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Spirituality in Teens: Promoting Sobriety and Improving Mental Health

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"A psychoneurosis must be understood as the suffering of a human being who has not discovered what life means for him . . . And it is only the meaningful that sets us free." –Carl Jung (1933, p. 225)

As theologians, philosophers, and countless other scholars and commentators have observed, one of the most destructive existential realities of modern culture is the temptation to cynical despair, meaninglessness, and destructive self-indulgence. We see this malaise in the lives of the young and the old, who are engaged in such self- destructive behaviors as crime and violence, alcohol and drug abuse, and suicide. Counselors are not unaware of the spiritual emptiness that afflicts many lives in our modern society and the relationship of this condition to mental health problems. In fact, some claim that spirituality is not simply an adjunct to therapy. Rather, "spirituality is the therapy, it is the treatment, it is recovery" (Booth, 2012). This is the approach of Alcoholics Anonymous (AA). Carl Jung (1933, p. 229) framed the issue in similar terms: "Among all my patients in the second half of life—that is to say, over thirty-five—there has not been one whose problem in the last resort was not that of finding a religious outlook on life... none of them has been really healed who did not regain his religious outlook. This has nothing whatever to do with a particular creed."

Although Jung's experiences with his patients suggested that the spiritual side of life was especially important for adults seeking a solution to mental health difficulties, recent research shows that it is also highly relevant for adolescents as well, particularly those who are alcohol or drug (AOD) dependent (Lee, Pagano, Veta, & Johnson, in press). Because he discounts dogma or membership in a particular religious group, Jung's reference to a "religious outlook" is more akin to the modern conception of spirituality, defined in the treatment literature as the "way in which an individual finds their freedom and meaning in life" (Stevens & Townsend, 2013), instead of "religiousness," which includes "alignment with faith-based institutions and shared beliefs . . . an expression of spirituality, not its opposite" (Stevens & Townsend, 2013, p. 3).

For Jung, people are able to connect not just with the contents of their own unconscious, but also with a set of images and symbols shared by humanity as a whole, which he called the collective unconscious. Jung explained that his own experience with the collective unconscious had "come gradually and quite against his will" (Kelsey 1973, p. 289) and that psychological and physical health depended on "contact with the unconscious and its symbolic and mythological life" (p. 295). As Kelsey (1973, p. 289) notes: "Jung opened the door to the possibility of contact through the unconscious with an objective reality superior to human consciousness, which is able to order and vitalize human life when ego-consciousness is unable to do so. If the human psyche can thus act as a bridge between the physical body and the power of a transcendental reality, then religion and religious experience, particularly healing experiences, become a real and most significant possibility."

Jung ultimately broke with Freud partly because of their differing viewpoints on religion (Palmer, 1997). For Freud, religion was essentially a "delusive attempt to return to the womb" (Kelsey, 1973, p. 287) and mental health improvements were the result of purely secular methods rather than divine intervention. Jung on the other hand—like William James before him—was convinced that there was much more to religious experience than implied by Freud's reductionist outlook. Jung's convictions were born, in part, from evidence of religious healings that he witnessed in his own clinical work. Whereas Freud viewed the unconscious in largely negative terms, as a repository of repressed thoughts and impulses, Jung saw something more: the unconscious could be a well-spring for creativity.

Psychologists and counselors, among many other groups, remain divided to this day on questions related to the proper role of spirituality and religion in therapy, how to define these terms, and how to interact with clients in culturally sensitive ways when the religious and spiritual beliefs and experiences of the counselor and client are widely divergent (Booth, 2012; Stevens & Townsend, 2013). Some continue to side with Freud and see little value in incorporating spirituality into therapy. This is not surprising, since mental health professionals report lower levels of religiousness than their clients (Stevens & Townsend, 2013). However, spirituality and religion need not conflict with secular therapeutic goals and practices, as illustrated by Viktor Frankl's logotherapy. Frankl, in his influential book The Doctor and The Soul, argued that there are three dimensions to human life: "the somatic, the mental, and the spiritual" and that "the spiritual dimension cannot be ignored, for it is what makes us human" (1955/1965, p. x). The ultimate goal of "psychotherapy is to heal the soul" while the goal of religion is to "save the soul" and "provide a spiritual anchor" and "a feeling of security" which can be found "nowhere else" (p. xv). Frankl argued in favor of a "medical ministry" (p. 270), but he had "no wish to vie with the clergy" (p. 274). Like Jung, he did not use "spiritual" in a narrow religious sense but rather sought to help patients clarify their ultimate values and become more "conscious and responsible," stating "A man's soul is healthy so long as he remains what he intrinsically is: namely, a being conscious of his responsibility—in fact, the very vessel of consciousness and responsibility" (p. 275). In order to achieve this goal, Frankl's approach is to incorporate the patient's particularistic religious beliefs and practices into the therapy session, rather than excluding them or attempting to convince the patient that they are illusory. For the nonreligious, logotherapy seeks to help the patient find their "task" in life; for the religious, this task is better understood as a "mission," the source of which is "God" .

What is Spirituality?

Despite the work of the many counselors who are open to spirituality but who also have “no wish to vie with the clergy,” spirituality remains a “neglected tool in therapy” (Booth, 2012). It is important to clearly define exactly what we mean by the term “spirituality.” Booth’s (2012) attempt to present spirituality in “a nonreligious way” to those in counseling resonates with the definition of spirituality provided above by Stevens and Townsend: the way in which an individual finds their freedom and meaning in life. As Booth puts it, “spirituality exists wherever we struggle with the issue of how our lives fit into the greater cosmic scheme of things,” and it “is a journey intimately linked with thepursuit of personal growth or development” (2012). One need not be a Jungian or a practitioner of logotherapy to appreciate why such issues might be meaningful in a therapeutic context. Indeed, groups like AA construct spirituality in similar terms; not from within the framework of a particular religious tradition, but instead in the context of a “higher power.” This transcendent force could include the God of a specific group, such as Christians or Muslims, or it could be a nontheistic entity such as a caring group of people who attend a local AA meeting in order to support the recovery of other alcoholics. The point is to find meaning and support in a power that is outside, and greater, than oneself.

Although I am not going to claim in this article that there is one correct definition of spirituality, or religiousness for that matter, scientific methods can be brought to bear on the extent to which a particular conception of spirituality might be associated with positive therapeutic outcomes, such as improved sobriety, enhanced mental health, and increased prosocial behavior. In this case, I will discuss findings derived from a conception of spirituality that is quite consistent with AA. However, before proceeding it is important to offer this caveat: it is dangerous to define spirituality a priori. As clinicians have attempted to adapt evidence-based practices to different cultural groups, they have become aware of the value of adopting a “Teach Me” posture, in other words, allowing clients to define what spirituality means to them (Stevens and Townsend, 2013). Many clients will not accept AA’s definition, nor will all clients necessarily appreciate a nonreligious presentation of spirituality. For some, spirituality is inseparable from their specific religious tradition; the broader notion of spirituality defined in terms of “finding meaning” may seem like a secular attempt to co-opt religion. After all, there are some understandings of spirituality that minimize the supernatural in focusing on a “life well lived.” Other forms of spirituality may stress a “special revelation” involving important perceived supernatural experiences.

Unlike the clinician who must understand religion and spirituality from the perspective of each individual client—or risk offending and alienating them, thereby compromising the therapeutic process—the social scientist is able to pick a particular definition of spirituality, operationalize it, and study its effects on outcomes of interest. In the study that produced the findings that I report in this article, my colleagues and I utilized the Daily Spiritual Experience Scale (DSES), which is a sixteen-item, self-report of perceived awareness of the transcendent in daily life (Underwood & Teresi, 2002; Underwood, 2006). The DSES does not focus on religious beliefs or practices. The latter we measured with the Religious Beliefs and Behaviors Scale. Instead, the DSES assesses spiritual experiences, such as feeling God’s presence, experiencing a connection to all of life, connecting with God in a way that produces joy, feeling God’s love, feeling spiritually touched by all of creation, feeling a selfless caring for others, being guided by God in daily activities, and other related items.

The DSES overlaps significantly with how AA discusses spirituality and the relationship with a “God of one’s own understanding.” AA’s Twelve Step model is not a one-time solution to a short-term problem. It is instead a spiritual way of life that replaces the shallow materialism of the addict. Spirituality, finding freedom and meaning in life or seeing how one fits into the greater cosmic scheme of things, depends on constantly working the steps. Without the spiritual development that comes from working the steps, the grip of addiction cannot be broken. A higher power is needed to replace the selfishness at the root of addiction with a spirituality grounded in other-regard. The AA “Big Book” declares self-centeredness to be “the root of our troubles . . . Above everything, we alcoholics must be rid of this selfishness. We must, or it kills us” (Alcoholics Anonymous, 2001, p. 62). Alcoholics are portrayed as narcissistic, immature, escapist users of other people who are also generally unable to deal with life on its own terms. The phrase “King Baby” sums up the alcoholic’s antispiritual worldview.

The solution to addiction, according to AA, is to recognize that one has lost control of one’s life, turn to a higher power for help, root out the selfishness that is at the heart of the problem, work on spiritual development, and engage in prosocial (as opposed to egocentric) behaviors such as making amends, admitting wrongs, “sponsoring” other alcoholics, and leading an altruistic lifestyle. AA addresses the egocentrism that lies at the core of addiction and many other personal and social problems by getting the addict into deep relationships of mutual accountability and mutual beneficence with a God of their own understanding and a supportive network of recovered and recovering addicts.

The spirituality inherent in the Twelve Steps helps the alcoholic find that which is meaningful in life, which ultimately “sets us free” from addiction—to borrow Jung’s words from the epigraph. But does it work? Preliminary findings from a recent study are encouraging.

Study Results

The study—part of Case Western Reserve University's Project SOS and Helping Others Live Sober research initiatives, two ongoing studies of adolescent addiction—explored changes in daily spiritual experiences of 195 substance-dependent adolescents, ages fourteen to eighteen, who were court-referred for treatment at New Directions, the largest adolescent residential treatment facility in Northeast Ohio (Lee et al., in press). New Directions provides a range of evidence-based therapies, including cognitive-behavioral therapy, motivational enhancement therapy, group therapies, and relapse prevention and aftercare. This facility also uses AA's Twelve Step recovery program.

We measured daily spiritual experiences using the DSES and also independently assessed religious beliefs and behaviors. We found that the adolescents reported a range of belief orientations at intake, including atheist, agnostic, unsure, nondenominational spiritual or denominational religious. Most of them, regardless of their religious background or denomination, reported having more daily spiritual experiences by the end of the two-month treatment period. Although about a third of the teens self- identified as agnostic or atheist at intake, forty percent claimed a spiritual or religious identity at discharge. This suggests that clinicians should not assume that spirituality is static, but rather that they should carefully attend to the potential for significant spiritual changes that may be occurring during the treatment process, even for those who initially claimed to be neither spiritual nor religious.

What difference did increased spirituality, as measured by the DSES, make in terms of our outcome variables? Controlling for other factors—gender, age, minority status, ethnicity, grade (years in school), number of arrests in prior twenty-four months, parental education, single parent household, and addiction severity—and independent of intake belief orientation, increased DSES scores were associated with reduced likelihood of testing positive for AOD use based on toxicology screens. These scores also predicted reduced narcissism, as measured by the Narcissistic Personality Inventory, and increased prosocial behavior including helping other alcoholics, donating money, or holding a service position in a Twelve Step program.

It would seem that spirituality is indeed important in fostering therapeutic outcomes. The adolescents' capacity to become more spiritual and overcome self-centeredness provides evidence of the malleability of personality and belief orientation. Contrary to conventional wisdom, personality is not relatively fixed by late adolescence, and Axis II disorders such as narcissistic personality disorder can improve. Just because an adolescent is not spiritual prior to participating in the treatment project, does not mean that they are incapable of becoming spiritual. Our results demonstrate that if they do become spiritual, they will tend to have much better outcomes. Changes in spirituality during treatment may serve as the 'switch' that moves youth off of the track of substance dependency and onto the track of recovery and enhanced wellbeing, thereby countering harmful social trends like youth unemployment and decreased volunteering that have worked against addiction recovery.

Conclusion

For AA, spirituality is central to therapy and the spiritual life itself—other-regarding, meaningful, transcendent—is the goal. Sobriety is really a side-benefit of becoming more spiritual. As the Big Book states, "We are not cured of alcoholism. What we really have is a daily reprieve contingent on the maintenance of our spiritual condition . . . To some extent we have become God-conscious" (AA, 2001, p. 85).

I have attempted to situate recent findings from a study on adolescents with AOD dependency who participated in a treatment program that utilized AA's Twelve Step approach within the context of a broader discussion of spirituality that stretches back to influential therapists like Frankl and Jung. If these pioneers are correct, AA's effectiveness is partly related to the extent to which its Twelve Step program fosters spiritual progress, which we might understand to mean the degree of growth towards finding "freedom and meaning in life" (Stevens & Townsend, 2013). Some clinicians remain skeptical of this claim and much confusion continues to surround the related, but distinct, concepts of spirituality and religion. More research is needed to help us understand which aspects of spirituality are beneficial in a therapeutic setting. The DSES might be a useful tool in this regard and counselors may wish to employ it in their clinical practice. Alternatively, Stevens and Townsend (2013) suggest using the Spiritual Social Support Index with clients. Regardless of the measure, the evidence is mounting that substance use disorders are "biopsychosocial-spiritual" diseases and that clients would be better served if we more fully understood the relatively neglected spiritual dimension (Stevens & Townsend, 2013, p. 6; Booth, 2012).

The spiritual life brings people into what Martin Buber (1958/2000) would refer to as "I- Thou" relationships involving an authentic communion between two fully realized human beings. This is perhaps the hallmark of the successful sponsor/addict relationship in AA and it contrasts markedly with the "I-It" relationship where another person is merely an object to be used. Addicts treat others, and even themselves, as objects, inflicting great harm on the important people in their lives, in ways that are ultimately self-destructive. Spiritually-infused therapeutic approaches like AA suggest that we cannot ultimately find freedom and meaning in life without genuinely appreciating others, as well as ourselves, as sacred subjects instead of profane objects. This is the spiritual path to healing and sobriety. Contemporary research is just beginning to illuminate this perennial wisdom.

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