

Faith-Based Recovery: Its Historical Roots By William L. White, MA and David Whifers, MSW

The only cure for dipsomania is religiomania. —William James, 1902

One of the most clinically significant breakthroughs in the modern addictions field is the recognition and legitimization of multiple pathways of long-term recovery from severe alcohol and other drug problems. These pathways can be broadly categorized into religious, spiritual, and secular frameworks of problem resolution. Interest is increasing in explicitly religious frameworks of recovery, due to the dramatic growth of recovery ministries and President Bush's recently implemented Access to Recovery (ATR) program. This article provides a brief history of faith-based approaches to addiction recovery in America and a review of what lessons this history holds for the addiction counselor.

A chronology of faith-based recovery

The history of faith-based recovery in America begins with the rise of Native American abstinence-based religious and cultural revitalization movements in the 18th and 19th centuries (the Delaware Prophets, Handsome Lake, the Shawnee Prophet, the Kickapoo Prophet, Indian Christian missionaries such as William Apass and George Copway, the Indian Shaker Church, and the Native American Church). These movements called for a rejection of alcohol and a return to native tribal traditions as a framework for personal recovery and cultural survival (Coyhis & White, in press).

Dr. Benjamin Rush (1784) was one of the earliest persons to note that religious experience could serve as an antidote to alcoholism. Belief in the power of religion to reform the drunkard grew in tandem with the great religious awakenings of the late 18th and early 19th centuries. The revivalists Dwight Moody and Ira Sankey made special appeals to those wounded by alcohol and recruited redeemed, sobered alcoholics to offer testimony at their revival meetings. The apex of these early efforts was the urban mission movement, founded by Jerry McAuley (1872), and extended by the work of the Salvation Army (1880); the development of rural inebriate colonies such as the Keswick Colony of Mercy (1897); and the opening of religiously oriented inebriate homes such as the Christian Home for Intemperate Men (1876) (Bonner, 1967). The influence of religiously oriented "rescue work" within the American temperance movement and the revivalist crusades is evidenced by the inclusion of chapters on religious conversion in early addiction-medicine texts (e.g., Cutten, 1907). This tradition extends into the present work of the Salvation Army Service Centers and the organizational members of the Christian Alcoholic Rehabilitation Association, founded in 1967.

In 1906 the Emmanuel Clinic in Boston opened a clinic that integrated religion, medicine, and psychology in the treatment of nervous and mental disorders. The clinic developed a specialty of treating alcoholism that was widely replicated in what came to be known as the Emmanuel Movement. The movement spawned such well-known lay therapists (recovered alcoholics trained as psychotherapists) as Courtenay Baylor, Francis Chambers, Richard Peabody, and others who went on to develop more secular approaches to lay psychotherapy for alcoholism. The Emmanuel Movement used a combination of psychological counseling, sober fellowship (via the Jacoby Club), and linkage to a larger community of religious faith as the foundation of alcoholism recovery (Dubiel, 2004).

In the 1930s, alcoholics began using a Christian fellowship, the Oxford Group, as a vehicle of recovery. Their separation from the Oxford Group in the late 1930s marked the birth of a spiritually, but less religiously oriented program and the emergence of Alcoholics Anonymous (AA) as an independent organization. The later return of a more religious, Christ-centered adaptation of the AA program (Alcoholics Victorious, 1948) and the development of 11th Step groups within AA (Calix Society, 1947; Jewish Alcoholics, Chemically Dependent People and Significant Others, 1979) represent the overlapping, cyclical shift between spiritual and religious orientations to recovery.

The role of Islam in recovery from addiction in America came to public consciousness through the life of one man whose transformation from the addicted street hustler “Detroit Red” to Malcolm X was catalyzed by his conversion within the Nation of Islam. Malcolm X went on to become a major force in bringing Islam-based recovery to African American urban and prison communities, using an outreach process he referred to as “fishing for the dead” (Myers, 1993, p. 82). Since the founding of the Nation of Islam, there has also been interest within the larger Islamic community in alcoholism and addiction ministries (Badri, 1976). This is evident in a growing body of literature extolling the prophet Muhammad’s teachings about “khamr” (intoxicants) and “haram” (that which is forbidden) and the growth in Islamic recovery support groups such as Millati Islami, a network of recovery support groups that have adapted the 12 Steps to incorporate Islamic principles (see <http://www2.islamicity.com/al-muminun/MIFAX/mifax.htm>).

The rise of juvenile narcotic-addiction in urban communities of the 1950s sparked the involvement of Christian churches in the addictions arena. Such activities included outreach programs, e.g., the work of Father Daniel Egan (the “Junkie Priest”), community counseling clinics such as Saint Mark’s Clinic in Chicago (1954) and the Addict’s Rehabilitation Center in Manhattan (1957), and faith-based treatment communities and sober-living environments such as Samaritan Halfway Society (1958), Exodus House (1958), Teen Challenge (1961), and Village Haven (1962).

The closing decades of the 20th century witnessed new faith-based recovery mutual-aid societies (Overcomers Outreach, 1977; Liontamers Anonymous, 1980; Mountain Movers; High Ground; Free N’ One; Victorious Lady; Celebrate Recovery; and innumerable local recovery-support ministries) and the growth of religious communities for the regeneration of those addicted to alcohol and other drugs (e.g., Dunklin Memorial Camp). Also noteworthy have been organizations founded to formally mobilize the resources of churches to address the problems of alcohol and drug addiction (National Clergy Council on Alcoholism and Related Drug Problems, 1949; North Conway Institute, 1951; One Church-One Addict, 1994); intervention models to address alcohol and other drug problems within congregations (e.g., those disseminated by Sister Therese Golden and Rev. Jerry Wagenknecht on behalf of Parkside Medical services in the 1980s); models of integrating faith-based and clinically based approaches to addiction treatment (e.g., the NET Training Institute); and growing religious activism in recovery resource development, particularly within ethnic communities (Williams & Laird, 1992).

Faith-based recovery initiatives often have existed outside of, or on the fringe of, the mainstream system of addiction treatment, but such programs have recently received increased legitimization through the president’s Access to Recovery Program (ATR) and through the Center for Substance Abuse Treatment’s Recovery Community Support Program (RCSP). Both the ATR and RCSP have encouraged the development of faith-based recovery support services in local communities around the country. Recovery Consultants of Atlanta is an example of an RCSP-supported, faith-based, peer-led project that collaborates with Atlanta area African-American churches and historically Black colleges and universities in the development of peer-led addiction recovery support services.

Common threads

Faith-based frameworks of recovery from addiction span the major and lesser-known religions. Seen collectively, faith-based frameworks of recovery provide:

- a catalytic understanding of the roots of addiction (e.g., the Christian interpretation of addiction as a “sin of the flesh” or demonic possession and the Islamic interpretation of alcoholism as a fruit of the tree of Jahiliyyah (ignorance/idolatry)) (Badri, 1976)
- a mytho-magical personification/ demonization of drugs and addiction (e.g., the Islamic interpretation of drink and drunkenness as an “infamy of Satan’s handiwork”) (Badri, 1976, pp. 3-5), the Christian metaphor of “battling the demon”
- a rationale for restraint and radical abstinence (e.g., the body as the temple of God) (1 Cor 3:16-17; Miller, 1995)

- a transcendence of self - invitation to reach for resources and relationships beyond the self
- a reconstruction of personal identity, values, and interpersonal relationships
- disengagement from toxic relationships and rituals
- rituals of self-inventory, confession, self-forgiveness, acts of restitution, and acts of service
- enmeshment in a community of shared belief

One can recognize within this list functions comparable to those served by spiritual (but not necessarily religious) as well as secular frameworks of recovery, including the professional treatment of substance use disorders.

Faith-based recovery and the clinical world of addiction treatment

The growth of faith-based programs has not been without its controversies. Early (19th century) critics of this approach centered on four points:

- Religious conversion as a vehicle of recovery was open only to a small percentage of alcoholics.
- Engagement of alcoholics in church-based programs diverts them from medical institutions where they could be more effectively treated.
- Religious conversion could actually harm the alcoholic (by replacing alcohol addiction with religious fanaticism).
- Promoting religion as a method of curing alcoholism secularizes religion by turning it into a product of the marketplace.

Criticisms of faith-based approaches to addiction recovery continue today, leaving open the question of how such frameworks will compete with, be linked to, or be integrated with the mainstream system of addiction treatment. We believe that dialogue among those representing religious, spiritual, and secular frameworks of addiction recovery is needed and that such dialogue can be built on eight propositions.

- 1) There are many viable pathways and styles of addiction recovery.
- 2) Religious experience can serve as a powerful catalyst of recovery initiation for some people (Miller & C'de Baca, 2001).
- 3) Religious beliefs, religious rituals, and supportive relationships within a faith community can serve as a framework of recovery maintenance.
- 4) Patterns of recovery pathways (religious, spiritual, secular) vary across developmental age and gender and between and within various ethnic communities.
- 5) The recovery and regeneration of people formally addicted to alcohol and drugs is cause for celebration, regardless of the medium of such recovery.
- 6) Recovery from addiction is a complex process, often involving physical, psychological, social, cultural, and ontological (the meaning of existence) dimensions.
- 7) Addiction recovery often requires the involvement of multiple disciplines and service practitioners, each of which is ethically mandated to practice within, and only within, the boundaries of their education, training, and experience.
- 8) Addiction treatment is best conducted out of respect for, and within, the cultural and religious heritage and the personal belief system that each client brings to the service environment.

Not everyone within the professional world of addiction treatment and diverse communities of recovery will agree with all of these propositions, but we believe that enough will to allow this dialogue to begin in an attitude of mutual respect and tolerance.

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