index of denominational identity. The data demonstrate that a negative attitude toward substance use is associated with tender mindedness, introversion, stability and social conformity. Personal religiosity and membership of Protestant sects are also positively correlated with rejection of substance use, even after controlling for individual differences in personality (abstract from MEDLINE).

Free, M. D. (1994). Religiosity, religious conservatism, bonds to school, and juvenile delinquency among three categories of drug users. *Deviant Behavior, 15*(2), 151-170. Retrieved from PsycINFO Online Database.

Examined factors that had significant influence in 3 models of substance abuse (alcohol, marijuana, and polydrug use) for 850 college students (aged 17-20 yrs). Ss completed a questionnaire regarding their religiosity, religious conservatism, school attachment, parental employment status and social class, delinquent acts, and alcohol and drug use. Religiosity was negatively related to minor delinquency and alcohol use. Religious conservatism affected alcohol use only. Social class had a weak, positive association with school attachment, which was inversely related to minor delinquency. Commitment to school was negatively related to minor delinquency and exhibited weak negative relationships with alcohol and marijuana abuse. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Furman, W., & Branstetter, S. A. (2002). Religiousness and alcohol, drug, and tobacco use among 10th grade adolescents. *Drug and Alcohol Dependence, 66*(S60).

Recent work has suggested that religiousness may be a protective factor for adolescent substance abuse (ASA), and a call to further understand the circumstances under which religiosity serves to reduce the risk of ASA has been issued. The current study investigated the relation between religiousness and drug, alcohol, and tobacco use among 200 tenth graders participating in a 4-year longitudinal investigation of adolescent relationships. Participants completed a computerized version of the Drug Involvement Scale for Adolescents (DISA), which assessed alcohol, drug and tobacco use, as well as a demographic questionnaire that included ratings of religious affiliation and level of religious investment. With all wave 1 data collected (n=200), preliminary analyses (n=85) demonstrate religiousness was negatively correlated with both alcohol use ($r(84) = -.34, p < .01$) and drug use ($r(84) = -.22, p < .05$), but not associated with tobacco use. Multiple regression analyses were employed to examine the association between religiousness and substance use when accounting for a number of other factors associated with ASA. The results suggest religiousness may be an important predictor of alcohol use, but not of drug use. For drugs it was the association between religiousness and parental monitoring that best explained use. Implications of these findings and suggestions for future research will be presented.

Hadaway, C. K., Elifson, K. W., & Petersen, D. M. (1984). Religious involvement and drug use among urban adolescents. *Journal for the Scientific Study of Religion, 23*(2), 109-128.

Drug use by adolescents is a widespread phenomena in American society and is seen as sufficiently problematic to have generated a great deal of research over the past twenty years. Some of this research has investigated the role of religion in discouraging drug use and has generally found that religious involvement does have a negative effect on the tendency to use alcohol, marijuana and other illicit drugs. Yet many unanswered questions remain and the complexity of the relationship has been largely ignored. This paper is based on interviews with 600 adolescents attending public school in Atlanta, Georgia area and seeks to examine the relationship between religious involvement and drug/alcohol use. The analysis is conducted within a multivariate context in order to determine the role of religion over against other mechanisms of social control. Findings indicate that even when controlling for other important influences, religion still has a significant effect on alcohol use, drug use and attitudes toward drug use. The importance of religion as a predictor variable, however, varies according to the substance involved., reflecting the degree to which the church speaks alone against the activity or in concert with sources of social control.

Heath, A. C., Madden, P. A., Grant, J. D., McLaughlin, T. L., Todorov, AA, & Bucholz, K. K. (1999). Resiliency factors protecting against teenage alcohol use and smoking: Influences of religion,

religious involvement and values, and ethnicity in the Missouri Adolescent Female Twin Study. *Twin research: The official journal of the International Society for Twin Studies*, 2(2), 145-155.

The objective of this study was to investigate the contribution of ethnicity (African American vs European/other ancestry), family religious affiliation, religious involvement, and religious values, to risk of alcohol and cigarette use in adolescent girls; and to estimate genetic and shared environmental effects on religious involvement and values. Telephone interviews were conducted with a sample of female like-sex twin pairs, aged 13-20 (n = 1687 pairs, including 220 minority pairs), as well as with one or both parents of twins aged 11-20 (n = 2111 families). These data, together with one-year follow-up twin questionnaire data, and two-year follow-up parent interview data, were used to compare ethnic differences. Proportional hazards regression models and genetic variance component models were fitted to the data. Despite higher levels of exposure to family, school and neighborhood environmental adversities, African American adolescents were less likely to become teenage drinkers or smokers. They showed greater religious involvement (frequency of attendance at religious services) and stronger religious values (eg belief in relying upon their religious beliefs to guide day-to-day living). Controlling for religious affiliation, involvement and values removed the ethnic difference in alcohol use, but had no effect on the difference in rates of smoking. Religious involvement and values exhibited high heritability in African Americans, but only modest heritability in EOAs. The strong protective effect of adolescent religious involvement and values, and its contribution to lower rates of African American alcohol use, was confirmed. We speculate about the possible association between high heritability of African American religious behavior and an accelerated maturation of religious values during adolescence.

Henson, L. P. (1998). Variables influencing adolescent experiences with alcohol and the church.

Dissertation Abstracts International: Section B: The Sciences and Engineering, 58(8-B), 4523.

This study used phenomenological interviewing, a questionnaire, and researcher observation to evaluate the relationships between the church experience and experience of alcohol abuse among substance-abusing adolescents. The study subjects were 10 recovering alcoholics (7 males and 3 females). The data yielded 6 meaningful clusters, showing a continuous reciprocal interactive process. The clusters consisted of consequences, church experiences, expectation, parental instructions, peers, and religious shame. A continuous reciprocal interaction observed among the clusters was compared with alcohol abuse theories and revealed a complex relationship among adolescent alcohol abuse, organized church participation, and spirituality. Spirituality was seen as a missing component in alcohol abuse prevention. The author concludes that the findings indicate a need for churches to consider multivariate interactive-expectancies approaches during development of adolescent alcohol abuse prevention programs.

Hodge, D. R., Cardenas, P., & Montoya, H. (2001). Substance use: Spirituality and religious participation as protective factors among rural youths. *Social Work Research*, 25(3), 153-161.

This study explored the relationship between substance use and spirituality and religious participation with a multicultural sample of rural youths in the American Southwest. Logistic regression was used to determine the efficacy of spirituality and religious participation as predictors of never using alcohol, marijuana, and hard drugs. Although increased participation in religious activities predicted greater probability of never using alcohol, increased spirituality predicted greater probability of never using marijuana and hard drugs. The article concludes with a discussion of the implications of these findings for prevention programs, social work education, and research. (Journal abstract.)

Grenier, C. (1985). Treatment effectiveness in an adolescent chemical dependency treatment program: A quasi-experimental design. *International Journal of the Addictions*, 20(3), 381-391.

The effectiveness of a residential treatment program for adolescents with chemical dependency was assessed by comparing 117 former patients with a waiting-list control group. The treatment

program utilizes the first 5 steps of the Alcoholics Anonymous 12-step recovery process: admission, compliance, acceptance, surrender, and recognition of a higher power. The major components of the open treatment phase are didactic, group therapy, individual therapy, family counseling, religious counseling and services, recreational therapy, occupational therapy, and education. The inpatient treatment phase is followed by a 2-year aftercare phase with weekly group sessions. Most counselors are recovered addicts. Patients range in age from 9-21 years, with a mean of 15 years. Most patients are white and middle class, and 60 percent are male. The preferred chemicals are alcohol, marijuana, speed, downers, and cocaine, in that order. Duration of use ranges from 6 months to 7 years, with a mean duration of 30 months. About 60 percent are from families with at least one other addict. Approximately 55 percent complete the treatment program. The abstinence rate for the former patients was 65.5 percent, including both graduates and nongraduates of the treatment program. Of the 74 waiting-list families, 27 could be interviewed. There was an abstinence rate in this group of 20.1 percent, and an improvement in behavior of 40.7 percent. However, 8 of the 27 controls had had some form of treatment, and in these the abstinence rate was 40 percent. When treated cases are dropped from the control group, the abstinence rate was 14.3 percent. It is concluded that the treatment program reduced chemical use in the patients treated.

Grunbaum, J. A., Tortolero, S., Weller, N., & Gingiss, P. (2000). Cultural, social, and intrapersonal factors associated with substance use among alternative high school students. *Addictive Behaviors, 25*(1), 145-151. Retrieved from PsycINFO Online Database.

Identified cultural, social, and intrapersonal factors associated with tobacco, alcohol, and illicit drug use among 441 students attending dropout prevention/recovery high schools. Four mutually exclusive categories of substance use were used as outcome measures, and religiosity, educational achievement, educational aspiration, family caring, others caring, self-esteem, optimism, coping, depression, loneliness, and self-efficacy were used as predictor variables. In the final multivariate analysis model, more family caring and loneliness were inversely associated with marijuana use; young age, more family caring, less coping ability, church attendance, and low educational aspirations were significantly associated with cocaine use. This study demonstrates the importance of health education and health promotion programs for students attending alternative high schools which include prevention of initiation, as well as treatment. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Hackerman, A. E., & King, P. (1998). Adolescent spirituality: A foundation for recovery from drug dependency. *Alcoholism Treatment Quarterly, 16*(3), 89-99. Retrieved from PsycINFO Online Database.

A spiritual basis for the treatment of drug-dependent teenagers is explored in this article, with specific focus on the first 3 steps of the Alcoholics Anonymous program as a basis for recovery. The authors also discuss a change in moral values that accompanies adolescent drug use. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Hodge, D. R., Cardenas, P., & Montoya, H. (2001). Substance Use: Spirituality and Religious Participation as Protective Factors among Rural Youths. *Social Work Research, 50*(2), 153-161.

This study examines the relationship between spirituality & religious participation & substance use in a sample of rural youths, comprised largely of Hispanic & Native American adolescents in northern NM. Spirituality was measured using the Index of Core Spiritual Experiences (INSPIRIT) Scale. It was found that spirituality was not significantly related to alcohol use, whereas religious participation was related as hypothesized. However, spirituality was significantly related to never using marijuana & hard drugs, unlike participation in religious activities. Implications for prevention programs, social programs, & research are discussed. 2 Tables, 71 References. G. Gifford

Johnson, B. R., Jang, S. J., Larson, D. B., & Li, S. D. (2001). Does adolescent religious commitment matter? A reexamination of the effects of religiosity on delinquency. *Journal of Research in Crime and Delinquency*, 38(1), 22-44. Retrieved from PsycINFO Online Database.

Examined the relevance of religiosity to the etiology of delinquency, and examined the roles of social bonding, social teaming, and sociodemographic variables. 1,725 individuals (aged 11-17 yrs) completed questionnaires at 3 different times. The measurement model of religiosity included attitudinal as well as behavioral indicators. Results show that the effects of religiosity on delinquency are neither spurious nor completely indirect through the secular variables of social control and socialization. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Kliewer, W., Murrelle, L., Sieire, M., & Ramirez, G. Y. (2001). Influence of spirituality on substance use in Panamanian adolescents. *Drug and Alcohol Dependence*, 63(suppl. 1), s82.

Although spirituality has been shown to protect European American Adolescents from substance use, little is known about the protective effects of spirituality for adolescents living in Latin America. This study examined the contributions of age, sex, and dimensions of spirituality to lifetime substance use in a sample of 998 Panamanian adolescents (56 percent female; 11-19 years old). Three religious subscales were identified: 1) trust and faith in God (six items); 2) spirituality, which included talking to friends about spiritual matters (4 items); and 3) parent religiosity (four items). Cigarette use was reported by 23.6 percent of the sample, alcohol use by 46.9 percent and marijuana use by 3.5 percent. Logistics regression with control for age and sex was used to evaluate the hypotheses that spirituality would be associated with lower substance use. Interactions of age and sex with the religious subscales were examined after consideration of the main effects. Analyses revealed that males and older adolescents reported d greater substance use than females and younger adolescents. No measure of religiosity were related to cigarette use. Greater spirituality, but not trust in God or parent religiosity, was related to alcohol nonuse (p less than 0.001). Greater faith in God (p less than 0.01) but less spirituality (p less than .05) was associated with less marijuana use. There were no age or sex interactions with the religious subscales.

Lorch, B. R., & Hughes, R. H. (1985). Religion and youth substance use. *Journal of Religion and Health*, 24(3), 197-208.

A survey of 13,787 youths from the Colorado Springs metropolitan area was conducted to examine religion as a predictor of substance use. Six dimensions of religion investigated include: 1) religious membership; 2) degree of fundamentalism-liberalism of religious group; 3) church attendance 4) the importance of religion to the subject; 5) a combination of church attendance and importance of religion; and 6) a combination of fundamentalism-liberalism of religious group and the importance of religion to the subject. Religion by itself was not a very important predictor of youth substance use. However, it was found to be more strongly related to alcohol use than drug use. Also, fundamentalist religious groups were found to have the lowest percentages of heavy substance use. Of the six dimensions of religion, importance of religion to the subject was the most important, with church membership second, and the fundamentalism-liberalism scale of the religious groups third.

Lorch, B. R. (1987). Church youth alcohol and drug education program. *Journal of Religion and Health*, 26(2), 106-114.

This study indicates that pastors believe that their churches should have a role influencing the alcohol and drug use of their members; that about half of the churches in this study actually had youth alcohol and drug education programs; and that the content of these educational programs and church attitudes toward substance use are affected by the degree of fundamentalism-liberalism of the church.

Maxwell, K. A. (2001). Do friends matter? The role of peer influence on adolescent risk behavior. *Dissertation Abstracts International, Section B: The Sciences and Engineering*, 61(10-B), 5624. Retrieved from PsycINFO Online Database.

It is difficult to determine whether influence or selection drive the association between an adolescent's behavior and his or her friend's behavior. To understand what role influence plays on adolescent risk activities, this research analyzed the longitudinal network sample of the AddHealth data set to examine whether any random friend, a best friend, or a peer group shapes an adolescent's risk behavior. The project conducted cross-behavior analyses of five activities—cigarette smoking, alcohol consumption, tobacco chewing, marijuana use, and sexual debut—among a sample of 1,969 adolescents aged 12-17 years at time one. The data contained real behavior measures for the adolescents and their nominated friends. The analyses used logistic regressions to predict the respondents' time two behaviors and to determine whether demographic variables, self-esteem, or parental factors modified peer influence. The results from this project contain four important findings. First, there is a main effect for peer influence and it is equivalent across risk behaviors. On average adolescents were twice as likely to engage in a risk behavior if their friend participated in the activity at time one. Second, peer influence may be both harmful and protective. For cigarette and marijuana use, there was only influence to initiate a risk behavior. In comparison, for alcohol consumption there was equal influence to conform to friends who drank and friends who did not drink. In contrast, for chewing tobacco use there was significantly more influence to stop chewing than to begin. This suggests that friends offer teens protection from risk activities. Third, the group analysis found that a linear measure of peer influence, which accounts for each group member's behavior, provides significantly more detail about the peer influence process when compared to a dichotomous measure of group influence, which does not detail how many peers engage in a risk activity. Finally, results found that best friends are not more influential than other close peers, suggesting that adolescents have multiple friends who exert equal levels of influence. In summary, this project found that peer influence is a real phenomenon that takes on varying roles across adolescent risk behaviors. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Margolis, R., Kilpatrick, A., & Mooney, B. (2000). A retrospective look at long-term adolescent recovery: Clinicians talk to researchers. *Journal of Psychoactive Drugs*, 32(1), 117-125.

The purpose of the present article is to identify factors associated with long-term recovery for adolescents. A group of 14 young adults were given semistructured in-depth (one to two hour) interviews. The subjects had been in recovery for two to 16 years. Length of stay in treatment, involvement with self-help groups, psychotropic medication, family support, peer support, spirituality, and other factors were identified as helpful for long-term recovery. A major limitation of this inquiry is that it does not meet minimum standards for research. It is hoped, however, that this inquiry can inform directions for further research.

Mason, W. A., & Windle, M. (2000). A longitudinal study of the effects of religiosity on adolescent alcohol use and alcohol-related problems (Vol. 48): Southern Sociological Society.

Although numerous studies have examined the relationship between religion & deviant behavior in recent years, there is a need for research based on prospective longitudinal designs using multivariate data analytic techniques. Here, the cross-temporal effects of religious salience & attendance on participation in & frequency of alcohol use were examined among 840 middle adolescent boys & girls. Indicators of religiosity were also examined as potential predictors of alcohol-related problems. Analyses of the two-wave (with a 1-year interval) longitudinal survey data revealed that religiosity was inversely related to subsequent alcohol use & alcohol-related problems. However, with few exceptions, the effects of religiosity became nonsignificant when controls for secular bonds & differential associations were included in the regression equations. Implications for current theory & research on the role of religion as an inhibitor of deviant behavior among adolescents are considered.

Mason, W. A., Windle, M. (2001). Family, religious, school and peer influences on adolescent alcohol use: A longitudinal study. *Journal of Studies on Alcohol.*, 62(1), 44-53.

OBJECTIVE: In this study, the cross-temporal relationship between family social support and adolescent alcohol use was examined. A primary aim was to investigate the mechanisms through which family social support affects drinking among youth. Another aim was to examine reciprocal relationships among the study variables. METHOD: Four-wave (with 6-month intervals) panel survey data collected from 840 middle adolescent boys (n = 443) and girls (n = 397) attending a suburban school district in western New York were analyzed using structural equation modeling with maximum likelihood estimation. RESULTS: Analyses revealed that family social support was indirectly associated with decreased alcohol consumption among the respondents, primarily through variables measuring religiosity, school grades and peer alcohol use. In addition, adolescent alcohol use was directly associated with subsequent increases in peer alcohol use and later decreases in school performance. Results also showed that receiving good grades in school predicted moderate increases in family social support. CONCLUSIONS: The findings of this study are discussed in terms of the interrelationships that exist among multiple socializing influences and alcohol use among adolescents.

McBride, D. C., Mutch, P. B., & Chitwood, D. D. (1996). Religious belief and the initiation and prevention of drug use among youth. In C. B. McCoy (Ed.), *Intervening with drug involved youth* (pp. 110-130). Thousand Oaks, CA: Sage Publications Inc. Retrieved from PsycINFO Online Database.

Examine briefly selected religious perspectives on alcohol and drug use and chemically altered states of consciousness ... review selected literature on the empirical relationship between religious values and drug use ... examine data on reasons for alcohol and drug abstinence among college students in 2 colleges operated by a proscriptive Christian denomination ... [examine] the theological and philosophical underpinnings of religious views, reviewing selected empirical literature on religiosity and drug use ... religion and altered states of consciousness [altered states of consciousness and the monotheistic religions, Judaism and alcohol and drugs, Christianity and alcohol and drugs, Islam and alcohol and drugs] ... the empirical relationship between drug use and religious values and involvement ... reasons for abstinence in a conservative Christian young adult population [reasons for abstinence, differences in ethnicity, a note on gender differences] ... data were . . . presented showing that specific religious commitment may be a powerful component of abstinence decisions among religious youth, particularly minority youth (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Merrill, R. M., Salazar, R. D., & Gardner, N. W. (2001). Relationship between family religiosity and drug use behavior among youth. *Social Behavior and Personality*, 49(6), 347-358.

This study evaluated the relationship between several dimensions of parental & family religiosity with adolescent drug use behavior. Analysis was based on self-reported responses to a questionnaire administered to 1,036 undergraduate college students at Brigham Young U, of which 99.1% are members of the Church of Jesus Christ of Latter-Day Saints (LDS). About 86% reported having never used drugs. The most commonly reported reasons for abstention from drugs were that drug use violates the participants' religious beliefs & their personal moral code. In contrast, concern about legal consequences, harming family reputation, & avoiding dishonest behavior were among the least common reasons for abstaining from drugs. Children of parents who were neutral, vs critical, about religion - or who considered religion of minor importance - were more likely to have a history of drug use. Protective factors against drug behavior included also parental positions of responsibility in the church & frequent family discussions involving religion & Christian conduct. The mother's view of religion was a stronger indicator of previous drug use behavior than either the father's view of religion, positions of church responsibility held by the parents, or arguments about religious teachings with parents. Discussion on topics of Christian conduct was a stronger indicator of previous drug use behavior than were either church

attendance or discussions on topics of religious doctrine. 4 Tables, 18 References. Adapted from the source document

Meyers, K., Hagan, T. A., Zanis, D., Webb, A., Frantz, J., Ring Kurtz, S., et al. (1999). Critical issues in adolescent substance use assessment. *Drug and Alcohol Dependence*, 55(3), 235-246. Retrieved from PsycINFO Online Database.

Despite advances in methodology and instrumentation, the assessment of adolescent drug and alcohol involvement remains a complex clinical and practical process. It requires the careful and skillful implementation of procedures across a wide range of service systems and providers. While the literature identifies and provides information on singular aspects of the assessment of adolescents, few sources furnish an integrated overview of the key issues necessary for appropriate and accountable assessment. Consequently, this paper synthesizes theoretical, research, and clinical issues into a practical framework that can be used by clinical and research staff making assessment decisions. Issues discussed have been informed by the literature and by the authors' collective experience during the 8-year development and testing of the Comprehensive Adolescent Severity Inventory (CASI). (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Miller, L., Davies, M., & Greenwald, S. (2000). Religiosity and substance use and abuse among adolescents in the National Comorbidity Survey. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(9), 1190-1197. Retrieved from PsycINFO Online Database.

Studied the association between religiosity and substance use among a nationally representative sample of adolescents. Ss were 676 (328 female and 348 male) adolescents (aged 15-19 yrs) in the National Comorbidity Survey who were assessed for substance use and abuse with the Composite International Diagnostic Interview. Religiosity was assessed through affiliation with religious denomination and through response to 7 questions concerning belief and practice. Confirmatory factor analyses replicated in adolescents the 2 religiosity factors of personal devotion and personal conservatism previously identified by K. S. Kendler et al (see record 1997-07483-002) among adults, although the 2 factors were more highly correlated in adolescents than in adults. Personal devotion (a personal relationship with the Divine) and affiliation with more fundamentalist religious denominations were inversely associated with substance use and substance dependence or abuse across a range of substances (alcohol, marijuana, cocaine, or any contraband drug). Personal conservatism (a personal commitment to teaching and living according to creed) was inversely associated with use of alcohol only. Findings suggest that low levels of religiosity may be associated with adolescent onset of substance use and abuse. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Nylander, A. B., III, Tung, Y.-Y., & Xu, X. (1996). The effect of religion on adolescent drug use in America: An assessment of change, 1976-1992 (Vol. 44): American Sociological Association.

Utilizes multiple birth cohorts as a marker of historical times to examine the important impacts of religion on the use of drugs among US high school seniors ages 17-18. Ordinary least squares & tobit analyses were used to test the usefulness of religious variables on using other illegal drugs & marijuana across 3 birth cohorts 1976-1992. The data analyzed were from the cumulative "Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youths, 1976-1992: Concatenated Core File," which was obtained from the Inter-University Consortium for Political & Social Research at the U of Michigan (Bachman, Johnston, & O'Mally, 1994). The results show that adolescents who found religion more important to their life were less likely to use drugs than those who did not, & that religion is a predictor of the use of drugs across each birth cohort, although the strength of the coefficients decline for each successive birth cohort. It is shown that religion serves as a mechanism of social control. Moreover, for all birth cohorts, the effects of religion remained statistically significant in predicting adolescent drug use. Similar results were found for both ordinary least squares & tobit regression.

Oetting, E. R., & Beauvais, F. (1987). Common elements in youth drug abuse: Peer clusters and other psychosocial factors. *Journal of Drug Issues, 35*(4), 133-151.

It is argued that psychosocial factors are the principle determinants of youth drug abuse. Among those factors, the most important direct influence on drug use is that of the peer cluster: "gangs," best friends, or couples. Other psychosocial characteristics, however, set the stage for this development with drug-using peer clusters. Social characteristics that influence drug use in this way include the community, SES, neighborhood environments, family, religion, & the school. Psychological characteristics tend to have only low correlations with drug use, but there is some influence on peer clusters from traits such as self-esteem, depression, anxiety, & introversion, particularly when these lead to anger. Implications for prevention & treatment are considered. 3 Figures, 74 References. HA

Park, H.-S., Bauer, S., & Oescher, J. (2001). Religiousness as a predictor of alcohol use in high school students. *Journal of Drug Education, 50*(3), 289-303.

The purpose of this study was to examine the relationship between religiousness & alcohol use of adolescents. A sample of high school seniors was drawn based on the second follow-up National Educational Longitudinal Study of 1988. Multiple regression was employed using a hierarchical strategy to determine the impact of religiousness on alcohol use when accounting for other factors that have been shown to affect alcohol use. The results provide support for examining religiousness variables as predictors of alcohol use patterns for adolescents. Also, inconsistent patterns between Asian American, Hispanic, African American, & Caucasian students were detected. Implications of the study & suggestions for future research are offered. 4 Tables, 16 References. Adapted from the source document

Park, H. S., Ashton, L., Causey, T., & Moon, S. S. (1998). The impact of religious proscriptiveness on alcohol use among high school students. *Journal of Alcohol and Drug Education, 44*(1), 34-46. Retrieved from PsycINFO Online Database.

Examined the relationship between religious proscriptiveness (RP) and alcohol use among 7,692 high school students. RP refers to the predominant values reserved by a particular religious group regarding alcohol use. One-way Analysis of Variance and post hoc analysis using the Scheffe procedure were employed to determine the impact of RP on alcohol use. To consider other variables frequently studied in previous research, a stepwise multiple regression was utilized. RP was measured through 3 faith groups--proscriptive group, moderate group, and non-proscriptive group. A significant difference of RP was found on alcohol use of high school students. The proscriptive groups reported lower alcohol use, while the non-proscriptive groups showed higher alcohol use. The impact of RP was not significant on binge drinking. Peer pressure was determined as the strongest predictor of adolescent alcohol use in the stepwise multiple regression. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Pedersen, W., & Kolstad, A. (2000). Adolescent alcohol abstainers: Traditional patterns in new groups. *Acta Sociologica, 49*(1), 219-233.

We investigated young people in mid-adolescence who do not drink alcohol. These young people were at an age when alcohol consumption was about to become normative behavior. The sample consisted of a total cohort (N = 3,424) of pupils enrolled in the 10th grade in the school system in Oslo, in the age group 16-17 years, of whom 16.8% had never drunk alcohol. Bivariate analyses revealed that nondrinkers often came from lower socioeconomic strata & had family backgrounds with low levels of cultural capital. Logistic regression analyses suitable for clustered data with a hierarchical structure (MlwiN) revealed, however, that these associations disappeared when ethnicity was controlled for. Living area in Oslo had a significant impact on the probability of being an abstainer, & there was an independent effect of school attended. Furthermore, nondrinkers were often from non-Western immigrant backgrounds. This association was

particularly strong among immigrant girls. Muslims were often nondrinkers, & religion played an important role in the lives of the nondrinkers. However, the traditional temperance movement plays no part in this picture any more. We also found significant associations to weak social networks & perceived loneliness. On the other hand, we found that nondrinkers had significantly better mental health than the rest of the sample. Historically, alcohol abstainers in Norway have been recruited from the non-secularized & tradition-bound segments of society, & they have represented what has been labeled a 'morally religious lifestyle'. There is much to indicate that we still find such patterns - but now in totally new groups, namely the new non-Western immigrants. 4 Tables, 59 References. Adapted from the source document.

Peter, M. M., Suzanne, M. C., & Tracy, A. O. L. (Eds.). (2001). *Adolescents, alcohol, and substance abuse: Reaching teens through brief interventions*. New York, NY: The Guilford Press.
Annotation was not available for this source.

Pullen, L., Modrcin-Talbott, M. A., West, W. R., & Muenchen, R. (1999). Spiritual high vs high on spirits: Is religiosity related to adolescent alcohol and drug abuse? *Journal of Psychiatric Mental Health Nursing*, 6(1), 3-8.

This study investigated relationships between alcohol and drug abuse by adolescents and frequency of religious service attendance in the south-east United States. Data obtained from surveys of 217 adolescents, age 12-19 years, was analyzed. The adolescents included participants from both clinical and non-clinical settings. Results from both groups showed that, as attendance at religious services increased, alcohol and drug abuse decreased. Spirituality is a concept that warrants further study to determine if its inclusion in treatment programs could enhance recovery or drastically reduce recidivism (abstract from MEDLINE).

Reiners, K. (1980). *There's more to life than pumpkins, drugs, and other false gods*. Wayzata, MN: Woodland Publishing Co., Inc.

Reiners explores young people and chemical dependency, and the state of the art in pastoral care to such persons. Chapters discuss King Baby, God and false gods, letting go, powerlessness and sorrow, spiritual recovery, and a God of Greater Meaning.

Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., et al. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *JAMA : the journal of the American Medical Association*, 278(10), 823-832.

CONTEXT: The main threats to adolescents' health are the risk behaviors they choose. How their social context shapes their behaviors is poorly understood. OBJECTIVE: To identify risk and protective factors at the family, school, and individual levels as they relate to 4 domains of adolescent health and morbidity: emotional health, violence, substance use, and sexuality. DESIGN: Cross-sectional analysis of interview data from the National Longitudinal Study of Adolescent Health. PARTICIPANTS: A total of 12118 adolescents in grades 7 through 12 drawn from an initial national school survey of 90118 adolescents from 80 high schools plus their feeder middle schools. SETTING: The interview was completed in the subject's home. MAIN OUTCOME MEASURES: Eight areas were assessed: emotional distress; suicidal thoughts and behaviors; violence; use of 3 substances (cigarettes, alcohol, marijuana); and 2 types of sexual behaviors (age of sexual debut and pregnancy history). Independent variables included measures of family context, school context, and individual characteristics. RESULTS: Parent-family connectedness and perceived school connectedness were protective against every health risk behavior measure except history of pregnancy. Conversely, ease of access to guns at home was associated with suicidality (grades 9-12: $P < .001$) and violence (grades 7-8: $P < .001$; grades 9-12: $P < .001$). Access to substances in the home was associated with use of cigarettes ($P < .001$), alcohol ($P < .001$), and marijuana ($P < .001$) among all students. Working 20 or more hours a week was associated with emotional distress of high school students ($P < .01$), cigarette use ($P < .001$), alcohol use ($P < .001$), and marijuana

use ($P < .001$). Appearing "older than most" in class was associated with emotional distress and suicidal thoughts and behaviors among high school students ($P < .001$); it was also associated with substance use and an earlier age of sexual debut among both junior and senior high students. Repeating a grade in school was associated with emotional distress among students in junior high ($P < .001$) and high school ($P < .01$) and with tobacco use among junior high students ($P < .001$). On the other hand, parental expectations regarding school achievement were associated with lower levels of health risk behaviors; parental disapproval of early sexual debut was associated with a later age of onset of intercourse ($P < .001$). CONCLUSIONS: Family and school contexts as well as individual characteristics are associated with health and risky behaviors in adolescents. The results should assist health and social service providers, educators, and others in taking the first steps to diminish risk factors and enhance protective factors for our young people.

Ritzert, B. M. (2001). The relationship between participation in organized church youth activities and health risk behaviors. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 62(4-B), 1794. Retrieved from PsycINFO Online Database.

The purpose of this study was to examine the relationship between youth participation in organized church youth activities and selected adolescent health risk behaviors. The sample used for the study included 72 youths representing eight Episcopal churches in the Episcopal Diocese of Dallas. The survey instrument included 95 items: 83 questions from the 1999 Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention, 4 demographic items, and 8 items developed by the researcher relevant to church and youth group participation. Surveys were mailed to the parents of high school youth currently listed on church rosters to obtain permission to participate in the study. Participation was voluntary and anonymous, with youth completing the survey during youth group. Chi-square analysis was used to examine the existence of health risks in the context of high or low participation in organized youth group activities. Spearman rho correlation analysis was used to determine if there was a relationship between youth participation in organized church youth activities and adoption of risk behaviors. Statistical significance was determined at the .05 level of significance. Although some slight differences were found for the high- versus low-participation respondents in regard to their health risk, none of these differences were statistically significant differences at the .05 levels of significance. Spearman rho correlation analysis indicated a positive relationship between participation in organized church youth activities and risk behaviors associated with personal safety, violence, tobacco, alcohol, drug, and sexual risks. However, these relationships were weak and none were statistically significant at the .05 level of significance. Suicide risks, unhealthy diet, and inactivity risks were found to be negatively correlated with participation in organized church youth activity, but again, these relationships were weak and none were statistically significant at the .05 level. These findings offer important implications regarding the future direction of church youth group programs desiring to make a positive impact on risk behaviors and development of group norms embracing healthy lifestyle choices. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Rodell, D. E., & Benda, B. B. (1999). Alcohol and crime among religious youth. *Alcoholism Treatment Quarterly*, 17(4), 53-66. Retrieved from PsycINFO Online Database.

Examined the relationship between alcohol and crime among religious youth by studying 528 adolescents (aged 12-18 yrs) who regularly attend churches affiliated with primary Protestant denominations in a Midwestern state. The purpose of this study was to determine if the delinquency syndrome argument has more validity in a religious sample than noted in the general population of youth. Different scales were used to measure the following concepts: attachment, parental supervision, beliefs, self-esteem, parental abuse, religiosity, peer association, modeling, rewards, excuses, crime, and alcohol use. The authors conclude that all theoretical factors investigated were correlated significantly with both alcohol use and criminal activity, however, differences in correlations between theoretical factors and alcohol use or crime show that beliefs,

parental abuse, and peer association are more highly correlated with crime. The findings support the delinquency syndrome argument in this sample of religious youth, and show that religiosity is relevant to alcohol use and not to crime. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Salmeri, P. M. (2000). *The Twelve Steps of Alcoholics Anonymous as a youth model*. Unpublished doctoral thesis, St. Mary's University, Minnesota.

This paper is dedicated to a treatment of adolescent chemical dependency that highlights a rigorous utilization of the Twelve Steps of Alcoholics Anonymous. Elucidation of adolescent development and spiritual formation aids in dispelling the myth that the 12 Steps are an adult model imposed on youth. Three critical aspects of the AA program (fellowship, sponsorship, and spirituality) are delineated. Results from surveys and interviews of adolescents in chemical dependency treatment and community adult AA members are integrated. Actual youth responses demonstrate the efficacy of the 12-Step program for adolescents willing to embrace a lifestyle of recovery.

Sarvela, P. D., & McClendon, E. J. (1988). Indicators of rural youth drug use. *Journal of Youth and Adolescence*, 37(2), 335-347.

The relationship between personal substance use, health beliefs, peer use, sex, & religion were examined using questionnaire data collected from 265 middle school students in Ru northern Mich & northeastern Wisc in Jan & Feb 1984. A positive r between peer & personal drug use was established; a relationship was also found between health beliefs & personal substance use. A regression model was able to account for a statistically significant amount of the variance of alcohol, marijuana, & cigarette use among Rs. Recommendations are made concerning future research, methods of improving health education program development, & possible target areas for psychotherapy. 4 Tables, 40 References. AA

Schlegel, R. P., & Sanborn, M. D. (1979). Religious affiliation and adolescent drinking. *Journal of studies on alcohol.*, 40(7), 693-703.

Of high-school students who attend church, fundamental Protestants are less likely to drink than are liberal Protestants and Roman Catholics; nonattenders are more likely than churchgoers to be heavy drinkers.

Sieving, R. E., Perry, C. L., & Williams, C. L. (2000). Do friendships change behaviors, or do behaviors change friendships? Examining paths of influence in young adolescents' alcohol use. *Journal of Adolescent Health*, 26(1), 27-35. Retrieved from PsycINFO Online Database.

Examined support for models of peer influence, which postulate that young adolescents whose friends use alcohol will also engage in alcohol use (AU), and of peer selection, whereby young adolescents seek out friends whose AU behavior is similar to their own. Ss were 1,804 adolescents participating in Project Northland, a school- and community-based AU prevention trial. Using latent variable structural equation modeling, a series of models examined directions of influence between participant AU and friend drug use over 3 time points (the end of Grades 7, 8, and 9). Data were derived from a self-report survey instrument that included information on Ss' AU expectancies, AU norms, alcohol refusal self-efficacy, future AU intentions, perceived parental expectations regarding AU, friends drug use, and Ss' levels of alcohol and other drug usage. Higher levels of friends' drug use led to increased participant AU, supporting the peer influence models. The reverse-order relationship (i.e., greater participant involvement in alcohol leading to more drug use among friends) was not supported. Best-fitting models support the notion that both participants' AU and the alcohol and other drug use of friends were highly stable over time. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Stanley, G. A. (1990). The impact of peer, school, family, and religion factors upon adolescent drug use. *Dissertation Abstracts International: The Humanities and Social Sciences*, 39(1), 307-A.

Annotation was not available for this source.

Stark, R. (1996). Religion as context: Hellfire and delinquency one more time. *Sociology of religion*, 57(2), 163-173.

This paper reviews variables and sometimes contradictory findings on a postulated negative relationship between religious commitment and delinquent behavior, including alcohol abuse and marijuana smoking, and tests a contextual-interactional explanation for the differing research findings. Research on the West Coast has failed to find a relationship, whereas findings elsewhere have indicated a strong negative correlations between religion and delinquency. Data from a national sample known as The Study of High School and Beyond, including 11,995 seniors, were analyzed to test the contextual explanation. Results indicate the existence of a potential contextual effect that accounts for the variable research findings.

Sutherland, I., & Shepherd, J. P. (2001). Social dimensions of adolescent substance use. *Addiction*, 96(3), 445-458.

OBJECTIVES. The aim of this study was to explore in detail the relationship between various social aspects of young people's lives and substance use and differences in the degree of influence exerted by the different social factors as a function of age. Design, setting, participants. The study was a survey of pupils aged 11-16 in a stratified sample of five English schools. Data from 4516 participants were obtained in relation to their cigarette, alcohol and illicit drug use and their contact with the police, perceived academic achievements and future expectations, religious beliefs, family structure, the importance of family versus peer opinions and suspension from school. **MEASURES.** Cumulative, age-specific preferences of substance misuse were compared. Logistic regression was used to rank the various risk factors. **RESULTS.** Substantial differences were found between substance users and non-users and the various risk factors being examined. For example, of those who had only been in trouble with the police, 18.8% used illegal drugs compared with 1.6% of those who had not had a police contact and who had no other risk factors. Many of these relationships were age-sensitive. For instance, the negative relationship between belief in God and illicit drug use became stronger as age increased (non-believers: $y = 8.1886x - 9.16$ $R(2) = 0.9484$; believers: $y = 5.1514x - 8.08$ $R(2) = 0.9247$). These results suggest that, within this sample of English adolescents, there was a strong relationship between substance use and the social factors examined. Although there were differences depending upon whether cigarette, alcohol or illicit drug use was being modeled, logistic regression indicated that the social factors could be ranked in the following order of importance: concurrent use of the second and third substances, having been in trouble with the police, perceived poor academic performance and low future academic expectations, a lack of religious belief, coming from a non-intact family, favoring peer over family opinion and having been suspended from school. Many of these relationships were age-sensitive with substance use peaking at age 15. **CONCLUSION.** The models and relationships presented in this paper show that a constellation of behaviors are related to adolescent substance use. Also demonstrated is that behaviors cannot be considered in isolation, but need to be examined from an holistic or biopsychosocial standpoint. These relationships are complex and future research should consider not only causality of adolescent substance use, but also of the etiology of the satellite behaviors.

Sussman, S., Brannon, B. R., Dent, C. W., Hansen, W. B., Johnson, C. A., & Flay, B. R. (1993). Relations of coping effort, coping strategies, perceived stress, and cigarette smoking among adolescents. *The International Journal of the Addictions*, 42(2), 599-612.

Through 1985 questionnaire data from 125 Los Angeles (Calif) seventh graders, analyzes how coping strategies may influence adolescent smoking behavior. Three possibilities regarding how coping strategies vs coping efforts compare as predictors of adolescent smoking are examined. Of

11 coping strategies, partying, relaxation, seeking spiritual guidance, & getting revenge are related to at least 1 of the 4 cigarette smoking items. Only coping effort is directly related to recent smoking behavior, whereas only coping strategies are related to cumulative smoking. Results suggest that coping strategies are related to cumulative smoking for reasons other than motivation to not smoke. 1 Table, 10 References. Adapted from the source document

Turner, N. H. (1994). Tri-ethnic alcohol use and religion, family, and gender. *Journal of Religion and Health*, 33, 341-352.

This survey was designed to identify the relationship between changes in adolescents' use of alcohol, which may have occurred concurrently with social changes, religious affiliation, religiosity, and gender. The authors also examined the relationship between adolescent alcohol use and family adaptability. The sample for the survey consisted of all of the ninth graders in a high school in Austin, TX. A 60-item questionnaire was a composite of several instruments that had been tested for reliability and validity. It included nine alcohol behavior items. Responses concerned with four of the nine kinds of alcohol behavior differed according to religious affiliation. These were frequency of drinking, volume, type of beverage, and frequency of heavy drinking (five or more drinks on one occasion). The following results are reported: (1) Students affiliated with religions other than Catholicism or Protestantism (Others) and those who belonged to no religious group (Nones) were more likely to drink two or more times a week than Catholics or Protestants. (2) Nones were more likely to consume three or more drinks on a single occasion than were Protestants, Catholics, or Others. (3) Nones and Others were more likely to drink hard liquor than were Catholics or Protestants, and to have had five or more drinks on one occasion in the past month.

Weinberg, N. Z., Dielman, T. E., Mandell, W., & Shope, J. T. (1994). Parental drinking and gender factors in the prediction of early adolescent alcohol use. *International Journal of the Addictions*, 29(1), 89-104. Retrieved from PsycINFO Online Database.

Examined the relationship between children's reports of their parents' drinking patterns and the child's own alcohol misuse and heavy alcohol use in early adolescence. Ss were 2,213 5th and 6th graders. Data on the child's alcohol use and misuse, and parent alcohol use, were derived from classroom-administered questionnaires. Increased reported level of drinking by mother or by father was significantly associated with increased odds of alcohol misuse and heavy alcohol use among the children. These results held for both boys and girls when examined separately. Examination for possible confounding effects of assortative mating by parental drinking suggests that reports of heavy drinking in either parent increases the risk of alcohol misuse and heavy alcohol use in children. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Whitehead, P. C. (1970). Religious affiliation and use of drugs among adolescent students. *Journal for the Scientific Study of Religion*, 21(3), 152-154.

A study of the relationship between religious affiliation & the use of 10 types of drugs. S's were 1,606 students in the Halifax Sch system, & the instrument used was a slightly modified version of the self-report questionnaire used by the Addiction Research Foundation, Toronto. The validity of self-report in this sample is discussed. It was found that Catholics & Protestants report significantly more drug use than Jews & nonaffiliated. There is little diff in the rates of drug use between Catholics & Protestants, nor between Jews & nonaffiliated. The religious groups do not show diff patterns of preferences among the drugs. The rank orders of drug preferences among religious groups are all signify. E. Weiman

Wilson, J. B., Fitch, S. D., Nyberg, K. L., & McIntosh, W. A. (1978). Religion and drug use: An alternative 'High' (Vol. 26): Southwestern Sociological Association.

An examination of the impact of certain aspects of the religious experience (salience or importance of religious beliefs, & frequency of church attendance) on the use of drugs among rural & urban

adolescents. A sample of 1,365 youths in grades seven through twelve was administered a questionnaire. Degree of religiosity, salience, & frequency of church attendance are inversely related to one's extent of involvement with the drug subculture (which is characterized by frequent use of various drugs, & often selling &/or sharing of drugs with friends), with the exception of the urban youth on the variable religiosity, which was not found to be significantly related. Among rural youth, being Catholic or Protestant has no effect on drug usage. However, in the urban sample, a slight difference is discerned, particularly in the nonuser & drug subculture member categories.

Wright, R. (1991). Alcohol and minority youth. *Journal of Alcohol and Drug Education*, 36(2), 68-72. Retrieved from PsycINFO Online Database.

Argues that minority youth who abuse alcohol in American society deal with 3 realities: using alcohol, being part of a minority, and being young. All 3 dimensions are viewed by the larger society with mixed or fearful reactions. Minority youth are one of the fastest growing segments of society, but a disproportionate percentage are dropouts and are in poverty, in the criminal justice system, and in the social welfare system. In examining alcoholism among minority youth, it is necessary to come to grips with poverty, education, income, and life condition. It is noted that more empirical research and theoretical models are needed. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Wylie, M. L., Gibbons, S., Echterling, L. G., & French, J. (1984). Patterns of alcohol use among rural and small town adolescents. *Social Problems*, 32(1), 220-239.

The results of a survey administered to 650 students in grades 7-12 in a small city & surrounding county in a middle Atlantic state in May 1983 are analyzed. The survey assessed: (1) student attitudes toward alcohol & alcoholism, (2) student knowledge about alcohol & alcoholism, (3) student perceptions of parental alcohol use, & (4) student alcohol use. The instrument used was the Student Alcohol Inventory, which was administered in classes containing a broad representation in each grade. The survey contained sections addressing demographic data, attitudes regarding use, factual knowledge, students' alcohol use, & their parents' use. Independent variables emphasized include gender, religion, cultural background, SES involvement in extracurricular activities, & grade in school. The geographic region of the study was unique in religion & culture in that it included Mennonites, Church of the Brethren, & a number of fundamentalist sects as well as the traditional denominations. Along with using the standard measures of SES, items were included on parental self-employment, unemployment, & receipt of government assistance. Involvement items included time spent in school-related activities, employment, & recreation. The dependent variables included age at first drink, f of drinking, & amount of drinking. Implications of the findings are discussed, with emphasis on the prevention of problem drinking behavior.

Yarnold, B. M. (1999). Cocaine use among Miami's public school students, 1992: Religion versus peers and availability. *Journal of Health and Social Policy*, 11(2), 69-84.

This analysis examines the use of cocaine by 507 adolescents in Dade County, Florida public schools during 1992. Statistically significant factors which tend to increase the probability of cocaine use by adolescents include: the fact that their peers are using cocaine, the fact that they are white, and the ready access these adolescents have to the substance. Although not statistically significant, adolescents were more likely to use cocaine if they knew of the risks associated with cocaine use. Hence the typical user maybe a risk-taker, enjoying the dangers involve with cocaine use. The only statistically significant variable which inhibits the use of cocaine by Miami adolescents is the fact that religion is an important part of their lives. Both early cigarette and alcohol use seem to be independent of later use of cocaine.

Youniss, J., Yates, M., & Su, Y. (1997). Social integration: Community service and marijuana use in high school seniors. *Journal of Adolescent Research, 46*(1), 245-262.

Monitoring the Future survey data gathered 1990-1992 from 3,119 high school seniors in the US were factor-analyzed into dimensions that signified integration into school-based, adult-endorsed norms, or engagement in peer fun activities that excluded adults. School-oriented & those considered all-around seniors were distinguishably high in community service, religion, & politics. Party-oriented & all-around seniors used marijuana more than did school-oriented seniors. Results indicated important variations in senior integration (connection) into the part of peer culture that coincides with adult normative society. It appears that connection may be associated with regulation but also may be superseded by agency-autonomy, as was manifested in the all-around group. 3 Tables, 2 Figures, 31 References. Adapted from the source document

Williams Smithline, C. (2000). Spirituality as a protective factor against adolescent substance abuse. *Dissertation Abstract International, 61*(5), 2799B.

Spirituality as a protective factor against adolescent substance abuse was investigated. Spirituality was defined as (a) having a sense of existential well being, (b) being connected to and promoting the well being of one's community and oneself, and (c) having a personal and transcendent relationship with the life-giving force, a higher power, or some concept of God. It was hypothesized that (a) there would be a negative relationship between adolescents' spirituality and substance abuse and (b); that spirituality during adolescence is in a period of change. The participants were 196 adolescents recruited from a non-denomination private high school and a Catholic high school. An adolescent focus group was conducted about their spiritual beliefs, thus constructing the Smithline Spirituality Inventory for Teen [SSIT]. The participants completed the SSIT along with the Human Spirituality Scale [HSS], the Religious Attitudes and Practices Inventory, and the Personal Experience Screening Questionnaire. The findings demonstrated several relationships between adolescent spirituality and substance use patterns. A positive relationship between spirituality and substance abuse was evidenced for non-religious adolescents, suggesting that adolescents without a religious background may seek spiritual experiences through alcohol and other drugs use. Spirituality was positively related to age of first use, and for religious adolescents to the age when they first began using regularly. A developmental explanation for these relationships was provided that considered how adolescent spiritual beliefs change over time. The usefulness of SSIT and the HSS as measures of adolescent spirituality was explored, and directions for future research were made.

Zimmerman, M. A., & Maton, K. I. (1992). Life-style and substance use among male African-American urban adolescents: A cluster analytic approach. *American Journal of Community Psychology, 20*(1), 121-138.

Cluster analyzed four variables: school attendance, employment, church attendance, and delinquency, to develop life-style profiles. Data from 218 African-American urban adolescents were used in the study. Five meaningful clusters were retained and subjected to criterion validity analyses using measures of spirituality, participation in a voluntary organization, self-esteem, and friend's substance use. The five clusters were then compared on cigarette, alcohol, marijuana, and hard drug use. The results suggest that a life-style that includes an adaptive compensatory behavior component may be more adaptive than a life-style that does not include compensatory behavior. For example, youths who left high school before graduation but were involved in church reported less alcohol and substance use than youths who left school and were not involved in any meaningful instrumental activity. Implications for intervention and future research on high-risk behaviors are discussed.

African American

Ashe, C. M. (2000). *Relationship between Christian spirituality and addiction recovery in African Americans*. Unpublished doctoral thesis, Howard University.
Annotation was not available for this source.

Bell, P., & Bitney, J. (1992). *Growing up Black and proud: A guide for teenagers*. Minneapolis, MN: Johnson Institute.
Annotation was not available for this source.

Bell, P., & Bitney, J. (1992). *Growing up Black and proud: Preventing alcohol and other drug problems through building a positive racial identity—A curriculum for African-American youth* [facilitator's guidebook]. Minneapolis, MN: Johnson Institute.
Annotation was not available for this source.

Bell, P., & Peterson, D. (1993). *Black and recovering: My search for identity*. Minneapolis: Johnson Institute.
Annotation was not available for this source.

Bell, P., & Peterson, D. (1993). *Facing my future: The search for identity*. Minneapolis: Johnson Institute.
Annotation was not available for this source.

Bernard Fisher, J. (2001). *Religious commitment as a correlate of mental health and life satisfaction among Black American families*. Unpublished doctoral dissertation, Dissertation Abstracts International: Section B: The Sciences and Engineering. Retrieved from PsycINFO Online Database.

Problem. The salutary effect of religion is receiving greater acceptance among researchers, and its positive association with both physical and mental health has been increasingly examined in the scientific literature. Since religion has played a central role in the lives of Blacks, and since previous research has identified positive correlations between some religious attributes and individual well-being, it would seem that religious Black families would enjoy a greater degree of health. A religious commitment model encompassing affiliation, participation, devotional intensity, and practices was used in the investigation of Black families' mental health and life satisfaction. As the first study of this kind, integrating four scientifically proven dimensions within the religious commitment model, this study sought to identify and re-emphasize the beneficial facets of religiosity as they relate to Black families. Method. A randomized sample consisting of 236 Black families residing in the United States completed a family questionnaire. The data analysis was effected through multiple regression, canonical analysis, as well as t-tests and chi-square analyses. The .05 significance level was observed throughout the analysis. Results. Eight research questions were examined through the analysis of 14 hypotheses. Each of the four dimensions of religious commitment showed significant correlations with Black family mental health. Two facets of the devotional intensity dimension, family prayer and family feeling close to God, achieved the most frequent significant correlations with healthy family relationships and system maintenance. Religious commitment was not observed to significantly correlate with Black family life satisfaction. Significant differences between Seventh-day Adventist and non-Seventh-day Adventist families were noted on the Family Functioning scales and the religious commitment variables. No significant differences were noted between the two groups with respect to their life satisfaction and their feeling close to God. Conclusions. Most Black families reported an average to high life satisfaction, and the majority felt very close to God. Religious commitment correlated with various aspects of Black family mental health. Strong family characteristics included cohesion, expressiveness, religious emphasis, organization, sociability, as well as intellectual and cultural orientation. Black Seventh-day Adventist families seemed to be more democratic, and embraced to a greater degree intellectual, cultural, and religious values. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Brisbane, F. L., & Womble, M. (1985). Afterthoughts and recommendations. *Alcoholism Treatment Quarterly*, 2(3-4), 249-270. Retrieved from PsycINFO Online Database.

Reviews several issues pertinent to the treatment of Black alcoholics, particularly the role of the Black family, church, and spirituality; the position of the Black woman; internal family supports; teenagers' use of informal support systems; and the use of education as a preventive measure among the Black elderly. Recommendations include recognition of the importance of Black racial identity, inclusion of relevant family members and fictive kin in treatment, use of referrals to Alcoholics Anonymous, the individualization of treatment, selection of program staffs to reflect the treatment population, and staff education concerning the relation between alcoholism and child abuse. Advocacy to ensure the availability of affordable services and the further efforts to reduce drunk driving are also suggested. (23 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Brisbane, F. L. (1989). The family hero in Black alcoholism families. *Journal of Alcohol and Drug Education*, 34(3), 29-37. Retrieved from PsycINFO Online Database.

Data from 20 case studies of Black adult female children (aged 28-55 yrs) of alcoholic parents illustrate the concept of the family hero (FH [S. Wegscheider, 1979]). The Ss compared their experiences and their impressions of their siblings' experiences with the roles discussed in the film *The Family Trap* (1981). 14 of the Ss were the oldest or the only female in their family; all but one considered themselves to be the FH. Data are examined in terms of social science literature on Black families, as well as alcoholism-specific literature. Discussion focuses on the significance of race, gender, and culture for the FH; barriers to alcoholism treatment; and sources of support and implications for treatment. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned).

Brown, F., & Tooley, J. (1989). Alcoholism in the Black community. In G. W. Lawson (Ed.), 1989 (pp. 115-130). Gaithersburg, MD: Aspen Publishers Inc. Retrieved from PsycINFO Online Database.

Examines historical, cultural, and psychological factors contributing to alcoholism in the Black community ... both the role of the temperance movement and the migration to the North in the early 1900s served as a turning point in alcohol consumption by Blacks ... racial discrimination did and continues to play a critical role in the etiology of drinking among Blacks ... there must be an awareness of the socioeconomic context and its impact on the intrapsychic processes ... elimination of stereotypic biases by both staff and clients and the inclusion of cultural mores, values, and traditions are necessary to maximize intervention and treatment (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Copeland, P. (1992). Prevention of alcoholism in Black youth. In G. W. Lawson (Ed.) (pp. 507-515).

Gaithersburg, MD: Aspen Publishers Inc.

Discusses the critical need for effective programs to prevent alcoholism among Black adolescents. States that the most effective programs have adapted a culture-specific alcohol-specific educational model that focuses on the individual and his or her environment and integrates Black history, self-awareness, and values into a broader societal framework. Asserts that these programs should also be sensitive toward the language and terminology used to connote a racial or cultural heritage, religion, or color.

Curtis-Boles, H., & Jenkins-Monroe, V. (2000). Substance Abuse in African American Women. *The Journal of Black Psychology*, 50(1), 450-469.

Limited attention to ethnicity in research on substance abuse & women has resulted in assumptions that may not fit the experience of women of color. This study employed a combined quantitative & qualitative design to investigate substance abuse in African American women ages 21 to 48. Life experiences of women with histories of chemical dependence were compared with women who were maintaining a non-abusing lifestyle. Variables examined were history of

parental substance abuse & child abuse, exposure to racism & traumatic events, & social support & spirituality. The substance abusing & non-abusing women were distinguished from each other in the areas of spirituality & family connectedness. Although all participants reported high violence exposure & personal losses, significantly more substance abusing women reported being battered, experiencing homelessness, & more traumatic events. Participants described multiple experiences with racism, though their descriptions of their responses to these experiences suggested different styles of coping. Findings have significant implications for prevention of substance abuse, particularly in the areas of religious involvement, family support, & the development of active problem-solving strategies. 2 Tables, 44 References. Adapted from the source document.

Davis, L. E. (Ed.). (1999). *Working with African American males: A guide to practice*. Thousand Oaks, CA: SAGE Publications.

This book is an edited compilation of chapters written from a wide variety of academic perspectives (education, anthropology, sociology, economics, psychology, social work and psychiatry) about African American males and guidelines for practitioners to work with them individually, within families, and as part of the larger community. The book addresses diverse groups of African American males, including young boys, adolescents, gay men, and older men. Throughout the collection of chapters, a number of key themes prevail, such as the importance of African American culture, the church, the economic environment, and client reliance on informal helping networks. Common also among these chapters is the focus on the strengths and resiliency of African American males. The book is divided into six sections, addressing six different areas of concern. Part I focuses on the delivery of services intended to enhance the mental health of various groups of African American males. Part II is devoted to health; it provides guidelines for working with African American males who have experienced or are at risk of experiencing social and emotional difficulties as a consequence of specific health problems, and provides suggested interventions to prevent violence among young African American males and to reduce engagement in risky behaviors such as drug and alcohol use. Part III addresses education, and provides guidelines for helping African American boys begin and continue their education. Part IV addresses familial relations, and Part V is devoted to criminal justice. Part VI discusses the economic enhancement of African American males.

Dawkins, M. P. (1988). Alcoholism prevention and Black youth. *Journal of Drug Issues*, 18(1), 15-20. Retrieved from PsycINFO Online Database.

Examines forces internal and external to the Black community that must be considered in developing alcoholism prevention strategies targeted to the needs of Black youth. Norms and values that foster abusive drinking and a lack of awareness of the destructive impact of alcoholism are viewed as major internal forces, while the use of alcohol as a tool of oppression and racism is seen as the major external force that must be addressed. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Ellison, C. G., Hummer, R. A., Cormier, S., & Rogers, R. G. (2000). Religious involvement and mortality risk among African American adults. *Research on Aging*, 22(6), 630-667. Retrieved from PsycINFO Online Database.

Examined the effects of religious involvement on mortality risk among 3,002 African Americans. The authors use a relatively new and innovative nationally representative data set--the National Health Interview Survey matched to the National Center for Health Statistics' multiple cause of death file--to model this relationship. The results show that, compared with African Americans who attend religious services more than once a wk, those who never attend are more than twice as likely to die during the 9-yr follow-up period, even net of a large number of confounding and mediating factors. The strong effect of nonattendance on mortality risk is robust, pervasive, and remarkably strong across all subgroups of the population, whereas a moderate level of attendance

is associated with higher mortality risk among young adults, men, and Southerners, but not among older adults, women, and non-Southerners. Among African Americans, lack of religious involvement appears to be associated with risk of premature death, whereas frequent religious involvement stands out as a critical protective factor that contributes to lower mortality and longer life. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Hatchett, B. F. (1997). Beliefs of older African-American women about alcohol use and abuse. *Dissertation Abstract International*, 58(5), 1919-A.

The belief systems regarding alcohol, drinking status, religious affiliation, and religiosity were studied in 184 older African-American women seen in centers for alcohol treatment. Higher education was associated with a decrease in the stigma of drinking by males and females. Drinking status significantly influenced attitudes regarding acceptable levels of consumption in all age and gender groups. Drinkers with no problems most often felt that others should not drink, while problematic drinkers more often believed that higher levels of consumption were acceptable. Religious affiliation and religiosity were significantly associated with both keeping alcohol at home and abstaining from its use. The more religious individuals were likely to adhere to these practices than the less religious. The results suggest a relationship between religious practices and attitudes and behaviors related to alcohol, implicating a role for the church in disseminating educational information about alcohol use and treatment options.

Hrabowski, F. A., Maton, K. I., Greene, M. L., & Greif, G. L. (2002). *Overcoming the odds: Raising academically successful African American young women*. London, England: Oxford University Press.

(from the publicity materials) *Overcoming the Odds* discusses the tangible things parents and educators can do to motivate, inspire, and nurture young Black girls to become strong, successful Black women. The book shows how sex, drugs, and violence influence these young women, and how their environment, strong family support, and determination enable them to overcome these influences. It sheds new light on successful African American women and serves as a source of inspiration. Based on an original study of the Meyerhoff Scholars Program at the University of Maryland, the authors delve into this highly successful educational program geared toward increasing the number of minorities, especially African Americans, who go on to excel in the areas of science and engineering. Through extensive interviews and in-depth questionnaires, the authors convey the direct experiences of the young women in the program, as well as their parent, teachers, guidance counselors, church members, and others in the community.

Jones, G. L. (1999). *The relationships among spirituality, religion, and mental health for African Americans*.

Unpublished doctoral dissertation, Dissertation Abstracts International Section A: Humanities and Social Sciences. Retrieved from PsycINFO Online Database.

This study examined the dual constructs of spirituality and religion as they relate to mental health for African Americans. Specifically, this study investigated the relationship among the criterion variable of mental health, and the independent variables of spirituality, religion, and demographics (age, gender, education, physical health, religious denomination and socioeconomic status). Although overlap between the two constructs was expected, the study investigated whether spirituality and religion could be significantly discerned, and whether results from one construct could be generalized to the other. Participants in this study were 255 adult African Americans, between the ages of 21 and 70 + years of age, located within a large public school system in the southeastern part of the United States. The subjects were administered The Demographic and Physical Health Survey, The Armstrong Measure of Spirituality, the Religiousness Scale, and The Mental Health Index. Results indicated that there were strong associations between spirituality and religion, between spirituality and mental health, as well as between spirituality and physical health. However, a series of multiple linear regression analyses indicated that the linear combination of spirituality, physical health, and age were the best predictors of mental health for African Americans. Study results suggested that while both

spirituality and religion were strongly associated with mental health, spirituality was a better predictor of mental health for African Americans. The fact that spirituality was a better predictor of mental health than was religion might suggest differences in conceptualization of the constructs. The religiousness instrument utilized in this research focused on an individual's relationships with the church and with God. The spirituality instrument measured the relationships just mentioned and additionally assessed an individual's perception of self in relations to others, and a sense of responsibility for one's fellowman. This conceptualization of spirituality is expansive and includes the concept of religion. Spirituality in this sense appears more closely aligned with the conceptual framework of community spirit that has been so much a part of African American sociocultural history. This research lends support to the tremendous potential for spirituality and religion as mental health interventions with prophylactic or preventive as well as palliating or rehabilitative possibilities. It also lends support to the need for addressing spirituality and religion as part of the therapeutic process, as well as the development of more culturally sensitive instruments, if counselors are going to successfully assess and develop effective mental health strategies when counseling African American clients. (PscINFO Database Record (c) 2000 APA, all rights reserved)

Knox, D. H. (1985). Spirituality: A tool in the assessment and treatment of Black alcoholics and their families. *Alcoholism Treatment Quarterly: Treatment of Black Alcoholics*, 2(3/4), 31-44.

The use of spirituality in the assessment and treatment of Black alcoholics and their families who are known to health and human services agencies, including alcoholism-specific treatment centers, is addressed. Common expressions relating to spiritual beliefs are identified and attention is given to the knowledge needed to formulate an assessment and to make a treatment plan. These include sources of hope and strength, the concept of God, and the relationship between spiritual beliefs and health. Guidelines for therapists are recommended.

Lo, C. C., & Globetti, G. G. (1993). Black college students' drinking patterns: The roles of family religious affiliation and parental guidance during the first drinking experience. *Sociological Spectrum*, 42(1), 343-336.

A theoretical model of personal control development is tested with questionnaire data obtained in a 1991 alcohol-use study from a sample of 160 Black students at universities in the deep South. Results confirm that students who take their first drink at a lower age are more likely to drink at a high level & to experience a high number of alcohol-related problems in college. However, this negative relationship is attenuated if drinking is initiated in the presence of adults &/or with parental knowledge. Along with normative guidance, family religious affiliation plays an important role in constraining problem drinking during the college years. Together with parental normative guidance, it serves as a social control variable, providing individuals with access to normative standards & definitions of drinking within a particular sociocultural context. These variables are internalized by the time students reach college & become part of a personal control system, influencing adult behavior. 4 Tables, 3 Figures, 47 References. Adapted from the source document

Long, L. C. (1993). An African-centered model of prevention for African American youth at high risk: CSAP technical report. In L. L. Goddard (Ed.), (pp. 87-92). Rockville, MD: Center for Substance Abuse Prevention.

The author examines two prevention models identified in *Harvesting New Generations: The Positive Development of Black Youth*, by Useni Eugene Perkins. The deficit model represents a total denial of the existence or value of African-American culture and implies that African Americans are worthless. The bicultural model creates self-diffusion and confusion by expressing the broad diversities in racial and ethnic groups and suggesting they can all survive in an integrated society. The bicultural model is characterized by slave culture, assimilation, subculture inferiority, and European domination and integration, says the author. These models have been

developed by scholars who have no knowledge or understanding of Black behavior. Afrocentric models of prevention must be based on African philosophy, religion, psychology, culture, and the integration of these areas into the issue of African-American survival in the 1990's. An Afrocentric approach has been instituted by the West Dallas Community Center Rite of Passage project. Youth in the project are taught African rituals and chants, learn Swahili, and are introduced to African styles and dress. Definite changes in the youths' attitudes, morals, and perceptions of self have been noticed (Source: Faith Communities: Studies, Articles, and Reports (1997) Reposted by Indiana Prevention Resource Center <http://www.drugs.indiana.edu/> : CSAP Substance Abuse Resource Guide Series)

Maton, K. I., & Zimmerman, M. A. (1992). Psychosocial predictors of substance use among urban Black male adolescents. *Drugs and Society*, 6(1-2), 79-113. Retrieved from PsycINFO Online Database.

Lifestyle, social support/stress, and well-being were used to predict frequency of alcohol, marijuana, and hard drug use among 150 urban African-American male adolescents (aged 15-19 yrs). Ss, most of whom had dropped out of school, participated in an initial interview and a follow-up interview 6 mo later. Lifestyle was a significant predictor of marijuana and hard drug use at both measurement points, and a predictor of alcohol use at 1 measurement point. Support/stress explained significant variance in alcohol use at both measurement points, and in marijuana use at 1 measurement point. Independent variance in substance use was explained by in-school status, spirituality, and life event stress. Low self-esteem predicted increased marijuana use 6 mo later. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Neal, AA (1999). Religious involvement and practices concerning the use of alcohol among Black adolescents. *Dissertation Abstract International*, 49(10), 4257-B.

The purpose of the study was to investigate the relationship between the Black male adolescent's use of alcohol and 1) his own church involvement, and 2) the church involvement of important others (father, mother, and best friend). The subjects of the investigation were 139 Black male adolescents age 12-15 in a southeastern state. All came from families meeting the Federal guidelines for low income, and all claimed membership in or affiliation with the Baptist denomination. More than half of the subjects (96.5%) reported attending church once a week or more and 63.3% reported that they never drank alcoholic beverages. The instrument used was a self-report questionnaire (Neal's Alcohol Attitudes Questionnaire) administered to the subjects. Items were designed to measure the adolescents' alcohol use; father's, mother's, and best friend's church attendance; attitudes toward religion, father, mother, and alcohol. The findings were discussed in light of previous research, including Fishbein's model of behavioral intentions, and were found to be in general agreement. Support was found for the importance of the father versus the mother as a role model of adolescent sons in Black families. The findings also indicate that the adolescent's own church attendance influences his decision on alcohol use more than the church attendance of parents or best friends.

Oler, C. H. (1996). Spirituality, racial identity, and intentions to use alcohol and other drugs among African-American youth. *Dissertation Abstract International*, 56(8), 4590B.

Two hundred and forty-nine African-American 4th, 5th, and 6th graders attending predominantly African-American secular and non-secular elementary schools participated in a study to investigate the relations of spirituality, racial identity, and intentions to use alcohol and other drugs. The students completed the (1) Children's Drug Use Survey (CDUS), (2) the Botvin Alcohol and Drug Attitude Scale (BADAS), (3) the Tentative Drug Use Scale (TDUS), (4) the Age Universal Religious Orientation Scale Revised (AUROS-R), (5) the Religious Commitment Questionnaire (RCQ), (6) the Banks Scale (BS), and (7) a demographic information sheet. The results showed that (1) African-American students higher in spirituality and racial identity had significantly stronger disapproving attitudes about the use of alcohol and other drugs than those students with lower levels, and that (2) African-American higher in spirituality evinced greater intentions not to use

alcohol and other drugs than those students with lower levels. Additionally, there were a number of significant differences relative to school-type SES, and grade level. Some differences found were that students in non-secular schools had a higher spirituality and racial identity, and engaged in less substance use than students in secular schools, and that students from lower SES backgrounds considered religion more important than students from higher SES backgrounds, although students from higher SES levels considered religion more important than students from higher SES backgrounds, although students from higher SES levels attended church more often. It was concluded that spirituality and racial identity, particularly spirituality, do predict African-American preadolescents' receptivity to the use of alcohol and other drugs.

Potts, R. (1991). Spirits in the bottle: Spirituality and alcoholism treatment in African-American communities. *Journal of Train. Practical and. Professional. Psychology.*, 5(1), 53-64.

Annotation was not available for this source.

Prugh, T. (1987). Black church: A foundation for recovery. *Alcohol Health and Research World*, 11(2), 52-54.

Discussion is presented on the Black church as a foundation for recovery for alcohol problems among Blacks. The spirituality found in the church atmosphere is suggested as being a powerful personal resource that can be tapped by clients struggling to cope with chemical abuse problems. It is suggested that the clergy can not only help the alcoholic, but also help the alcoholic's family members. The need for increased awareness of the Black alcohol problem is expressed

Reed, J., III. (1999). A comparative study of addicted African American males in two drug court programs. *Dissertation Abstracts International: The Humanities and Social Sciences*, 48(3), 2240-A-2241-A.

The current study has two purposes, one purpose was to determine whether drug addicted African American male offenders who participated in a comprehensive, culturally specific, court monitored drug treatment program (ADAPT) were more successful in maintaining drug abstinence and completing a drug treatment program than a traditional probation (no-treatment) group in completing their probation, and to examine whether there is a relationship between six demographic characteristics (age, education, employment, family status, marital status, church affiliation/spirituality) and successful completion of the same two groups in completing their respective programs. The second purpose was to gain information that could serve as a model to develop effective programs for drug addicted African American males. Findings as a result of this study suggest that African American males have specific needs that should be addressed in developing effective drug treatment programs for them. Data on 130 drug court offenders was examined for this study. Ninety-five received treatment in a comprehensive, culturally specific, court monitored drug treatment program (ADAPT), and 35 selected a 'Fast Track' traditional probation program in Hamilton County's probation department. In addition to examining whether a comprehensive drug court treatment program is more effective for addicted African American males than traditional probation, five additional categories (drug court family counseling, church affiliation/spirituality, exit survey data, judicial influence, and frequent urine testing) were also examined. There were no data available for the probation group on these five categories. Therefore, only the ADAPT group is discussed in Chapter IV.

Reese, L. A., & Brown, R. E. (1995). The effects of religious messages on racial identity and system blame among African Americans. *Journal of Politics*, 43(6), 24-24.

Examines the relationships among racial consciousness or identity, system blame, & religiosity for African Americans, focusing on the effects of church-based education & activism on racial-group consciousness. This is achieved by clarifying religiosity to include both the civic message communicated & the political activism promoted by religious organizations. Data from the 1984 National Black Election Study are used to examine the connection among various demographic factors, religiosity, religious messages, & several measures of racial identity. Findings indicate that 2 messages are presented at places of worship: one communicating civic awareness & the other

promoting political activity. Greater exposure to the former tends to produce higher levels of racial identity, while exposure to the latter leads to greater perceptions of power imbalance among groups. Such feelings of racial & power imbalance lead to a greater tendency to blame the governmental system for outcome inequities. Finally, these factors seem to operate slightly differently for men & women. 3 Tables, 4 Figures, 1 Appendix, 35 References. Adapted from the source document

Reid, D. J. (2000). Addiction, African American, and a Christian recovery journey. In J. A. Krestan (Ed.), *Bridges to recovery: addiction, family therapy, and multicultural treatment* (pp. 145-172). New York, NY: The Free Press.

Annotation was not available for this source.

Rubin, R. H., Billingsley, A., & Caldwell, C. H. (1995). Role of the Black church in working with Black adolescents. *Adolescence*, 29(114), 251-266.

Six hundred and thirty-five Northern Black churches were surveyed regarding the offering of youth support programs. Of these, 176 reported having at least 1 program directed at adolescent nonmembers of the church, primarily from low-income homes. The most common programs consisted of Christian fellowships, ministry, counseling, group discussions, rap sessions, seminars, and workshops. Sports activities were second in frequency. The least common programs were AIDS and youth health-related services. It appears the greatest interest in youth programs are in churches that are Methodist, older middle-class, large in membership, owned or mortgaged, and with more paid clergy and staff. Characteristics of youth-oriented pastors are discussed. Generally, it was found that some of the most prominent issues facing Black adolescents were not being adequately addressed by Black churches. Suggestions for improving this situation are made, as well as citations of promising programs.

Swift, C. F., & Beverly, S. (1985). The utilization of ministers as alcohol counselors and educators increasing prevention and treatment resources in the Black community. In R. Wright & T. Watts (Eds.), *Prevention of Black alcoholism: Issues and strategies*.

Black ministers and Black churches traditionally serve as core resources for their community's human services, in both direct and indirect delivery of services. A clergy workshop was conducted to educate the clergy concerning alcoholism and counseling techniques. As an outgrowth of the workshop, two separate but related programs were established: the court counselor aide program, in which Black ministers provided counseling for misdemeanor offenders; and a court class in alcoholism, which utilized the ministers in teacher/therapist roles. Program descriptions and evaluations are provided

Washington, O. G. M., & Moxley, D. P. (2001). The use of prayer in group work with African American women recovering from chemical dependency. *Families in Society*, 82(1), 49-59. Retrieved from PsycINFO Online Database.

Discusses the relevance, propriety, and use of prayer for African-American females recovering from substance use. 27 African-American female inpatients (mean age 32.4 yrs) recovering from chemical dependency participated in a group work intervention using prayer. Results show that the appropriate use of prayer added structure to the group experience and helped members to confront their fears with a measure of safety. Uses of prayer by Ss addressed the issues of: (1) Ss' hopes and aspirations; (2) responsibility for their life and the lives of their children; (3) accountability for their actions; (4) recovery; (5) contemplation, motivation, and readiness for change; (6) identification of personal needs to normalize life; (7) establishing a personal recovery plan; and (8) coping with tragedy and adversity. Findings suggest that prayer serves important functions during group development and facilitates helping processes, including engagement, readiness, mutual support, and self-disclosure. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Watts, T. D., & Wright, R. (1987). Some comments on research, policy, and practice issues in Black alcoholism. *Journal of Alcohol and Drug Education*, 32(2), 13-18. Retrieved from PsycINFO Online Database.

Contends that Black alcoholism can best be understood in an ecological, environmental, sociocultural, and public health context and that the goal of public health is to apply strategies and programs that reduce rates of disease and death among total groups of individuals. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Six hundred and thirty-five Northern Black churches were surveyed regarding the offering of youth support programs. Of these, 176 reported having at least 1 program directed at adolescent nonmembers of the church, primarily from low-income homes. The most common programs consisted of Christian fellowships, ministry, counseling, group discussions, rap sessions, seminars, and workshops. Sports activities were second in frequency. The least common programs were AIDS and youth health-related services. It appears the greatest interest in youth programs are in churches that are Methodist, older middle-class, large in membership, owned or mortgaged, and with more paid clergy and staff. Characteristics of youth-oriented pastors are discussed. Generally, it was found that some of the most prominent issues facing Black adolescents were not being adequately addressed by Black churches. Suggestions for improving this situation are made, as well as citations of promising programs (Source: Faith Communities:Studies, Articles, and Reports September 1997: Reposted by the Indiana Prevention Resource Center at Indiana University: CSAP Substance Abuse Resource Guide Series)

Watts, T. D., & Wright, R. (1988). Black alcoholism. *Journal of Alcohol and Drug Education*, 33(2), 76-80. Retrieved from PsycINFO Online Database.

Discusses research and associated social policy issues concerning alcoholism among Blacks in the US. It appears that the relatively small body of literature on alcohol use and abuse among Blacks consists of studies that emphasize qualitative and descriptive aspects of the problem. There is an urgent need for more epidemiological studies to provide accurate estimates of the incidence and prevalence of alcohol use and abuse in Black communities. Future research efforts must avoid the narrow perspectives that have been used as theoretical frameworks in past studies. Cultural, racial, environmental, and ecological factors must be included. Policy issues involve questions concerning the accessibility of the treatment system to Blacks, use of the Black community and Black counselors in intervention programs, and effectiveness of traditional White agencies in the treatment of Black alcohol abuse. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Watts, T. D., & Wright, R. (1984). Some reflections on Black alcoholism treatment. *Journal of the National Medical Association*, 76(2), 101-102. Retrieved from PsycINFO Online Database.

Argues that Black alcoholism is a complex environmental, physiological, health, and mental health problem and that Black alcoholism prevention interrelates with Black mental health prevention. The need for further study on the complex relationship between alcohol control and the state, particularly with respect to Black America, is noted. (14 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Watts, T. D., & Wright, R. (1985). Some notes on Black alcoholism prevention. *Journal of Alcohol and Drug Education*, 30(2), 1-3. Retrieved from PsycINFO Online Database.

Discusses the environmental contexts surrounding treatment of Black alcoholics and possible contributing factors to alcoholism among Blacks. These contributing factors include poverty, racism, the lack of available information on Black alcoholism, and the underutilization of treatment facilities by Black alcoholics. Treatment of Black alcoholics can best be approached in an environmental, ecological, sociocultural, and public health context. (12 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved) (unassigned)

West, G. L. (1990). Addiction, spirituality, and recovery: The role of the African American minister. *Journal of Religious Thought, 47*, (1), 99-108.

The author attempted to show different methods and approaches used by various disciplines to deal with drug addiction. He argues spirituality must be addressed, especially when involving African Americans. Much of the article is devoted to a discussion regarding the role of the minister in the community and with the addict.

Zimmerman, M. A., & Maton, K. I. (1992). Life-style and substance use among male African-American urban adolescents: A cluster analytic approach. *American Journal of Community Psychology, 20*(1), 121-138. Retrieved from PsycINFO Online Database.

Cluster analyzed 4 variables (school attendance, employment, church attendance, and delinquency) to develop life-style profiles, using interview data from 218 African-American male adolescents (mean age 17 yrs). Five meaningful clusters were retained and subjected to criterion validity analyses using measures of spirituality, participation in a voluntary organization, self-esteem, and friend's substance use. The 5 clusters were then compared on cigarette, alcohol, marijuana, and hard drug use. Results suggest that a lifestyle that includes an adaptive compensatory behavior component may be more adaptive than a lifestyle that does not include compensatory behavior. For example, youths who left high school before graduation but were involved in church reported less alcohol and substance use than youths who left school and were not involved in any meaningful instrumental activity. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Zimmerman, M. A., Salem, D. A., & Maton, K. I. (1995). Family structure and psychosocial correlates among urban African-American adolescent males. *Child Development, 66*(6), 1598-1613. Retrieved from PsycINFO Online Database.

Examined the relation between psychosocial outcomes and family structure, and between youths' relationships with their fathers and with male role models. Substance use and delinquency, psychological well-being, and social support were compared across 5 family constellations among 254 urban African-American adolescent males (mean age 16.9 yrs). Single mother, stepparent, both parents, mother with extended family, and extended family only households were studied. The only differences found were that youth living in single mother households reported more parental support than other youth. Relationships with father and male role models were related to several psychosocial outcomes. Results challenge the assumption that single African-American mothers are alone in providing support to their sons and that the fathers' absence results in no significant relationship. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Zimmerman, M. A., Tuttle, L., Kieffer, E., Parker, E., Caldwell, C. H., & Maton, K. I. (2001). Psychosocial outcomes of urban African American adolescents born to teenage mothers. *American Journal of Community Psychology, 29*(5), 799-805. Retrieved from PsycINFO Online Database.

This is a study of psychosocial outcomes of adolescents born to teenage mothers. Adolescents' problem behaviors, psychological well-being, social support, school variables, and sexual behaviors are compared across three groups—those born to mothers 17 or younger, mothers 18-19 years old, and mothers 20 or older. Analyses from two samples of African American adolescents from Maryland and Michigan are reported. The results from both samples indicate that mother's age at birth is unrelated to adolescents' psychosocial outcomes. These two studies add to the limited number of analyses that examine adolescent outcomes for children of teen mothers. The results suggest that efforts to understand social structural determinants of healthy and problematic adolescent development may be more informative than examining the effects of mother's age. They also suggest that teen pregnancy prevention programs may be more effective if they are part of a larger prevention strategy that incorporates social structural change efforts and

not only a focus on individual level change. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Cultural/ Ethnic Issues

Babor, T. F., & Mendelson, J. H. (1986). Ethnic/religious differences in the manifestation and treatment of alcoholism. *Annals of the New York Academy of Sciences.*, 472.

A study was undertaken to determine whether a person identified with different American ethnic/religious groups do in fact differ in the symptoms they present at the time they reach treatment when demographic factors are held constant. Social demographic and clinical data was obtained from 8155 male admissions to 13 private hospitals operated by the Raleigh Hills Hospitals in the Western part of the continental United States. At this time of the hospital admission patients were asked to describe how they referred to treatment. Blacks (with 66 percent) and Hispanics (with 56 percent) responded to media advertising in greater proportions than other ethnic groups. Overall, Indians, Scandinavians, and alcoholics with no ethnic identification reported the greatest amounts of alcohol consumption. It was concluded that ethnic differences played a role in the decisions by treatment personnel to recommend specific kinds of aftercare following inpatient treatment. Alcoholics Anonymous was recommended most of Black, Hispanic, and Indian alcoholism, despite the strong association of the fellowship with the value system of dominant American culture. The findings suggest that ethnotherapy, a new treatment technique employing ethnic and religious identity as a basic medium of intervention, may have application for patients belonging to socially disadvantaged ethnic groups.

McNeill. (1995). *Freedom, glorious freedom: The spiritual journey to the fullness of life for gays, lesbians*. Boston, MA: Beacon Press.

Annotation was not available for this source.

Utsey, S. O., Ponterotto, J. G., & Reynolds, A. L. (2000). Racial discrimination, coping, life satisfaction, and self-esteem among African Americans. *Journal of Counseling and Development*, 78(1), 72-78.

This article reports the results of a study that examined the coping strategies used by African Americans in managing the stressful effects of racism. A total of 213 participants (women, n = 137; men, n = 76) completed the Index of Race-Related Stress (S. O. Utsey & J. G. Ponterotto, 1996), the Coping Strategy Indicator (J. H. Amirkhan, 1990), the Satisfaction With Life Scale (E. Diener, R. A. Emmons, R. J. Larsen, & S. Griffin, 1985), and the Rosenberg Self-Esteem Scale (M. Rosenberg, 1965). Results indicated that women preferred avoidance coping for racism experienced on a personal level. For African Americans in general, seeking social support and racism condition were the best predictors of racism-related stress. Life satisfaction and self-esteem were best predicted by avoidance coping. Implications for the provision of counseling services to African Americans are discussed. (from article)

Watts, T. D. (1991). The parameters of 'social thought on alcoholism': Some comments. *Journal of Alcohol and Drug Education*, 36(2), 26-31. Retrieved from PsycINFO Online Database.

Contends that the parameters of social thought on alcohol and alcoholism should be extended to include study of its historical base, the natural sciences, and numerous other disciplines. Particularly in the US, an ethnomethodology that considers the beliefs about and thoughts on alcoholism among Hispanic, Black, and Asian cultures would be helpful in trying to explicate the meanings that people attach to alcohol. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Amodeo, M., & Jones, L. K. (1997). Viewing alcohol and other drug use cross culturally: A cultural framework for clinical practice. *Families in Society*, 78(3), 240-224.

The authors present a conceptual framework for cross-cultural investigation of alcohol and other drug (AOD) issues, including attitudes, values, and behaviors. Elements include cultural views of using alcohol and other drugs, life problems, seeking help, relapse, and recovery. Acculturation, subgroup identity, and migration are critically important variables in the framework. The framework can be used to view a single culture or to compare several and can help clinicians explore clients' earliest exposure to alcohol and other drugs, family and community messages regarding AOD use, and stigma and shame. It can stimulate clinicians' thinking about culturally specific intervention methods and family and community supports for recovery. (Journal abstract.)

Ablon, J. (1985). Irish-American Catholics in a west coast metropolitan area. In L. A. Bennett & G. M. Ames (Eds.), *The American experience with alcohol: Contrasting cultural perspectives* (pp. 395-409). New York: Plenum Press.

Annotation was not available for this source.

Ford, J., & Kadushin, C. (2002). Between sacred belief and moral community: A multidimensional approach to the relationship between religion and alcohol among whites and Blacks. *Sociological Forum*, 50(6), 255-279.

This study explores the conditions under which two dimensions of religion first specified by Durkheim (1995 edition), the normative & the integrative, may be related to a particular aspect of alcohol use among white & Black adults. The analysis compares those denominations that oppose the use of alcohol to those that do not, while simultaneously examining the effects of the relative strength of commitment to the religious community on the risk for dependency. Because a substantially large sample drawn from 41 mid-sized cities nationwide is employed, the study is able to expand the set of denominations considered, & more importantly, to conduct a more refined analysis of differences between Black & white respondents than is typically possible. The findings indicate that although effects due to religious denomination are certainly a factor in the risk for dependency, this is much more so the case among whites than among Blacks. By contrast, among Blacks, frequency of church attendance, a measure of integration, is a more powerful predictor of risk than it is for whites. These results suggest that to more fully comprehend the manner in which alcohol use & religion are linked, especially in the Black community, the organizational nature of the church - & not solely its denomination - needs to be considered in the attempt to assess the risk of alcohol dependency. 3 Tables, 67 References. Adapted from the source document

O'Connor, G. (1996). Alcoholism in Irish American Catholics: Cultural stereotype vs. clinical reality. *American Journal on Addictions*, 5(2), 124-135. Retrieved from PsycINFO Online Database.

Explores the political and sociohistorical roots of Irish American Catholic attitudes toward alcohol, describes how patterns of heavy drinking among Irish Catholics have been handed down through generations, and examines the role of cultural stereotyping in promoting and maintaining pathological drinking behavior among Irish Catholics from the middle of the 19th century until the present day. The author considers implications for psychotherapy with this population. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Hispanic

Arciniega, L. T., Arroyo, J. A., Miller, W. R., & Tonigan, J. S. (1996). Alcohol, drug use and consequences among Hispanics seeking treatment for alcohol-related problems. *Journal of Studies on Alcohol*, 57(6), 613-618. Retrieved from PsycINFO Online Database.

Compared patterns of drinking, drug use and related problems for 102 Hispanic and 104 non-Hispanic White clients presenting at a public clinic for outpatient treatment of alcohol problems. Relatively few reliable ethnic differences were observed in alcohol/drug use patterns. Non-Hispanic white men reported significantly more pretreatment tobacco use than did Hispanic men.

Hispanic women reported significantly fewer legal problems, symptoms of dependence and negative consequences of drinking relative to non-Hispanic White women. Measures of acculturation and acculturative stress failed to differentiate drinking patterns among Hispanic clients. It is concluded that within a treatment-seeking sample, Hispanics and non-Hispanics may be more similar with regard to drinking practices than is the case in the general population. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Arroyo, J. A., Westerberg, V. S., & Tonigan, J. S. (1998). Comparison of treatment utilization and outcome for Hispanics and non-Hispanic Whites. *Journal of Studies on Alcohol*, 59(3), 286-291. Retrieved from PsycINFO Online Database.

Examined the use of formal alcohol treatment and Alcoholics Anonymous (AA) by 46 Hispanic and 62 non-Hispanic white clients, and compared their posttreatment functioning. Possible sex differences were also investigated on percent days alcohol therapy and AA attendance for 6 mo after study recruitment. Hispanics were more often male, had fewer years of education, and were less likely to live alone than were non-Hispanics. The heavy drinking and few abstinent days that characterized both groups at intake improved over time, with Hispanics engaging in more formal alcohol therapy sessions but attending fewer AA meetings than non-Hispanics over the course of follow-up. Attendance at treatment and AA were separately associated with decreased intensity and quantity of alcohol use, but not abstinent days, for both ethnic groups. Although clients from the 2 ethnic groups used different treatment strategies, these paths ultimately resulted in similar post-treatment drinking outcomes (frequency, intensity and quantity of alcohol consumption). (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Davis, K. G. (1994). *Primerio Dios: Alcoholics Anonymous and the Hispanic community*. Selinsgrove, PA : Susquehanna University Press.

Annotation was not available for this source.

Delgado, M. (1996). Puerto Rican natural support systems and the field of AOD: Implications for religious institutions. *Journal of Ministry in Addiction & Recovery*, 3(2), 67-77.

This article will provide the reader with a perspective on how best to utilize natural support systems to reach Puerto Rican Communities in the United States. The concept of natural support systems will service as the cornerstone for the development of AOD projects involving this important resource in the community; in addition, a series of recommendations will be made to help institutions implement natural support systems collaborative activities.

Estrada, A., Rabow, J., & Watts, R. K. (1982). Alcohol use among Hispanic adolescents: A preliminary report. *Hispanic Journal of Behavioral Sciences*, 4(3), 339-351. Retrieved from PsycINFO Online Database.

Reports on the use of alcohol by a group of 107 Hispanic 7th- and 8th-grade junior high school students (age 13-16 yrs) in Los Angeles. Ss responded to a self-administered questionnaire concerning demographic issues, social characteristics, and family composition, as well as alcohol consumption, school performance, and a number of other behaviors. Findings suggest definite patterns to alcohol consumption, sex-based differentials, and strong links between the use of alcohol and marijuana among Hispanic adolescents. (27 ref) (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Farabee, D., Wallisch, L., & Maxwell, J. C. (1995). Substance use among Texas Hispanics and non-Hispanics: Who's using, who's not, and why. *Hispanic Journal of Behavioral Sciences*, 17(4), 523-536. Retrieved from PsycINFO Online Database.

Compared the prevalence of past-year and lifetime substance use, problem indicators, and the most important reasons for abstaining (among nonusers) between 1,807 Texas Hispanics and 3,232 non-Hispanics (mean age 42.5 yrs), and among 3 subgroups of Hispanics who represented

different levels of acculturation: Mexican born (i.e., least acculturated), US born but relatively unacculturated, and US born/highly acculturated. Prevalence rates among Hispanics increased as a function of US acculturation, with the most acculturated group's rates more closely resembling non-Hispanics than Mexican-born Hispanics. There were also significant variations by level of acculturation in the reasons given for abstinence. Whereas health was the most commonly cited reason for abstinence regardless of ethnicity, other important reasons (e.g., moral reasons vs influence of family and friends) varied significantly by ethnicity and acculturation. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Mayers, R. S., Kail, B. L., & Watts, T. D. (Eds.). (1993). *Hispanic substance abuse*. Springfield, US, US: Charles C Thomas Publisher. Retrieved from PsycINFO Online Database.

(from the preface) This book is concerned with substance abuse among Hispanics, the fastest growing minority group in the United States. The purpose of this book is to address the concerns of students and professionals who work with this population. It brings together in one place the current and most up-to-date research on this problem by well-known experts in the fields of alcohol and drug abuse. It is hoped that this information will be of assistance to an array of audiences which include scholars and researchers, professionals in the human services, and the general public. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Padilla, A. M., & Salgado de Snyder, V. N. (1992). Hispanics: What the culturally informed evaluator needs to know. In M. A. Orlandi (Ed.), *Cultural competence for evaluators: A guide for alcohol and other drug abuse prevention practitioners working with ethnic/racial communities* (pp. 117-146). Rockville, MD, US: US Department of Health & Human Services. Retrieved from PsycINFO Online Database.

Presents information that will give program evaluators a better understanding of the sociocultural diversity found among the various Hispanic groups in the United States ... factors that contribute to successful social and psychological integration of Hispanics are discussed because of their relevance to possible AOD [alcohol and other drug] use by this population and because such information is critical if prevention and intervention programs are to succeed ... focuses particular attention on women, immigrants, and youth, groups that are particularly prone to be at high risk for psychological distress ... takes the position that successful evaluation of social programs necessitates knowledge of the Hispanic community and of the conditions that place an individual at risk for misusing or abusing alcohol and other drugs (PsycINFO Database Record (c) 2000 APA, all rights reserved)

HIV/AIDS

Andrews, L. J., & Novick, L. B. (1995). *HIV care: A comprehensive book for providers*. Thousand Oaks, CA: Sage Publications.

Examining the recent developments in HIV care, this book provides practitioners with information about testing for the virus; pre- and post-test counseling; medical management--traditional, alternative, and complementary (acupuncture, exercise, diet); physical and neuropsychological manifestations; psychological, psychosocial, and spiritual impacts; housing and home care; financial assistance; legal issues and laws, and state and national resources.

Anonymous. (1995). Never too late: The spiritual recovery of an alcoholic with HIV. *Journal of chemical dependency treatment*, 5(2), 167.

Annotation was not available for this source.

Avants, S., Warburton, L., & Margolin, A. (2001). Spiritual and religious support in recovery from addiction among HIV-positive injection drug users. *Psychoactive Drugs*, 33(1), 39-45.

The current study examined the association between support and comfort derived from religion or spirituality and abstinence from illicit drugs in a sample of 43 HIV-positive injection drug users

entering a methadone maintenance program. Patients with high ratings of perceived spiritual or religious support were abstinent from illicit drugs significantly longer during the first six months of methadone maintenance than were patients with lower ratings. Controlling for the influence of pretreatment variables (addiction and psychiatric severity, CD4 count, social support, and optimism), and during-treatment variables (methadone dose and attendance at counseling sessions), hierarchical regression analysis showed that strength of religious and spiritual support was a significant independent predictor of abstinence. These findings suggest that spirituality may be an important dimension of patient experience to assess in future addiction treatment outcome research (abstract from MEDLINE).

Arnold, R., Avants, S. K., Margolin, A., & Marcotte, D. (2002). Patient attitudes concerning the inclusion of spirituality into addiction treatment. *Journal of Substance Abuse Treatment, 23*(4), 319-326.

The purpose of this exploratory study was 3-fold: (a) to determine how 'spirituality' is defined by inner-city HIV-positive drug users; (b) to determine perceived relationships between spirituality and abstinence, harm reduction, and health promotion; and (c) to assess interest in a spirituality-based intervention. Opioid-dependent patients enrolled in an inner-city methadone maintenance program participated in the study; 21 participated in focus groups and 47 completed a questionnaire. In the focus groups, two predominant themes emerged: spirituality as a source of strength/protection of self, and spirituality as a source of altruism/protection of others. A large majority of the larger sample expressed an interest in receiving spirituality-focused treatment, reporting that such an intervention would be helpful for reducing craving and HIV risk behavior, following medical recommendations, and increasing hopefulness. African American women perceived spirituality as more helpful in their recovery than did African American men.

Somlai, A. M., Heckman, T. G., Hackl, K., Morgan, M., & Welsh, D. (1998). Developmental stages and spiritual coping responses among economically impoverished women living with HIV disease. *Journal of Pastoral Care, 52*(3), 227-240.

Identifies environmental markers, situational appraisals, perceived ability to mediate situations and outcomes, primary coping strategies, and purposes served by religion and spirituality in 10 HIV-positive women recruited from a regional health care clinic. Findings indicated that the women experienced a disintegration of family during their early developmental years, yielding feelings of hopelessness and isolation; that their sexual development was marked by rape and incest, and their early adulthood was characterized by failed relationships, pregnancies, drugs, and alcohol. Reports that the women's religious influences were predominantly maternal and provided a model for intercessory prayer. Notes that prior to their diagnosis of HIV, participants described their coping as escapist, while after diagnosis they believed there was a divine intercession renewing their spiritual growth and connectedness with others. Reports that the women's personal spirituality was greatly influenced by prayer, television ministries, and reading the Bible. Suggests the interventions that actively recruit women into social support services, health care systems, and faith congregations are needed and that television ministries may serve as access points for connecting women with necessary services.

Tangenberg, K. M. (2001). Surviving two diseases: Addiction, recovery, and spirituality among mothers living with HIV disease. *Families in Society, 85*(5), 517-524.

Drawing upon narratives spoken by mothers living with HIV/AIDS, this article describes the role of recovery in helping many women survive the two "diseases" of HIV infection and addiction. The theme of surviving two diseases emerged from secondary qualitative analysis of narratives contained in focus group transcripts. Originally convened to address questions involving life experience and support services, the focus group discussions revealed the importance of recovery, spirituality, positive thinking, inner strength, and social support in helping many women cope with the complexity of living with two highly stigmatized conditions. Secondary analysis

provided the opportunity to more closely examine the relevance of recovery principles to ending addiction and strengthening women's feelings of self-efficacy and support. (Journal abstract.)

Word, C. O., & Bowser, B. (1997). Background to crack cocaine addiction and HIV high-risk behavior: The next epidemic. *American Journal of Drug and Alcohol Abuse, 23*(1), 67-77. Retrieved from PsycINFO Online Database.

Analyzed the HIV risk behavior levels and other differences between crack users and nonusers to determine: (1) if there are psychosocial, demographic, and economic differences between crack smokers-nonsmokers; (2) if indeed their levels of HIV risk behavior are different; and (3) whether there were any prevention lessons or theoretical explanations that can be inferred from the data. 331 men aged 18-29 yrs were interviewed face-to-face using a close-ended questionnaire. Blood was drawn for HIV and STD testing. Results showed that crack users reported more sexual partners in the last 12 mo, more STDs in their lifetime, and greater frequencies of paying for sex, exchanging sex for drugs, and having sex with injection drug users. Users reported greater current depression, anxiety, and social isolation. Also, Ss reported earlier initiation into alcohol use and less positive parenting experiences during their adolescence. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Gender

Some days: Notes from the heart of recovery. (1990). Minneapolis, MN: Hazelden.

Women searching for direction in recovery will find hope for each step on their spiritual journey here. The author's daily conversations remind us that our recovery does not always follow a smooth path, but that we can make progress. The author charts her progress in journal entries that address: listening to her inner voice, developing her relationship with a Higher Power, nurturing relationships with friends and family, learning to feel good about herself, and balancing her professional and personal sides.

Boone, C., & Hobdy, J. (2001). Women and addiction: we cannot help heal a broken spirit if in our hearts we judge. *Journal of Midwifery Women's Health, 46*(2), 111-112.

Annotation was not available for this source.

Brome, D. R., Owens, M. D., Allen, K., & Vevaina, T. (2000). An examination of spirituality among African American women in recovery from substance abuse. *The Journal of Black Psychology, 26*(4), 470-486.

Annotation was not available for this source.

Brome, D. R., Owens, M. D., Allen, K., & Vevaina, T. (2000). An examination of spirituality among African American women in recovery from substance abuse. *The Journal of Black Psychology, 50*(1), 470-486.

Spirituality & its relationship to mental health outcomes (self-concept & coping style), familial attitudes (family climate & attitudes toward parenting), & satisfaction with social support were examined among African American women in recovery from substance abuse. Using the Spiritual Well-Being Scale as a measure of spirituality, the median split method was used to divide a sample of 146 African American women in recovery from substance abuse into high & low spirituality groups. It was found that women in the high spirituality group expressed a more positive self-concept, active coping style, perceptions of family climate, & attitudes toward parenting than women in the low spirituality group. In addition, the high spirituality group expressed greater satisfaction with their social support than women in the low spirituality group. The implications of these results were discussed in light of the potential benefits that spirituality offers in the lives of African American women in recovery from substance abuse. Future research directions were also noted. 1 Table, 37 References. Adapted from the source document

Covington, S. S. (1994). *A woman's way through the Twelve Steps.* Minneapolis, MN: Hazelden.

Covington presents a guide for women that speaks directly to the way they experience addiction as well as self, relationships, sexuality, spirituality, and everyday life.

- Fossum, M. (1989). *Catching fire: Men's renewal and recovery through crisis*. Minneapolis, MN: Hazelden. Fossum helps recovering men understand how facing the challenges and frustrations of life crises can be a positive experience, bringing about a spiritual awakening. Through discussion and real-life examples, he addresses the issues of surrender, shame and pride, family relationships, intimacy, sexuality, fears, phobias, and playfulness. Outlining practical steps to promote personal and spiritual growth, he clearly shows the rewards that recovery offers.
- Francis, L. J., & Bennett, G. A. (1992). Personality and religion among female drug misusers. *Drug and Alcohol Dependence*, 41(2), 27-31.
Female drug misusers (N = 50) completed both the Eysenck Personality Questionnaire & the Francis scale of attitudes toward Christianity on admission to a Christian drug rehabilitation program. Results confirm the deviant personality profile of drug misusers, who score high on psychoticism & neuroticism & low on extraversion & the lie scale. Findings relating religious attitudes to Eysenckian personality dimensions in normal populations also hold true for this sample. It is suggested that these data confirm that psychoticism is fundamental to religiosity, while neuroticism & extraversion are not. Implications of these findings for religious rehabilitation programs are discussed. 1 Table, 48 References. Adapted from the source document
- Graham, B. J., & Linehan, M. M. (1987). *Group treatment for the homeless and chronic alcoholic woman*. New York, NY: Springer Publishing Co Inc. Retrieved from PsycINFO Online Database.
Review of the literature [on homelessness and alcoholism in women] ... describe a group treatment strategy that we have found useful in working with homeless women, with emphasis on problems with alcoholism ... Downtown Emergency Services Center (DESC) ... setting ... attracting members ... composition of the group ... treatment goals ... enhancing self-esteem ... planning for the future ... independence from men ... sexual responsibility ... self-care ... unrealistic goals ... getting women off the streets ... getting the women off alcohol ... this chapter is directed towards helping the clinician who is interested in working with women who obviously do not have the resources of the average middle-class therapy client ... treatment of the down and out alcoholic ... human misery and hopelessness (PsycINFO Database Record (c) 2000 APA, all rights reserved)
- Bliss, S. K., & Crown, C. L. (1994). Concern for appropriateness, religiosity, and gender as predictors of alcohol and marijuana use. *Social Behavior and Personality*, 22(3), 227-237. Retrieved from PsycINFO Online Database.
Investigated the validity of the Concern for Appropriateness Scale (CAS) as a direct or indirect predictor of alcohol and marijuana use in 78 male and 65 female undergraduates. The predictive validity of the CAS when combined with religiosity and gender was also examined. The CAS directly predicted marijuana use and also interacted with religiosity in the prediction of marijuana use. The CAS did not directly predict alcohol use but interacted with gender and religiosity in the prediction of alcohol use. Findings contribute to the validation of the CAS as a direct predictor of marijuana use and as an indirect predictor of alcohol use. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)
- Lindbeck, V. L. (1972). The woman alcoholic: A review of the literature. *International Journal of the Addictions*, 7(3), 567-580.
Annotation was not available for this source.
- Knight, D. K., Logan, S. M., & Simpson, D. D. (2001). Predictors of program completion for women in residential substance abuse treatment. *American Journal of Drug and Alcohol Abuse*, 27(1), 1-18. Retrieved from PsycINFO Online Database.

Examined pretreatment characteristics as predictors of substance abuse program completion. 87 females who were pregnant or entering residential treatment with their children provided information concerning sociodemographic characteristics, substance use, legal involvement, psychological functioning, and social relations. Results show that education level, recent arrests, and peer deviance were significant predictors of treatment completion: females who completed program requirements were more likely to have a high school degree or equivalent, no arrests in the 6 mo before admission, and friends who were less deviant. Findings support the need for specialized education and services that address social deviancy of pregnant and parenting women. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Milton, L. (2002). *Step by step to grace: A spiritual walk through the bible and the twelve steps: A resource for women*. Ottawa, Canada: Novalis.

This book meets women and their pain head on. Gently leading them through the Twelve Steps and inviting them to read the Bible with fresh eyes, Milton guides readers towards a renewed relationship with God. Exploring issues such as relationships, self-worth, sexuality, and spirituality, she offers women hope, encouragement, understanding, and compassion as she helps them reflect on their lives and turn themselves over to God.

Nelson Zlupko, L., Kauffman, E., & Dore, M. M. (1995). Gender differences in drug addiction and treatment: Implications for social work intervention with substance-abusing women. *Social Work, 40*(1), 45-54. Retrieved from PsycINFO Online Database.

Chemically dependent women differ from chemically dependent men in patterns and onset of drug use, psychosocial characteristics, and physiological impact. Addicted and nonaddicted women share similar life experiences including physical and sexual abuse, socioeconomic disadvantage, and problems with interpersonal relationships. Women are less likely to enter and complete traditional treatment due to financial hardship, social isolation, and greater physiological complications that inhibit ready access to or effective use of traditional programs. Alternative treatment for women recognizes that drug use is a coping mechanism and helps women identify unhealthy and oppressive stressors. Alternative treatment incorporates general and reproductive health, family planning, and referral for medical services. Social workers can use their outreach and advocacy skills to effectively engage these clients. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Rabow, J., Watts, R. K., Hernandez, A. C., & Sappington, L. A. (1992). Gender commitment and alcohol consumption. *Journal of Alcohol and Drug Education, 38*(1), 50-60. Retrieved from PsycINFO Online Database.

Examines overall and individual alcohol consumption patterns among male and female college students. 179 students (71% female) were categorized as either masculine, feminine, androgynous, or undifferentiated. These gender orientations were related to an overall quantity-frequency index of alcohol consumption and beverage type. Androgynous persons consume less for total beverage consumption, but not for all beverages. Undifferentiated Ss drink more than androgynous and feminine, but not more than masculine Ss. Masculine females and feminine males drink more beer than the other 3 gender types, but overall consumption is similar. Feminine males drink more overall as well as more beer than their counterparts. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Schmidt, C., Klee, L., & Ames, G. (1990). Review and analysis of literature on indicators of women's drinking problems. *British Journal of Addiction, 85*(2), 179-192. Retrieved from PsycINFO Online Database.

Sought to identify more relevant indicators of women's drinking problems by first reviewing the literature to uncover the major issues and research problems that previous studies have raised. 464 indicators of women's alcohol problems cited in the literature from 1970-1986 were then

systematically analyzed. The frequency of their appearance was calculated by source (literature review, clinical studies, research articles, or surveys) and organized into a comprehensive indicator taxonomy that included physiological, social, psychological, and behavioral categories. The resulting taxonomy can serve as a baseline for grounding indicators of women's alcohol problems collected from other sources, such as ethnographic studies of particular populations or surveys of the general population. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Turner, N. H., O'Dell, K. J., Weaver, G. D., Ramirez, G. Y., & Turner, G. (1998). Community's role in the promotion of recovery from addiction and prevention of relapse among women: An exploratory study. *Ethnicity & Disease, 8*(1), 26-35.

OBJECTIVE: This exploratory study examined the community's role in the promotion of recovery from addiction and the prevention of relapse among women, and the differences in women's addiction and recovery by ethnicity. Community was defined as six institutions: home, church, workplace, school, law enforcement and medical care system. METHODS: The study sample consisted of 39 Anglo and 24 ethnic minority women (21 African American; 3 Hispanic) between the ages of 21 and 70, living along the Gulf Coast of Texas, who had been in continuous recovery from addiction to alcohol or other drugs for at least six months. The study was cross-sectional, and data were collected through the use of structured interviews utilizing the Women in Recovery Questionnaire, an instrument developed by the investigative team. RESULTS: This study found that community institutions (church, school, home, workplace and law enforcement and medical systems) were seldom involved in promoting recovery or preventing relapse in women, with the exception of the home, which supported recovery. Anglo and ethnic minority women differed by primary drug usage, number of times in treatment, religion, perception of sexism, and likelihood of citations for traffic violations. CONCLUSION: Large, randomized studies are needed to investigate the community's role in women's recovery from alcohol and other drugs.

Judaism/ Jewish People

Bainwol, S., & Gressard, C. F. (1985). The incidence of Jewish alcoholism: A review of the literature. *Journal of Drug Education, 15*(3), 217-224. Retrieved from PsycINFO Online Database.

Presents a review and critique of the 9 empirical studies published between 1970 and 1983 on the rate of Jewish alcoholism. The review reveals that studies indicating an increase in alcoholism among Jews had serious methodological flaws, while the studies that were more methodologically sound indicated a continued low rate of alcoholism. It is concluded that alcoholism is probably still relatively rare among Jews. Predictions of future Jewish drinking practices are discussed. (20 ref) (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Bar, H., Eldar, P., & Weiss, S. (1989). Alcohol drinking habits and attitudes of the adult Jewish population in Israel 1987. *Drug and Alcohol Dependence, 23*(3), 237-245. Retrieved from PsycINFO Online Database.

Results of a survey of attitudes and habits in 1,190 Jewish adults (aged 20+ yrs) in Israel (1) indicate a prevalence of nonritual alcohol use among Ss and (2) reinforce the position that drinking may develop into an important social and public health problem. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Berg, S. L. (Ed.). (1993). *Jewish alcoholism and drug addiction: An annotated bibliography, Vol. 5.*, Westport, CT: Greenwood Publishing Group, Inc.

This comprehensive annotated bibliography is the first to cover Jewish alcoholism and drug addiction in detail, with 583 citations to scholarly and popular books, articles, and reports. A research consultant dealing with substance abuse, Steven Berg describes general, empirical, and theoretical studies, first-person accounts, and case studies. He compares Jewish alcoholism and

addiction to other religious and ethnic group behavior. His chapters are organized also to give information about various Jewish minority alcoholism and addiction, recovery programs and the role of the rabbi in them, alcoholism in Israel, and literary portrayals of Jewish alcoholics and addicts. Author, title, and subject indexes make this guide easily accessible to researchers dealing with health and medical issues, ethnic studies, and the psychology of substance abuse (From the Publisher – Barnes & Noble).

Berman, R. S. (1988). *The Twelve Steps and Jewish tradition*. Minneapolis, MN: Hazelden.

The Twelve Steps are written to appeal to a universal spirituality. Still, there are unique difficulties that people of some faiths face. This pamphlet is written to help Jewish people square the Twelve Steps with their faith.

Copans, S. A. (1991). *Twelve Jewish steps to recovery: A personal guide to turning from alcoholism and other addictions*. Woodstock, Vermont: Jewish Lights Publishing.

A Jewish perspective on the Twelve Steps of addiction recovery programs with consolation, inspiration and motivation for recovery. Inspiring illustrations of the twelve gates of the Old City of Jerusalem in each step. From the Publisher (Barnes & Noble)

Gressard, C. F., & Bainwol, S. (1988). Jewish drinking practices: Implications for prevention. *Journal of Alcohol and Drug Education*, 33(2), 67-75.

Jews have long been recognized for their moderate drinking practices and for their low rates of alcohol problems. It is the purpose of this article to review the body of literature on Jewish drinking, extract the factors that appear to provide Jews with their "immunity," and discuss how these factors may be applied to prevention programs.

Gringras, N. (1986). Judaism, addiction and faith: The spiritual odyssey of recovery. In S. J. Levy & S. B. Blume (Eds.), *Addictions in the Jewish Community* (pp. 265-296). New York, NY: Federation of Jewish Philanthropies of New York, Inc.

Although Judaism is rich in spirituality, the Jewish alcoholic or addict is too far isolated to draw from conventional sources. He must have intervention and sharing with others like himself to help him get back in touch with life. This special sharing is not a part of other known social structures, so it is necessary for someone afflicted with alcoholism to seek their spiritual center beginning in the Alcoholics Anonymous program

Haines, P. E. (1992). Relationship of meaning, religious involvement, and alcoholism among midwest American Jews. *Dissertation Abstracts International*, 53(4), 1179-A.

The purpose of this study was to investigate the extent to which values, purpose, meaning, and religious involvement influence attitudes toward drinking and alcoholism within the Jewish community. Research prior to the 1970's indicated that Jews had a low incidence of alcoholism; however, current literature suggested that alcoholism is on the rise among Jews and that denial of the presence of alcoholism persists. Holmes (1979) suggested that persons with feelings of meaninglessness tended to drink excessively to fill the internal emptiness, which refers to Frankl's (1963) concept of "existential vacuum." Samples of Orthodox, Conservative, Reform, and recovering alcoholic Jews completed Allport, Vernon, and Lindzey's Study of Values (A-V-L); Crumbaugh's Purpose in Life Test (PIL); and the Haines Values and Religious Involvement Inventory (HVRII). The results indicated that a relationship existed between religious items on the A-V-L and religious items on the HVRII. The results further indicate that Orthodox, Conservative, and Reform groups (nonalcoholic sample) could be differentiated by aesthetic and social values, and that the nonalcoholic and recovering alcoholic samples could be differentiated by religious values. The results indicated that observance is related to participation for all groups combined. Results suggested that the nonalcoholic group had greater religious involvement than the recovering alcoholic group. Members of the nonalcoholic sample stated that they rarely

experienced feelings of emptiness and turned to their religion to fill spiritual needs. Recovering alcoholic respondents reported more frequent incidences of emptiness and stated they turned to 12-step spirituality rather than religion to fill spiritual needs.

Glassner, B., & Berg, B. (1980). How Jews avoid alcohol problems. *American Sociological Review*, 46(4), 647-664.

Twenty-five years have passed since the last major study of Jewish drinking patterns. During that time Jews have drifted away from the orthodox religious affiliations which earlier studies (Snyder, 1978) found to be important in maintaining low alcohol problem rates, & yet these rates remain low. Data from a detailed study of Jews in a US community suggest a revised explanation that focuses upon four protective processes: (1) association of alcohol abuse with non-Jews; (2) integration of moderate drinking norms, practices, & symbolism during childhood; (3) restriction of most adult primary relationships to other moderate drinkers; & (4) a repertoire of techniques to avoid excess drinking under social pressure. The results are discussed from the perspective of informal social controls.

Glassner, B., & Berg, B. (1984). Social locations and interpretations: How Jews define alcoholism. *Journal of Studies on Alcohol*, 45(1), 16-25. Retrieved from PsycINFO Online Database.

88 American Jews were asked to discuss their opinions on alcoholism in depth through open-ended verbal questions. Ss were evenly represented in distribution of income, age, education, and denominational affiliation. Data indicate differences between the various Jewish denominational affiliations. Orthodox Ss tended to offer disease definitions of alcoholism, and their major response to suspected alcoholics was fear. Reform and non-practicing Ss defined alcoholism in terms of psychological dependency and viewed suspected alcoholics with condemnation and blame. The groups' experiences with drinking and alcoholism also differed. Orthodox Ss reported drinking on special and sacramental occasions and not knowing any heavy drinkers. Reform and non-practicing Ss integrated drinking into their daily social interactions and knew persons considered to be alcoholics. Conservative Jews discussed definitions and experiences of drinking and alcoholism with a lack of clarity, and their views were midway between those of the Orthodox and those of the Reform and non-practicing Ss. Data are discussed in terms of the dynamics and philosophies associated with each group. It is suggested that the places of groups within society and in networks of related groups parallel the interpretations that members hold concerning social phenomena. Interview excerpts for each group are presented. (51 ref) (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Levy, S. J. (1982). Dealing with denial: Alcoholism among Jews. *Bulletin of the Society of Psychologists in Substance Abuse*, 1(2), 55-58. Retrieved from PsycINFO Online Database.

Reports recent research findings and identified specialized outreach and training programs needed to break the syndrome of denial of the existence of alcoholism among Jews in America and Israel. In a study of 43 alcoholic Jews, it was found, contrary to another stereotype, that Jewish alcoholics were not necessarily disaffiliated Jews. The Christian emphasis of Alcoholics Anonymous groups is also a deterrent to attendance for Jews. (5 ref) (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Lieberman, L. (1987). Jewish alcoholism and the disease concept. *Journal of Psychology and Judaism*, 11(Fall), 165-180.

Annotation was not available for this source.

Master, L. (1989). Jewish experiences of Alcoholics Anonymous. *Smith College Studies in Social Work*, 59(2), 183-199.

An investigation grew out of a concern that some Jewish alcoholics might be unable to benefit from Alcoholics Anonymous (AA) because of its real or perceived ties to Christianity. The study

set out to examine whether Jewish alcoholics are able to use AA to recover from their alcoholism and to identify what factors might foster or inhibit their ability to do so. The study sample consisted of 18 self-identified Jewish alcoholics who had attended AA meetings. Subjects completed semi structured interviews or questionnaires that covered demographic data, Jewish identity, alcohol use, contact and experience with AA, and the issue of AA and Jewishness. The most striking finding of the study was that all of the subjects had had positive experiences with AA and would advise any Jewish alcoholic to attend AA in order to achieve sobriety.

Monteiro, M. G., & Schuckit, M. A. (1989). Alcohol, drug, and mental health problems among Jewish and Christian men at a University. *American Journal of Drug and Alcohol Abuse*, 15(4), 403-412.

Data from a questionnaire sent to 704 male university students and nonacademic staff were reanalyzed to compare self-reports of drug and alcohol intake patterns and problems, as well as family histories of psychiatric disorders for Jewish (n = 110, Group 1) and Christian men (n = 594, Group 2). Although the two groups did not differ significantly on the quantity and frequency of alcohol intake, men in Group 2 were more likely to report at least one episode of heavy drinking and alcohol-related problems, and their responses indicated a higher rate of a family history of alcoholism. There were no differences across the groups on the proportion of lifetime drug use and related difficulties, or on the family histories of other psychiatric disorders. The results are consistent with previous studies demonstrating a lower prevalence of heavy drinking and related problems among Jews.

Monteiro, M. G., Klein, J. L., & Schuckit, M. A. (1991). High levels of sensitivity to alcohol in young adult Jewish men: A pilot study. *Journal of Studies on Alcohol*, 52(5), 464-469. Retrieved from PsycINFO Online Database.

Compared the intensity of response to ethanol in 15 men who reported having Jewish mothers and fathers with the responses of 15 non-Jews who had a close alcoholic relative and 15 non-Jews who had no such family history. All Ss were aged 18-25 yrs. After matching the 3 groups on demography and drinking history, there were no differences on their expectations of the effects of alcohol, nor on the blood alcohol concentrations following the consumption of 0.75 ml/kg of ethanol. However, Ss who considered themselves as having a Jewish heritage evidenced significantly more intense subjective feelings after the alcohol challenge, with a similar but nonsignificant trend observed for their level of postdrinking body sway. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Moore, M., & Weiss, S. (1992). Drinking among urban Jewish youth in Israel in 1990: Alcohol as the main prevention target. *Psychology of Addictive Behaviors*, 6(3), 196-199. Retrieved from PsycINFO Online Database.

Describes a survey conducted in the north of Israel to illustrate the prevalence of alcohol use among Jewish students from urban areas and the kibbutzim. The prevalence of alcohol consumption was compared between 901 Ss (aged 13-18 yrs) in a large city and 143 Ss (aged 16-28 yrs) in a developing town using a questionnaire. There was a greater incidence of drinking in the developing town. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Neumark, Y. D., & Friedlander, Y. (1998). Familial resemblance of alcohol consumption levels in Jewish families. *Alcohol and Alcoholism*, 33(5), 509-518. Retrieved from PsycINFO Online Database.

Investigated the role of genetic and environmental factors determining the variability in alcohol consumption levels. 68 families were ascertained through heroin-dependent Jewish male profanes. Sibling correlations for peak weekly alcohol consumption ranged from 0.22 to 0.32, with limited changes on adjustment for sex, age and environmental variables. The parent-child correlations were relatively low. Segregation analysis indicated that a major effect of a non-transmitted environmental factor explained the mixture of distributions. There was no evidence for a polygenic effect on alcohol consumption in the families. When segregation models were fitted to

sex, age and environment-adjusted alcohol levels, the mixed environment model was rejected, whereas the mixed genetic model was not. These findings are consistent with 2 previously published segregation analyses of alcohol dependence, and further highlight the heterogeneous etiology and transmission of alcohol consumption and alcohol dependence. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Ochs, C., & Olitzky, K. M. (1997). *Jewish spiritual guidance: Finding our way to God*. San Francisco: Jossey-Bass Pub.

Annotation was not available for this source.

Olitzky, Rabbi Kerry M. (1994). Moving from codependency to covenant: A spiritual counseling model for the Jewish community. *Journal of Ministry in Addiction & Recovery* 1(1). P. 33-39.

Those afflicted with addiction inevitably ensnare significant others in a web of codependency. Both are in need of recovery which can be found in the rich tradition of a theology of the covenant. Through an experience of the holy that is accomplished by the performance of mitzvot and a commitment to meditation and the tradition, spirituality can be rediscovered and lives enriched through a reaffirmation of the covenant (abstract from article).

Roane, K. R. (2000). A scourge of drugs strikes a pious place. Addiction grows among Orthodox Jewish youth. *U.S. News and World Reports*, 128(9), 26, 28.

Annotation was not available for this source.

Roman, F. W. (2000). *Starting over: Using Torah and the Twelve Steps of recovery to find happiness*. Bloomington, IN: 1st Books Library.

Annotation was not available for this source.

Snyder, C. R. (1978). *Alcohol and the Jews: A cultural study of drinking and sobriety*. Carbondale, IL: Southern Illinois University. Retrieved from PsycINFO Online Database.

Systematic interviews with Jewish men and a questionnaire to college students were used to relate the striking absence of inebriety among Jews to various factors typical of Jewish culture including ceremonial orthodoxy, family, class, and regional factors, the Jewish in-group - out-group situation with its stereotypes. The ways in which the signs of increasing alcoholism are noted in various different cultures are compared with Jewish patterns of conduct. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Snyder, C. R., Palgi, P., Eldar, P., & Elian, B. (1982). Alcoholism among the Jews in Israel: A pilot study—Research rationale and a look at the ethnic factor. *Journal of Studies on Alcohol*, 43(7), 623-654.

Retrieved from PsycINFO Online Database.

Results of a study of alcoholics from 5 rehabilitation centers show a marked difference in the extent of alcoholism and related problems among Israeli Jews of the 3 major ethnic communities, Ashkenazi, Sephardi, and Oriental (in ascending order), which may be explained sociologically in terms of historic differentiation of Jewish minorities from the drinking norms of surrounding majorities, liturgical differences prior to immigration, and differentials in the social stresses of post immigration adaptation to life in modern Israel. (46 ref) (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Weiss, S. (1999). Attitudes of Israeli Jewish and Arab high school students toward alcohol control measures. *Journal of Drug Education*, 29(1), 41-52. Retrieved from PsycINFO Online Database.

This article describes a study of the attitudes of adolescents of 4 religions in the north of Israel toward 8 alcohol control measures: Taxation on alcohol, age limit for buying alcohol, restrictions on types of outlets which are allowed to sell alcohol to minors, restrictions on opening hours of pubs, restrictions on advertising of alcohol, limit of blood level of alcohol when driving, the

authority of policemen concerning the testing of drunk drivers, and restrictions on roadside alcohol outlets. Of the 2,186 adolescents (aged 16-18 yrs) surveyed, 1,387 were Jews and 799 were Arabs (340 Moslems, 351 Christians, and 108 Druze); 1,080 were boys and 1,106 were girls. Findings indicate that the majority of the Ss tended to support alcohol control measures pertaining to alcohol and driving issues, but only about a third of the Ss tended to enhance alcohol control measures in the other domains. In addition, Arabs tended to favor restrictive attitudes toward alcohol control measures in comparison with Jews, and Arab females tended to favor such attitudes more than Arab males. Implications for prevention and effective alcohol policy are discussed. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Zedek, M. R. (1998). Religion and mental health from the Jewish perspective. In H. G. Koenig (Ed.), (pp. 255-261). San Diego, CA, US: Academic Press Inc. Retrieved from PsycINFO Online Database.
(from the introduction) The author briefly reviews the 4000-yr-old history of Judaism, focusing on 3 major themes: God, Torah, and Israel. What does it mean culturally and spiritually to be a Jew? What has been the effect of world events during the past century on the way Jews look at health, illness, and death? What are some beliefs that distinguish an Orthodox from a conservative and a reformed Jew, and how might this impact their responses to mental health professionals? How might working with an Orthodox Jew's rabbi enhance the patient's receptivity to and effectiveness of psychotherapy and other mental health treatments? What are some basic differences in belief and worldview between Christians and Jews, and how might the clinician sensitively take these into account when working with Jewish patients? (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Yanai, J., & Weiss, S. (1994). Drug abuse primary prevention research and programs among Jewish youth in Israel: A review. *Drugs: Education, Prevention and Policy*, 1(1), 49-58 Retrieved from PsycINFO Online Database.
This paper is based on Israeli substance abuse research in the professional literature in Hebrew and English, and on drug and alcohol prevention research and programs aimed at Jewish youth in Israel over the last 20 years, with an emphasis on the last decade. The four main areas of focus--school-based prevention programs, evaluation of prevention programs, community-based prevention projects and mass media research issues--have been elucidated by an examination of the 1970s, the 1980s and the beginning of the 1990s. Included in this study are some insights into future directions as well as a description of theoretical prevention models that have been applied in Israel. (PsycINFO Database Record (c) 2002 APA, all rights reserved)(journal abstract)

Native Americans

Bopp, J., Bopp, M., Brown, L., & Lane, P. (1989). *The sacred tree: Reflections on Native American spirituality*. Wilmot, WI: Lotus Light, Publishers
This is a handbook of Native American spirituality. Native values and traditions are being taught as the primary key to unlocking the force that will move Native peoples on the path of their own development. This handbook is also being used to help eliminate widespread drug and alcohol abuse in tribal communities.

Brave Heart, C. (1997). *Honoring the circle of life: Alcoholism viewed from a Native-American cultural perspective*. Minnesota: St. Mary's University.

This paper describes alcoholism and the Native American community. Topics include: a case study, theory underlying alcohol abuse including Freudian and Jungian psychology, Lakota cultural practices and belief systems which can be incorporated into an effective treatment plan, and several examples of workable models.

Coyhis, D. (1990). *Recovery from the Heart: A Journey through the Twelve Steps: A Workbook for Native Americans*. Minnesota: Hazelden.

Here is a blend of Native American spirituality and Twelve Step philosophy. This workbook takes an in-depth look at each of the Twelve Steps to foster a deeper understanding of the principles outlined in the Big Book of Alcoholics Anonymous. Exercises provide opportunities for relating those concepts and ideas to personal experience.

Flores, J. (1986). Alcoholism treatment and the relationship of Native American cultural values to recovery. *International Journal of the Addictions*, 20(11-12), 1707-1726.

Native American alcoholics, Native American nonalcoholic, Anglo alcoholics, and Anglo staff were compared on demographic and Rokeach Value Survey. The subjects were from an inpatient alcohol treatment program of a rural community mental health center located 1 mile from the boundary of a large southwestern Indian reservation. Results from this study provide evidence which supports the poor prognostic rates of alcoholism recovery for Native American alcoholics. Evidence is also presented which suggests that Native American's values are measurable and significantly different from Anglo values, While the relationship between values and recovery was difficult to discern, it is suggested that the disparity in values between the two cultures is one reason why so few Native American alcoholics remained in treatment.

Garrity, J. (1998). Navajo religious healing of alcohol and substance abuse. *Dissertation Abstracts International*, 59(5), 1641-A.

Noting the coexistence of three religious healing traditions within the Navajo health care system, this study investigated the differential treatment involvement for alcohol and substance abuse within this population. Focus was on types of power, social networks, and personal meaning offered to those who suffer from these afflictions. Among the three traditions, the Native American Church and Pentecostal Christian healing are considered to be more actively involved in the treatment of alcohol and substance abuse than in traditional Navajo healing. Analysis places the two traditions in the context of the vast socioeconomic changes taking place in Navajo society as it continues its transition from pastoralism towards wage labor subsistence. These changes, together with the prevalence of alcohol abuse itself, severely disrupt traditional kinship networks and diminish the opportunity for many Navajos to participate in traditional religious life. The essence of Navajo culture and healing can be understood in terms of the ethos of power. This power is conceptualized and experienced as a power of the sacred; not inherently good or evil, rather, power becomes dangerous only if it is uncontrolled. It is concluded that the therapeutic efficacy of all three religious traditions lies within restoring the proper control of sacred power.

Garrity, J. (2000). Jesus, peyote, and the holy people: Alcohol abuse and the ethos of power in Navajo healing. *Medical Anthropology*, 14(4), 521-542.

Of the three religious healing traditions that coexist within the contemporary Navajo health care system, the Native American Church (NAC) and Pentecostal Christianity are more actively involved in the treatment of alcohol and substance abuse than is Traditional Navajo healing. This article examines these two more recent healing traditions as religious responses to the contemporary Navajo crisis of alcohol and substance abuse as well as to socioeconomic changes. These traditions offer new kinds of power, social networks, and personal meaning that facilitate a transformation of self, a revitalized sense of community, and a new vision of the possibilities of the future for Navajo people who suffer. Examining the ethos of power that underlies Navajo healing can complement the theoretical emphasis on harmony and beauty in anthropological research on Navajo culture and religion (abstract from MEDLINE).

Grant, B. H. (1995). Spirituality and sobriety: The experience of alcohol use and abuse among the Menominee Indians of Wisconsin. *Dissertation Abstracts International, The Humanities and Social Sciences*, 43(6), 3897-A.

This study explored cultural meanings of alcohol use and abuse among the Menominee Indians of Wisconsin, and analyzed their interrelationships within historical, community, and clinical contexts. It employed a conceptual framework that integrated several analytic concepts to understand their cultural experience of alcohol use and abuse are linked to concepts of Menominee cultural identity. Spirituality emerges as a central characteristic that influences belief and behaviors about sobriety. Historically, alcohol use was associated with various sacred experiences among Menominee Indians, Today, it is the abstinence of alcohol that is strongly associated with spirituality. Sobriety has assumed powerful symbolic value as a sign of personal renewal, which is seen as vital to tribal revitalization. These cultural meanings of sobriety are increasingly accepted among contemporary Menominee Indians and strongly associated with efforts to reclaim the values of traditional tribal life. The spiritual aspects of a client's life must therefore be carefully weighed at each stage of treatment planning and implementation in order to achieve effective outcome. Future research should focus on exploring ways to systematically assess the impact of the symbolic and social world on Indian alcoholics, including ways to understand the historical and cultural complexities that shape their experiences of illness.

Halpern, J. H., Pope, H. G. J., Sherwood, A., Hudson, J. I., & Yurgelum-Todd, D. (2002).

Neuropsychological effects of long-term hallucinogen use versus alcoholism in Native Americans: Cultural limitations of tests. *Drug Alcohol Dependence*, 66 (Suppl.)(S73).

The long-term neuropsychological effects of hallucinogen use are poorly understood. We studied Navajo members of the Native American Church, who regularly use the mescaline-containing cactus, peyote, as a religious sacrament. These individuals have ingested peyote hundreds of times, while using virtually no other drugs. We administered a battery of neuropsychological tests to 51 Navajos who had taken peyote at least 100 times ("P" group); 35 Navajos with past alcohol dependence, but currently sober at least three months ("A"); and 63 comparison Navajos with minimal exposure to peyote, alcohol, or other drugs ("C"). We found no significant differences among the 3 groups on verbal IQ, reading level, and years of education. On Buschke's Selective Reminding Test, both A and P subjects performed more poorly than controls, but these differences vanished when we substituted a version of the Buschke with words more familiar to Navajos. This finding illustrates the hazards of using standard versions of verbal English-language tests to evaluate Native Americans. Looking at tests that did not use English words, the A group performed significantly more poorly than the C or P group on the Rey Osterreith Complex Figure Test and on two performance sub-tests of the Wechsler Adult Intelligence Scale. All 3 groups performed equally on Raven's Progressive Matrices, the Stroop test, and several tests of immediate and delayed memory. These preliminary results suggest that long-term peyote use does not produce detectable residual neuropsychological impairment in Native Americans, whereas alcohol dependence may cause persistent deficits.

Hazel, K. L., & Mohatt, G. V. (2001). Cultural and spiritual coping in sobriety: Informing substance abuse prevention for Alaska Native communities. *Journal of Community Psychology*, 29(5), 541-562.

Culture and spirituality have been conceptualized as both protecting people from addiction and assisting in the recovery process. A collaborative study, utilizing focus group and survey methods, defined and examined cultural and spiritual coping in sobriety among a select sample of Alaska Natives. Results suggest that the Alaska Native worldview incorporates a circular synthesis and balance of physical, cognitive, emotional, and spiritual processes within a protective layer of family and communal/cultural beliefs and practices embedded within the larger environment. Cultural-spiritual coping in sobriety is a process of appraisal, change, and connection that leads the person toward achieving an overarching construct: a sense of coherence. Cultural and spiritual processes provide important areas for understanding the sobriety process as well as keys to the prevention of alcohol abuse and addiction. 86 Ref.

Lowery, C. T. (1998). American Indian perspectives on addiction and recovery. *Health and Social Work, 21*(1), 127-135.

Based on the conception of American Indian tribal society as center-oriented & circular, approaches to substance abuse recovery programs are presented. Four concepts are discussed: (1) spiritual & cultural notions of wellness, health, & balance; (2) the experience of colonization & substance abuse as crises of the spirit; (3) interrelations between physical, emotional, sexual, & substance abuse among American Indian women; & (4) "healing time," illustrated by the 1990 Big Foot Memorial Ride, a Lakota commemoration of the 1890 Wounded Knee Massacre. It is concluded that social workers should address spiritual & other cultural factors in substance abuse recovery programs serving American Indians. Also, further research is needed to explore interrelations between the concepts discussed. 18 References. Adapted from the source document

Navarro, J., Wilson, S., Berger, L. R., & Taylor, T. (1997). Substance abuse and spirituality: A program for Native American students. *American Journal of Health Behavior, 21*(1), 3-11. Retrieved from PsycINFO Online Database.

Prevention of alcohol and substance abuse is a high priority for many Native American communities. An innovative program to prevent substance abuse among Native American students was implemented at the Institute for American Indian Arts in Santa Fe. The program emphasized traditional values, history, and spirituality to enhance self esteem. It involved readings, classroom discussions, Native American ceremonies, and student projects. Among the issues that surfaced were concerns about identifying "legitimate" elders for ceremonies, extensive diversity among Native American youth, relative neglect in the literature of women's importance in tribal life, and both common and conflicting religious themes among different tribes. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Perley, B. E. (1998). *The use of native spirituality in addiction treatment: A case study of the five New Brunswick Native treatment Centers*. Unpublished Thesis (M.A.), University of New Brunswick, Ottawa. Annotation was not available for this source.

Richmond, R. P. (1989). Neglect of transpersonal unfair to clients. In S. L. Berg (Ed.), *Alcoholism and pastoral ministry: Readings on recovery*. Lake Orion, MI: Guest House Inc.

Using the case of a native American woman as an example, Richmond shows how therapists who neglect the spiritual can harm their clients.

Stratton, R., Zeiner, A., & Paredes, A. (1978). Tribal affiliation and prevalence of alcohol problems. *Journal of Studies on Alcohol, 27*(3), 1166-1177.

Data were gathered from State Health Dept records on alcohol-related deaths, law enforcement records on alcohol-related illegal acts, & employment among Indians in Okla. Differences in tribal culture, history, & settlement may explain why Indians in eastern Oklahoma have lower rates of alcohol-related arrests & deaths than do Indians in the western part of the state. The eastern tribes are typified by a long history of settlement & agriculture, schooling & religion. They have had a longer experience with the effects of alcohol, having originated from areas in the South in the early days of the slave/alcohol trade. They value group cohesion & the communal values of their tradition. The Indians in the western part of the state have come from a history of hunting & skilled horsemanship, which was curtailed by decrees from the US government. Their ceremonies support a hunter's value system, in which individual effort & communion with spirits is of highest esteem. Therefore, the effect of alcohol would be viewed as being communally disruptive by the eastern area Indians, & as being spiritual in nature by the Indians in the west of the state. In the tribes placing high value on magic power & individual prowess, mind alteration would seem to be enhanced by alcohol consumption. 1 Table. Modified HA

Watts, T. D., & Lewis, R. G. (1988). Alcoholism and Native American youth: An overview. *Journal of Drug Issues, 18*(1), 69-86. Retrieved from PsycINFO Online Database.

Discusses alcohol and Native-American youth in both historical and present-day contexts. Characteristics of the alcohol problem are examined that illustrate the complexity of the policy response needed. It is noted that while great cultural differences exist between Native Americans and the larger society, there is also a tremendous diversity of cultural and social traditions among different tribes. It is asserted that there is no standardized Native-American response to alcohol. Two efforts that must be made to assist Native-American youth with the problem of alcoholism are as follows: encourage strong families and community growth, and create a context in which native peoples can live and progress at their own pace. It is concluded that externally imposed programs will not be effective. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

Watts, L. K., & Gutierrez, S. E. (1997). A Native American-based cultural model of substance dependency and recovery. *Human Organization, 56*(1), 9-18. Retrieved from PsycINFO Online Database.

Identified cultural themes associated with alcohol and drug dependency that may reflect fundamental traditional Native American beliefs and values. Qualitative interviews were conducted with 58 clients (mean age 28.5 yrs) at 3 residential treatment facilities. Discourse-based content analysis of the interview data reveals several highly shared conceptions regarding significant life event situations surrounding alcohol and drug dependency from the perspective of these Native American respondents. A folk-theoretic, cultural model of the development and successful recovery from substance dependency emerges from an interpretive analysis of the most salient themes evident in these interview data. (PsycINFO Database Record (c) 2000 APA, all rights reserved)

Watts, T. D. (1993). Native Americans today: An outer view. *Journal of Alcohol and Drug Education, 38*(3), 125-130.

Discusses 2 primary aspects of the Native American situation in contemporary society: the rediscovery of the Native American and how the Native American is viewed by non-Native Americans. It is argued that Native Americans have been the recipients of a legacy of racism, discrimination, and economic and social oppression. Recent attitude changes on the part of the dominant society are encouraging, but not enough. Political and social change must take place, or the economic and social situation of Native Americans will remain the same. (PsycINFO Database Record (c) 2000 APA, all rights reserved)(unassigned)

SECTION 4: INTERNET LINKS

The internet has fast become one of the most useful tools for information regarding just about everything. However, it is also a quickly changing mode of information that is not always easy to keep up with. Internet sites change daily and become out of date very quickly. Therefore, I have included only a small list of possible internet links. The Christian Recovery Link Database is currently the largest and best resource for Christianity and addiction. In addition, many of the links under the addiction information resources are for government agencies that have been dealing with addiction for years.

Addiction - Faith

A Time to Heal Net Ring - <http://shoshanna.org/timetoheal/>

Celebrate Recovery Home - <http://www.celebraterecovery.com/>

Christians in Recovery - <http://www.christians-in-recovery.com/>

Grant Me The Serenity: Self-help, Addiction & Recovery - <http://www.open-mind.org/>

Faith-Based Counseling Christian Counselor Certification - <http://www.iifbc.com/>

The Therapon Institute - Belief Therapy, Biblical Counseling Certification -
<http://www.therapon.org/>

Addiction Information Resources

Addiction Recovery Resources for the Professional - <http://www.lapage.com/arr/>

Addiction Research Foundation, Canada - <http://www.peele.net/aab/arf.html>

AFAR-TheAmericanFoundationofAddictionResearch-Home -
<http://www.addictionresearch.com/>

Alcohol&DrugAbuseInstitute,Univ.ofWashington,Seattle -
<http://depts.washington.edu/adai/index.html>

Alcoholism & Addiction Resource Guide - <http://www.addictionresourceguide.com/>

American Psychological Association Division of Psychopharmacology and Substance Abuse -
<http://www.apa.org/divisions/div28/>

American Society of Addiction Medicine (ASAM)is the nation's medical specialty society dedicated to educating physicians and im - <http://www.asam.org/>

Brown Center for Alcohol and Addiction Studies - <http://center.butler.brown.edu/>

CAMH Centre for Addiction and Mental Health, Toronto, Canada - <http://www.camh.net/>

Great Lakes Addiction Technology Transfer Center - <http://www.uic.edu/depts/matec/glattc/>

Hazelden VirtualResearch Library - http://www.hazelden.org/newsletter_detail.dbm?id=943

JoinTogetherOnline-SubstanceAbuse- <http://www.jointogether.org/sa/default.jtml?O=267985>

National Clearinghouse for Alcohol and Drug Info - search - <http://nsawi.health.org/>

National Council on Alcoholism and Drug Dependence - <http://ncadd.org/>

National Institute on Alcohol Abuse and Alcoholism's Alcohol and Alcohol Problems Science Database - <http://etoh.niaaa.nih.gov/>

National Institute on Alcohol Abuse and Alcoholism - <http://www.niaaa.nih.gov/>
National Institute on Drug Abuse - <http://www.drugabuse.gov/NIDAHome.html>
NCADI SAMHSA's The National Clearinghouse for Alcohol and Drug Information- PREVLIN - <http://www.health.org/>
Rational Recovery - <http://rational.org/>
Substance Abuse and Mental Health Data Archive - <http://www.icpsr.umich.edu/SAMHDA/>
Substance Abuse Librarians & Information Specialists - <http://salis.org/>
Texas Addiction Technology Transfer Center - <http://128.83.80.200/tattc/>
The National Center On Addiction and Substance Abuse - <http://www.casacolumbia.org/>
Transtheoretical Model - Prochaska - <http://www.uri.edu/research/cprc/>
Treatment Utilization Survey - <http://www.dasis.samhsa.gov/98ufds/toc.htm>
U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration - <http://www.samhsa.gov/centers/csat/csat.html>
Web of Addictions - <http://www.well.com/user/woa/>

Faith Based Associations

Christian Recovery International - <http://www.christianrecovery.com/>
Grace Works Clergy Recovery Network - <http://www.clergyrecovery.com/>
International Association of Christian Twelve Step Ministries - <http://www.iactsm.com/>
ISAAC - International Substance Abuse & Addiction Coalition - provided by Dove UK-Dove US - <http://www.isaacinternational.com/>
The National Association for Christian Recovery - <http://www.nacronline.com/>

Faith Based Treatment Programs

Association of Gospel Rescue Missions - <http://www.iugm.org/>
CityTeam Ministries - <http://www.cityteam.org/>
Glide Memorial Church - SF, CA - <http://www.glide.org/>
No Longer Bound - Helping people recover from substance abuse - <http://www.nolongerbound.com/>
Rapha -- Excellence in Christ-Centered Care - <http://www.raphacare.com/>
Salvation Army <http://www1.salvationarmy.org/>
Teen Challenge - <http://www.teenchallenge.com>
Volunteers of America (Homepage) - <http://www.voa.org/>

Internet Link Databases

Christian Recovery Link Database: <http://www.christianrecovery.com/dox/links/pages/>

Publishers

Crossroad Publishing Company - <http://www.crossroadpublishing.com/>

Gospel Light - hayford - <http://www.gospellight.com/>

Haworth Press, Inc. - Main Page - <http://www.haworthpressinc.com/>

Hazelden - <http://www.hazelden.org/>

Power Life Resources Online Counseling, Evaluations, & Resources -
<http://www.powerliferesources.com/>

RPI Publishing - <http://www.rpipublishing.com/>

Turning Point - <http://www.turningpointministries.org/>

Twelve-Steps Groups

NARCOTICS ANONYMOUS - <http://www.wsoinc.com/basic.htm>

Addiction Links Page View - <http://www.drugnet.net/metaview.htm>

Alcoholics Anonymous History Dick B.'s Works on the Spiritual Roots of Early AA -
<http://www.dickb.com/index.shtml>

Alcoholics Anonymous - <http://www.alcoholics-anonymous.org/>

Alcoholics Victorious 12 Step Groups - <http://av.iugm.org/>

Cocaine Anonymous World Services Online - <http://www.ca.org/>

Overcomers Outreach - <http://www.overcomersoutreach.org/>

The Marijuana Anonymous Home Page - <http://www.marijuana-anonymous.org/>

The Twelve Steps - <http://www.12steps.org/Brochure/12step/12steps.htm>