

Medical versus Spiritual Orientations: Differential Patient Views toward Recovery

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Background: Relapse among patients in substance abuse treatment has generated interest in identifying attitudinal factors that sustain recovery. **Objective:** To assess the relationship of attitudes toward approaches to motivation for treatment and Twelve Step beliefs. **Methods:** Dually diagnosed patients (N = 100) completed a survey assessing treatment attitudes, motivation, and Twelve Step beliefs. **Results:** Endorsement of medical services was positively correlated with motivation but unrelated to Twelve Step beliefs. Endorsement of religious services was unrelated to motivation but was associated with Twelve Step beliefs. **Conclusions:** Patients may have differing perceptions regarding routes to recovery based on preferences for professional services or spiritual resources.

Keywords Motivation for change, recovery attitudes, spirituality, Twelve Step groups

INTRODUCTION

The observed high rate of relapse among patients in substance abuse treatment has led to interest in identifying attitudinal factors that sustain recovery. Given this, we undertook a study to assess the relative role of certain attitudes toward addiction recovery among a sample of substance abusing patients with comorbid general psychiatric illness. Attitudes toward Twelve Step group principles, the value of medical and spiritually based services, and readiness for treatment are the focus of this study.

One approach to defining attitudes for patients' readiness for treatment is derived from the Transtheoretical model of

motivational change operationally defined in terms of three dimensions: Ambivalence, which indicates the level of patient's uncertainty about their substance use behaviors; Recognition, which indicates the level of patients' acceptance of their substance problem; and Taking Steps, which reflects the level of behavioral change directed at reducing or eliminating substance use (1, 2). In one study of alcohol dependent patients enrolled in a Minnesota Model program, the action motivational component was predictive of long term abstinence (3).

Patients' attitudes toward services that may promote recovery are another important factor in treatment and are not well understood by health care professionals. McDowell et al. (4) compared nursing staff's perceptions of dually diagnosed patients' beliefs concerning the importance to recovery of various treatment components with those beliefs actually held by patients. The nursing staff felt that the patients would consider material features to be more important in the recovery process than the patients in fact had indicated, and staff underestimated the importance patients placed on spirituality. In addition, medical students were found to view patients as attributing less importance to the role of Alcoholics Anonymous (AA) meetings, spirituality focused groups, and access to religious services in the recovery process than patients actually did (5).

Pristach and Smith (6) studied dually diagnosed inpatients' attitudes towards AA. Most subjects reported feeling comfortable with basic AA beliefs and intended to attend AA as part of their outpatient treatment. Galanter et al. (7) reported that physicians who were successfully treated for alcoholism rated AA and peer-led self-help as more important to their recovery than the medical counseling they received.

In light of this experience, we designed the present study to determine the relationship between the Taking Steps dimension

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of motivation and acceptance of Twelve Step beliefs among patients hospitalized for chemical dependency and severe mental illness. We also examined whether either of these factors was associated with patient attitudes concerning the benefit of spiritually and professionally oriented treatment approaches.

METHODS

Description of the Treatment Setting

Patients admitted to an acute psychiatric unit for substance dependence and major psychiatric illness were studied. The average length of stay on the unit is 30 days. The criteria for inclusion included the resolution of acute symptomatology within the first week following admission. A determination was made by the interviewing staff psychiatrists when patients were clinically stable and thus able to participate in the study. Of 164 patients admitted to the unit during the period between December 28, 2005 and January 14, 2007, 64 were excluded as they did not meet inclusion criteria. The 100 patients studied participated voluntarily and provided written informed consent to participate. Patients' DSM-IV diagnoses were derived by the treating physician in consultation with medical and ancillary staff. A questionnaire was administered including items on demographics, primary substance problem, history of psychiatric hospitalizations, and prior Twelve Step group attendance. Twelve Step beliefs were assessed by the AA belief scale used in our previous research (7) consisting of seven items that explicitly reflect commitment to the principles of the Twelve Step movement. A coefficient alpha of 0.84 was obtained in the study sample. In addition, patients rated how important they felt each of the following items was in achieving recovery: 1) medical services, 2) groups focused on spirituality, 3) access to religious services, and 4) contact with doctors (4). Finally, motivation for change was assessed by the Taking Steps subscale (8 items) of the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) (2) and has been used in our previous research (8). A coefficient alpha of 0.89 was obtained in the present study sample.

RESULTS

Description of Sample

The majority of the participants were male (77%) with a history of prior psychiatric hospitalizations (86%), a primary drug problem of cocaine or alcohol, and a diagnosis of either a schizophrenia or bipolar spectrum disorder (68%). See Table 1 for a more complete description of the characteristics of the sample.

Correlates of Acceptance of Twelve Step Program Philosophy

Acceptance of Twelve Step philosophy was positively related to SOCRATES motivation ($r = .27, p = .007$) and perceived

TABLE 1
Sample characteristics (N = 100)

<i>Age</i>	M = 36.0 SD = 11.23
<i>Gender</i>	Male: 77% Female: 23%
<i>Ethnicity</i>	African-American: 38% White: 33% Hispanic: 29%
<i>Religion</i>	Catholic: 33% Protestant: 22% Other: 29% None: 16%
<i>Marital Status</i>	Never married: 73% Separated/divorced: 18% Married/cohabitating: 9%
<i>Education</i>	Less than high school: 37% High School/GED: 31% College/Grad. School: 32% Prior incarceration: 65% Undomiciled: 36% Prior psychiatric hospitalization: 86%
<i>Primary Drug Problem</i>	Cocaine: 41% Alcohol: 32% Marijuana: 14% Heroin/Other: 13%
<i>Diagnosis</i>	Schizophrenia-spectrum: 45% Bipolar-spectrum: 23% Major Depression/mood disorder: 18% Other: 14%
<i>No. Twelve-Step Meetings Attended Prior to Admission</i>	None: 22% 1–5: 10% 6–20: 16% 21–90: 15% More than 90: 36%

importance of spirituality groups ($r = .466, p = .0001$) and access to religious services ($r = .316, p = .001$). Patients who had attended over 90 Twelve Step group meetings prior to admission had a greater level of acceptance of program philosophy than did those with less frequent attendance ($t = 3.73, df = 98, p = .001$). No significant correlation was found between acceptance of Twelve Step philosophy and any background characteristic or

perceived importance of contact with doctors or medical services.

Correlates of SOCRATES Motivation

There was a significant relationship between SOCRATES motivation and perceived importance of contact with doctors ($r = .222, p = .026$), and endorsement of medical services as being important in treatment ($r = .287, p = .004$). SOCRATES motivation was also positively correlated with perceived importance of spirituality focused groups in recovery ($r = .236, p = .018$) but unrelated to perceptions concerning the importance of access to religious services in treatment. No significant relationship was found between SOCRATES motivation and any background characteristic.

Intercorrelations among Recovery Promotion Items

Perceived importance of medical services and physician contact were significantly correlated ($r = .391, p = .0001$); however, neither variable was significantly correlated with perceived importance of spirituality groups or access to religious services. Perceived importance of spirituality focused groups and access to religious services were positively correlated ($r = .579, p = .0001$).

DISCUSSION

Research addressing the various attitudinal issues that characterize patients' orientation towards addiction recovery (4–6) is important because clinicians must choose which approaches to treatment they should emphasize in clinical programming. We hypothesized that some patients were more oriented toward spiritually oriented aspects of recovery associated with Twelve Step programs, while others were more responsive to professionally oriented approaches.

Patients' endorsement of access to medical services and contact with doctors as important in treatment were each positively correlated with SOCRATES motivation but unrelated to acceptance of Twelve Step program philosophy. Patients' endorsement of access to religious services was positively correlated with acceptance of Twelve Step philosophy but unrelated to SOCRATES motivation. These findings suggest the relevance of differential sets of patient perceptions of recovery, with one being an orientation toward medically related care, and the other being a spiritually oriented route.

The importance placed on contact with doctors and access to medical services may reflect patients' concern with having proper treatment for their psychiatric illness, and an understanding that relief of psychiatric symptoms is important to the maintenance of abstinence and vice versa. These latter attitudes also coincide with the recent emergence of new medications, such as acamprosate and naltrexone, that physicians can offer patients to treat their addictive disorders (9). In addition, the approval of buprenorphine has made possible the treatment of opiate dependence by physicians in an outpatient setting. The importance

placed by these dual diagnosis patients on access to doctors and medical services in addiction treatment may reflect a growing awareness of these new physician led treatment options.

The positive relationships of importance of spiritually based groups and importance of access to religious services in recovery to acceptance of Twelve Step philosophy may reflect an individual's level of spirituality. There has been an interest in better understanding the spiritual basis of Twelve Step group programs and evaluating the possibility that the spiritual aspect of AA may be an active ingredient of its effectiveness. The fellowship of AA is often described as "a spiritual program for living," where "there is no dogma, theology, or creed to be learned" (10). Twelve Step behaviors have been shown to be positively associated with measures of spirituality, and the endorsement of spiritual practices increases as a function of length of AA affiliation (11–13). Robinson et al. (11) reported that increases in spirituality enhanced the odds of reduced heavy drinking at six months by 12 percent after controlling for changes in AA involvement. AA addresses "spiritual awakening" in recovery, as seen in its emphasis on its members turning to a "Power greater than themselves" and its mention of God in four of the Twelve Steps (14).

Twelve Step groups also promote a value orientation compatible with many spiritual and religious faiths. They provide an opportunity to engage in altruistic behaviors, as demonstrated in being a sponsor to other members which may be an additional mechanism underlying its utility. Recovering substance abusers who helped other substance abusers maintain sobriety were found to be better able to sustain their own (15).

Some patients may find Twelve Step approaches to be incompatible with traditional medical approaches. While AA currently has no opposition to its members using psychiatric medication, the use of medication has not been viewed as a principal component of recovery, and it has often been historically viewed with suspicion by Twelve Step members (16). Until recently, many members of methadone maintenance programs have not been allowed full participation in Twelve Step organizations because of a prejudice against prescribed methadone (17).

Acceptance of Twelve Step philosophy was positively correlated with SOCRATES motivation. This may reflect patients encountering a multimodal approach to treatment on the inpatient unit, in which a number of motivational approaches to recovery are offered in combination with Twelve Step groups. In addition, most patients in our study have had at least one prior psychiatric hospitalization and may have been previously exposed to both motivational and Twelve step approaches during those admissions, and have responded to both.

The findings of our study are limited in several respects. First, our study assessed only one established dimension of motivation. Second, our study design was correlational and relied on patients' self-report, which could be subject to bias. Last, these findings may not be generalizable to other substance abusing samples as our patients required inpatient hospitalization

and had co-occurring mental disorders. Both medical services and Twelve Step approaches are considered important resources for achieving recovery. The findings in this study suggest that dual diagnosis patients may have differing perceptions regarding routes to recovery relative to their preference for a treatment approach based on medical services or spiritual resources. Clinicians who treat substance abusers may consider that patients view the path to recovery in these two ways and assess their patient preferences accordingly. Further study may offer insight into patients' attitudes toward recovery and inform options for individualized treatment planning. The study of impaired physicians cited above revealed their preference for AA to medical counseling for a group in long-term recovery (7). Future studies could identify whether a relative preference for medical services or spiritual resources changes over time, as one goes from short term to long term recovery.

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Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

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