



**COLLEGE OF HEALTH SCIENCE**

**DEPARTMENT OF PSYCHIATRY**

**GRADUATE PROGRAM IN CLINICAL PSYCHOLOGY**

**THE ROLE OF SPIRITUALITY/RELIGIOSITY FOR RECOVERY FROM  
SUBSTANCE USE DISORDERS AMONG PATIENTS WHO RECEIVED TREATMENT  
AT ZEWEDITU MEMORIAL HOSPITAL ADDICTION TREATMENT CENTER: A  
QUALITATIVE STUDY**

**BY**

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**FEBRUARY , 2018**

**ADDIS ABABA UNIVERSITY**

**ADDIS ABABA, ETHIOPIA**

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## **List of abbreviations**

SAMSHA	Substance Abuse and Mental Health Services Administration
DSM	Diagnostic and Statistical Manual of Mental Disorders
AA	Alcoholic Anonymous
WHO	World health organization

## **Abstract**

*Substance use disorders are a worldwide problem. Spirituality and religiosity have been an emerging area of investigation in mental health research .The role of religiosity /spirituality in recovery from substance disorders has been examined by several studies recently .Even though empirical evidence shows there is low to moderate association between spirituality/religiosity and recovery from substance use disorders the exact mechanisms by which spirituality/religiosity contributes to recovery still needs to be explored. This qualitative study examines the role of spirituality/religiosity among ten substance use disorder patients, nine male and one female, who were diagnosed for substance use disorders at Zeweditu Memorial Hospital Addiction treatment center. In-depth semi structured interviews were carried out to explore experiences and views of the participants on the topic. Thematic analysis was carried out. It was found out that participants considered spirituality and religiosity as important part of their recovery. It was also found progression in spirituality and leaning towards religion after start of treatment and recovery. Spiritual /religious exercises were reported to be followed by positive emotions. and participants religiosity/spirituality have provided positive outcomes such as hope ,aspects of positive religious coping ,endurance and forgiveness's related with the exercise of the different religious/spiritual exercises that were identified such as Prayer, going to church ,saluting the church ,listening to religious teachings and listening to gospel song which also were reported to give help in resisting craving ,abstaining from using and preventing relapse.*

*Key words: spirituality, religiosity, recovery, substance use disorders*

## **CHAPTER ONE**

### **Introduction**

#### **1.1. Background**

Religiosity and spirituality are intertwined subjects and may be difficult to put a clear distinction between (Hill et al., 2000; Tsang& McCullough, 2003).The relationship of these concepts to mental health is becoming an interesting area of investigation. Thus the two concepts, their relationship, intersection as well as perceived difference as well as the role of these issues in recovering from substance use disorders will be a sphere of focus. Substance use disorders are a complex disease with physiological, environmental, social, spiritual, and psychological components. The crucial feature of a substance use disorder is consisted of cognitive, behavioral, and physiological symptoms indicating that the individual continues consuming the substance regardless of significant substance-related problems (DSM -5, 2013).

In examining the role of religiosity and spirituality in recovering from substance use disorders it is important to appropriately understand the two concepts. Religiosity and spirituality are agreeably interwoven concepts. Scholars agree that the terms might be challenging to define scientifically. But it can be said that there are some established definitions that clarify the subjects. There are several definitions and models explaining the two concepts and most of them state that there is a distinction between the two concepts. Miller (1998) explains the difference between the two stating spirituality is fundamentally an idiographic aspect of the person; religion, in contrast, is a social phenomenon, an organized structure with many purposes, one of which has been the development of spirituality in its members. Most agree on the idea that spirituality is a personal attribute and represents the search for the sacred in and then is more existential; whereas, the religious is involved in more organized, institutionalized and social

activities. Hill et al. (2000) define religiosity as the feelings, thoughts, experiences, and behaviors that arise from a search for the sacred, and or a search for non-sacred goals in a context that has as its primary goal the facilitation of search for the sacred and the means and methods of the search that receive validation and support from within an identifiable group of people; whereas, defining spirituality as the feelings, thoughts, and behaviors that arise from a search for the sacred, without the added components of non-sacred goals and religious community.

The investigation and research on the topic of the role of spirituality and religiosity in mental health have been growing recently. Even though it was since long ago mental health professionals have been interested in the function of religion in human psychology. Hackney & Sanders (2003) affirm this point saying psychologists have long been concerned with the role that religion plays in the interpretation of and response to life events and how this is revealed in everyday psychological adjustment. Nonetheless, for a long time the link between religiosity and spirituality in psychology was somehow inclined to be negative (Tsang & McCullough, 2003), scholars like Freud believing that religiosity as immature stage of development. Freud viewed religion as irrational pre-phase in evolution of humans that pulls people backwards to irrationally and thwarts progress in intellect, and others concluding religiosity is limiting to personal growth and competence (Tsang & McCullough, 2003; Corveleyn & Luteyn, 2005).

However, recently the need for incorporating religiosity and spirituality for the benefit of mental health has become recognized. Idler et al., 1998 acknowledges religiousness and spirituality have penetrated the agenda of research on psychosocial elements in health, stating in the past few years, a number of major longitudinal studies have reported both long-term and short-term beneficial effects of individual religiousness on mental health status.

Recent research has revealed positive relationships between religion and particular indicators of physical and mental health (Tsang & McCullough, 2003). On the other hand, there are several criticisms regarding research on the association between religiosity/spirituality and mental health. One important criticism of studies of religion, spirituality, and health is pointing out that the evidence of an association between religion and health as “weak and inconsistent” (Sloan, et al 1999).

The study on association of spirituality and recovery from substance use disorders is also a building body of research lately (White & Laudet, 2006). Studies examining the link between Levels of spirituality / the religiosity and abstinence, treatment initiation, admission, recovery, length of sobriety and relapse are being conducted showing some association (Laudet & White, 2006; Kendler et al, 2003 ; Koeng et al, Lucchetti et al, 2014, Heinz et al, 2010; DiReda et al, 2015). Empirical evidence on the relationship of spirituality/religiosity and recovery from substance use shows low to moderate association.

High level of spirituality/religiosity has been associated with high degree of abstinence following treatment than those with lower level of spirituality/religiosity scores. The alcoholic anonymous and the twelve steps to recovery also can be a significant instance in the issue of the link between spirituality /religiosity and recovery.

## **1.2. Statement of the problem**

Global prevalence rates of alcohol use disorders were estimated to range from 0–16% among adults in 2004. Global prevalence rates of drug use disorders were also estimated to range from 0–3% among adults in 2004 (WHO, 2004). A later WHO report shows the global burden of disease attributable to alcohol and illicit drug accounts 5.4% of the total burden of disease. Another 3.7% of the global burden of disease is attributable to tobacco use (WHO, 2004).. In the

Ethiopian context there seems to be an increasing prevalence of substance use, the overall burden of substance alcohol, khat and tobacco misuse appears substantial (Fekadu et al., 2007). More recent studies also indicate an increasing prevalence of substance abuse in Ethiopia (Tesfaye et al., 2014). Mossie et al. reported in 2015 the prevalence of substance abuse among university students to be 16.7 %, with alcohol being the most commonly abused followed by khat and cigarette, the prevalence of cannabis and cocaine use was 3.3% and 2% respectively. Another study among high school and university students also showed high prevalence of substance use and abuse (Birhanu, et al. , 2014; Tulu & Keskis, 2015; Tesfaye et al., 2014 ). Therefore, the treatment, intervention and recovery of substance use disorders is an important area of investigation in Ethiopia. The role of spirituality/religiosity in the initiation and maintenance of recovery as well as prevention of relapse is a significant area of inquiry in the body of knowledge of recovery from substance use disorders.

Thus, this study was intended to answer the following research questions:

1. Does religiosity/spirituality have any role in recovering from substance use disorders? If so, what are the mechanisms religiosity /spirituality help recovering from substance use disorders?
2. Does religiosity /spirituality have any role in motivating and initiating recovery?
3. Does religiosity /spirituality help in maintaining recovery and preventing relapse?

### **1.3. Objectives of the study**

The general objective of the study was to examine if religiosity/spirituality helps recovering from substance use disorder and if so to assess what the role of religiosity/spirituality is in the recovery process.

#### **1.3.1. Specific objectives**

- To identify the contribution of spirituality/religiosity to the motivation to, maintenance of recovery as well as prevention of relapse
- To identify the aspects of religiosity/spirituality that contributes to recovery
- To identify the mechanisms by which religiosity/spirituality contribute to recovering from substance use disorders

### **1.4. Significance of the study**

Study in this area is essential since there is a growing problem of misuse of substance with the risk of high number of substance use disorder patients and the far reaching consequences. This study will help identify the role of spirituality/religiosity in recovering from substance use disorders and will be pointing out areas of further inquiry.

### **1.5. Delimitation of the study**

The scope of this study is limited to assessing the role of spirituality/ religiosity in recovering from substance use disorders among follow up patients recovering from substance use disorders in Zeweditu Memorial Hospital.

## **CHAPTER TWO**

### **Review of Related Literature**

#### **2.1. Substance use disorders**

The DSM-5 states an essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. Overall, the diagnosis of a substance use disorder is based on a problematic pattern of use of the substance and the criteria covered by 11 areas which can be organized in grouping of 'impaired control' , 'social impairment', 'risky use', and 'pharmacological criteria'. Impaired control over substance use is the first criteria grouping (Criteria 1-4). Social impairment is the second grouping of criteria (Criteria 5-7). Risky use of the substance is the third grouping of criteria (Criteria 8-9) (DSM-5, 2013).

According to DSM-5 diagnostic criteria, substance use disorders occur in a broad range of severity, from mild to severe, with severity based on the number of symptom criteria endorsed. As a general estimate of severity, a mild substance use disorder is suggested by the presence of two to three symptoms, moderate by four to five symptoms, and severe by six or more symptoms. Changing severity across time is also reflected by reductions or increases in the frequency and/or dose of substance use, as assessed by the individual's own report, report of knowledgeable others, clinician's observations, and biological testing.

#### **2.2. Theories of addiction**

West (2001) classified theories of addiction based on literature into five groups: theories that focus on conceptualization and general processes (Behavioral or social theories Biological theories), theories that focus on effects of addictive stimuli, theories that focus on individual susceptibility, theories that focus on environmental factors, and theories that focus on recovery

and relapse. The first group of theories involves those that give broad understanding into the conceptualization of addiction explaining addiction in terms of biological, social, or psychological processes; the second group attempts to explain the high tendency of a certain stimuli becoming focus of addiction; the third group tries to focus on particular individuals that are more susceptible to addiction than others; the fourth set explores the environmental conditions that contribute to and influence addiction positively or negatively; and the fifth group includes theories that focus on recovery and relapse.

### **2.3. The concept of recovery**

Regarding the concept of recovery, there is a lack of consensus for what it agreeably refers to (Laudet, 2007; White, 2012; Worley 2017). White (2012) describes both addiction and recovery as fluid concepts rather than fixed ones but still underlines that a natural drive of remission and recovery is buried under this fluidity and states even the most chronic patterns of addiction can have a chance for recovery and those who seem to have very solid recoveries have susceptibilities for reactivation of addiction. One study also stated because the definition of recovery varies, it is difficult to make prevalence estimates (Kooreman & Greene, 2016). Laudet (2007) argues supporting the outcome spheres proposed by McLellan et al (2005) in recovery assessment, as evidence of treatment effectiveness, which are reduction in substance use, improvements in personal and social health, and reduction in threats to public health and safety, and describing the proposition as a promising step towards a more all-inclusive operationalization of recovery. The current definition of recovery align to recovery being a life-long process which refers to overall improvements in quality of life during remission, and there seems to be agreement that abstinence is an important component of recovery, but the concept is not limited to it and encompasses larger conceptualization of wellbeing. The Substance Abuse

and Mental Health Services Administration (SAMHSA, 2011) new working definition of ‘Recovery from Mental Disorders and Substance Use Disorders’ is as follows: Recovery is ‘a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential’. Another earlier definition defines ‘Recovery from Substance Dependence’ as a ‘voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship’ (Betty Ford Institute, 2007).

#### **2.4. Spirituality and Religiosity**

Spirituality and religiosity are interconnected subjects, and putting a clear distinction between them is difficult. Different scholars have defined spirituality using different aspects, thus there are several definitions available.

Most of the theorists say there is a distinction between religiosity and spirituality. Hill et al. (2000) define religiosity as the feelings, thoughts, experiences, and behaviors that arise from a search for the sacred and or a search for non-sacred goals in a context that has as its primary goal the facilitation of those; and the means and methods of the search that receive validation and support from within an identifiable group of people. While defining spirituality as “the feelings, thoughts, and behaviors that arise from a search for the sacred”, without the added components of non-sacred goals and religious community (Hill et al., 2000). Miller (1998) describes spirituality as fundamentally an idiographic aspect of the person which is very difficult to delimit, and which defies customary conceptual boundaries by its focus on the transcendent, and religion, in contrast, as a social phenomenon, an organized structure with many purposes, one of which historically has been the development of spirituality in its members and define by its boundaries, by particular beliefs, practices, forms of governance and rituals (Rusu&Turlic, 2011). Increasingly, the term “spiritual” is used for individual religious experiences, whereas the

term “religious” is used for institutionalized religion (Tsang and McCullough, 2003). Currently, most researchers agree that religiosity is a multidimensional concept; however, there are large differences between different researchers about the number and nature of these dimensions (Rusu&Turlic, 2011).The term spirituality includes but has evolved beyond its religious to convey experiences that bring a heightened sense of meaning and purpose in one’s life (White &Laudet , 2006).

## **2.5. Spirituality/Religiosity and Mental health**

The history of the investigation or being concerned about religiousness and spirituality in the context of mental health has been in the history of mental health professions for a while now. Tsang and McCullough(2003) mention that there was a negative stance to religiosity and spirituality in the science of psychology for a long while citing Freud as an instance, Freud compared religion to an immature stage of development, calling it the “universal obsession neurosis of humanity”. He believed that religion restricts people’s impulses, filling their need for an omnipotent Father who will protect them from the powerfulness of nature and rectifying the shortcomings and sufferings they experience in this life. Tsang and McCullough also state that other theorists and scholars like Albert Ellis have associated religiousness with mental weakness and deficiency.

And also several studies have illustrated that religiosity is linked with prejudice and negative social attitudes and inversely related with personal competence and control, self-acceptance and self-actualization, and open mindedness and flexibility (Tsang and McCullough,2003).In the past years, there has been a change from negative attitudes in psychology, concerning religion, to the identification of more positive relations between religion and different aspects of mental health (Rusu&Turlic, 2011).

Though there were also psychologists who concluded that religion promotes growth and mental health, like Allport, and mature religion unifies an individual's personality (Tsang and McCullough); it is recently that there has been a change from negative attitudes in psychology, concerning religion, to the identification of more positive relations between religion and different aspects of mental health (Rusu&Turlic, 2011).

But, recently, the way of viewing religiousness and spirituality in the mental health have been changing due to the recent inclinations in the mental health society in incorporating culture and the issue of cultural competence in the intervention of different mental illness, spirituality being a considerable factor in this aspects, is being increasingly becoming an area of interest for mental health professionals (Idler, et al, 1998).

Recent research shows that aspects of religiosity and spirituality are positively related with mental health. Studies have exhibited that some dimensions of religiosity and spirituality are related with low levels of depression (McCullough and Larson, 1999), personal well-being (Koenig, 2001), positive social attitudes (Baton et. al, 1993), a low risk of divorce and positive social attitudes such as tolerance toward others (Rusu&Turlic, 2011).

## **2.6. Dimensions of Spirituality/Religiosity**

There are many dimensions to religiousness and spirituality, and they may be linked to physical and mental health by different mechanisms. In studying the role of spirituality/religiosity, it is important to see this mechanisms by which spirituality/religiosity influence recovery. Answering the question of 'Does spirituality help recovery?' will surely elicit the question 'How?'. Exploring the dimensions or domains of the concept of spirituality/religiosity and which mechanisms affect recovery will hopefully answer the question (Idler, et al, 1998).

Tsang and McCullough (2003) proposed a hierarchical model of religiously and spirituality where they classified religious and spiritual psychological concepts into a two level hierarchical structure. At the first level are dispositional measures of general religiousness like religious involvement, religious faith, and spiritual wellbeing. At the second level of organization are operational measures of religiousness aspects like prayer, religious coping, and religious orientation.

Idler et al (1998) describes that dimensions of spirituality/religiosity can consist behavioral, social, psychological, and directly physiological mechanisms that influence overall health, not leaving out the possibility for a negative effect of religion on health; reduction of behavioral risks, expansion of social support, enhancement of coping skills, religious feelings, physiological mechanisms by which religiousness and spirituality may also provide a comfort against both major and minor stressors through direct physiological pathways.

## **2.7. Spirituality/religiosity and recovering from substance use disorders**

The role of spirituality in substance use recovery is becoming an interesting area of investigation. Several studies that assessed the relationship between substance use recovery and spirituality have been conducted and continue to be conducted. Although still there is a lot of knowledge gap and disagreement on issues, like on the casual relationship between spirituality/religiosity and recovery from substance use disorder, there is also a large body of research with enormous implication in the scientific study of the link between these two issues. However, it can be said there is some agreement on the significance of spirituality/religiosity in the recovery of people receiving treatment from addiction treatment centers (White & Laudet, 2006; Heinz et al, 2010; DiReda et al, 2015). Studies assert that the importance of spirituality /religiosity is widely embraced among people recovering from substance use disorders and that spirituality /religiosity

plays a role in recovery process (Heinz et al.; Jarusiewicz, 1999); however, the mechanism by which spirituality /religiosity influence recovery still remains an area which requires exploration and needs to be uncovered.

A number of studies report the impact of the relationship of religiosity and substance abuse. Several studies show the inverse relationship between religiosity and dimension of spirituality on alcohol and other substance abuse (Kendler et al, 2003 ; Koeng et al, 1994;Lucchetti1 et al ,2014), and there is some evidence for religiosity and spirituality being a protective factor for youth against alcohol abusing behavior( Marsiglia et al. , 2015 Kulis et al. ,2012).

The nature of the concepts of religiosity and spirituality being abstract and the definitions being still being conceptualized raises difficulty in the scientific investigation of the role of spirituality /religiosity in recovery from substance use disorders, and also in substance use disorder treatment. DiReda (2016) stresses this difficulty stating that due to the elusive and mystical nature of spirituality, it often is not included in treatment for addiction in formal treatment program. Even though a lot of research is still needed, existing body of knowledge suggests pathways of spirituality/religiosity to recovering from substance use disorders. There are some proposed mechanisms. McHugh et al (2013) conveys heightened reactivity to stress is a common feature of alcohol dependence. Alcohol-dependent patients exhibit elevated physiological and affective responses to stress and alcohol craving following a stressor which predicts drinking behavior in alcohol use disorder patients as well as relapse. The process of recovery can be a period of major changes which might need a lot of resources.White &Laudet(2006)state that the results of their study confirmed that spirituality reduces the risk of relapse by serving as a protective buffer against the stress of early recovery (and that a spiritual orientation toward recovery increases as recovery progresses. Spirituality has been associated with higher optimism

and meaning in life and social support (Pardini et al, 2000; Avants et al, 2001).The course of recovering from substance used disorders was also related with increasing spirituality (zemore,2007; Heinz et al, 2010; DiReda et al, 2015).

Alcoholic Anonymous (AA) and other faith based self-help groups and faith based treatment groups also highlight the role of spirituality in recovering from substance disorders.The well-established alcoholic anonymous which have an estimated number of 118,305groups in different countries, and more than 2 million members around the world have been active since with its establishment in 1935(AA Fact File, 2017). The twelve steps emphasize on the need to follow the steps which can be summarized into sequential steps of surrendering to God/Higher Power, self-exploration and reconciliation of social systems (Lyons, 2012).The steps are listed as follows:

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs (AA, 2001).

Even though there is also a disagreement on the effectiveness of these groups, also there is an evidence established showing its effectiveness. Glanter & Dermatis (2015) reviewed studies conducted on the role of spirituality/religiosity characteristics in twelve-step recovery among program members, and reported that number of Spirituality/Religiosity characteristics have been shown to increase after members have achieved sobriety, correlate with specific aspects of program participation, partially mediate the relationship between program involvement and drinking related outcomes, and predict clinical outcomes relevant to risk for relapse.

## **CHAPTER THREE**

### **Methodology**

#### **3.1. Study Design**

A phenomenological qualitative research design was used to explore the lived experience of patients recovering from substance use disorders and the contribution of their spirituality/religiosity on their process of recovery.

#### **3.2. Study setting**

The study was conducted at Zeweditu memorial hospital; Alcohol and drug addiction treatment center. Zeweditu Hospital is a hospital in central Addis Ababa, Ethiopia. The hospital is named after Empress Zewditu, the cousin and predecessor on the throne of Emperor Haile Selassie. The Hospital is operated by the Region 14 Health Bureau. It provides health care to residents of Addis Ababa in different specialty and general medical services. Mental health and Addiction Treatment are among the specialized services provided by the hospital. The Zeweditu memorial hospital alcohol and drug addiction treatment center is found in the Zeweditu hospital building. It has a total of five inpatient beds. The inpatient service was opened on February fifteen 2016, and has provided service for more than one hundred ninety clients with substance use disorders. More than hundred clients received inpatient treatment. Detoxification, individual psychotherapy, and group therapy services are provided in the center. The center delivers both an outpatient and inpatient treatment services.

#### **3.3. Study population and Sampling Techniques**

The sample (N = 10) was selected from among patients who were diagnosed and have followed treatment in Zeweditu Memorial hospital. The sampling technique that was used was purposive sampling.

The initial inclusion criteria for the study was patients with minimum length of sobriety of three months, however because of the difficulty of finding enough number of participants available for interview who fulfill the criteria; the study also included those who are sober for less than three months and those who were abstinent after treatment but now who are using alcohol but are cutting down the amount at the time of the interview.

The interview included those who said 'yes' for at least two out of three of the initial screening questions that was prepared to exclude those who reported to have no spirituality or religiousness. Demographic such as age, sex, education were not criteria for inclusion. The study excluded those who were not willing to the interview, those who answered 'No' to two of the three initial screening questions.

### **3.4. Data Collection**

All interviews were conducted at either Zeweditu Memorial hospital addiction center or in the place that was most comfortable for the participant (i.e. a café). Basic demographic questions were asked first which included information of age, sex, education, marital status and religion. Afterwards, semi structured in-depth interview was carried out which using topic guides. The topic guides continued to be adapted iteratively as the study progressed. The first sets of questions were targeting understanding the substance use disorder and the process of recovery, and then the questions exploring spirituality /religiosity proceeded, followed by questions which explored the contribution of religiosity/spirituality to the recovery. Questions were worded in a simple manner and explanations were given as needed. Many times sub-questions were asked around the main question to obtain the necessary information. Leading questions were avoided. The interview schedule was translated to Amharic for use in the interview. The interviews lasted for 60-90 minutes on average in length and were audio recorded. All participants were provided

a consent form which they read with the interviewer and signed. They were then asked if they fully understood what it meant and if they were comfortable proceeding with the interview.

### **3.5. Methods of data analysis**

The interviews were transcribed into Amharic were translated in to English. All English translation was compared against the original Amharic transcriptions. There was no significant difference between the Amharic transcription and the English translation. The data was coded with the first coding process through Initial coding .the data was initially coded by the researcher using open code analysis software (ITS, Umeåuniversitet, 2013). This type of coding was chosen to inspect, compare and explore for similarities and differences throughout the data, codes refer to ‘the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon’ (Boyatzis, 1998). Selected transcripts were also independently coded by a co-investigator and disagreements were discussed .then patters were looked for and codes were sorted into potential themes. “This phase, which re-focuses the analysis at the broader level of themes, rather than codes, involves sorting the different codes into potential themes, and collating all the relevant coded data extracts within the identified themes” (Braun and Clarke, 2006). Afterwards the themes were defined and refined and findings were tested back against the original data.

### **3.6. Ethical consideration**

Ethical approval for the study was obtained from Department of Psychiatry, College of Health Sciences, Addis Ababa University and Addis Ababa Health Bureau research ethical review committee and permission from Zeweditu Memorial hospital. Consent forms were given to participants prior to the consent. The purpose of the study was explained to all participants. Written informed concept was obtained from all the participants. To ensure confidentiality,

participant names were removed from interviews prior to data entry, and the interviews were identified only by a number code.

## CHAPTER FOUR

### Results

#### Socio demographic characteristics of participants

Ten participants were interviewed, the characteristics of the participants is presented in the table below. Among the participants, 9 were males and one was female. All the participants were diagnosed with a substance use disorder and had followed treatment in Zeweditu Memorial hospital addiction treatment center. Five of the participants were on abstinence at the time of interview; three of them were abstinent for more than three months, and two of them on less than three months of abstinence. Five of the participants were abstinent for various amount of time after treatment but were cutting down on the amount they used during the time of the interview. Nine of the participants were orthodox Christians and one of the participants was a protestant Christian.

Table-1: Socio-demographic and clinical characteristics of participants with substance use disorder at Zewditu Memorial hospital, Addis Ababa

Characteristics	Number of participants
<b>Age</b>	
20–29 years	4
30–39 years	3
40-49	2
50-59	1
<b>Level of education</b>	
High School	4
Higher education	6
<b>Employment status</b>	
Unemployed	2
Employed	6
Private	2

<b>Religion</b>	
Orthodox Christian	9
Protestant	1
<b>Usual residence</b>	
Addis Ababa	9
Out of Addis	1
<b>Current marital status</b>	
Never married	5
Married	3
Divorced	1
Widowed	1
Alcohol use disorder	9
Cannabis use disorder	1

## **Themes identified**

The following were the major themes arising from the thematic analysis.

(I.e. The participants who are quoted are identified with a number code preceded by the gender of the participant as 'F' or 'M' and type of substance used and age respectively.)

### **1. The experience of the substance use and spirituality /religiosity before start of treatment**

Most reported the use of alcohol starting at an early age. Most started using the substance at an adolescence age. Some of those who used alcohol reported to use have used other substances, mostly khat, cigarette and few of them used cannabis at some time of their lives.

*“When I started it I was a high school student .we started drinking ‘tela’ (home brewed alcohol) going out of school. When I got in to the addiction I started with ‘tela’ .when we got out of school, even at the time of school we started skipping school and doing It and at the side we also go into using the cigarette .There were friends that smoked, we see them and we receive from them and we got into it (substance use)” (M 92- alcohol user 27)*

*“I didn’t like the kids that used. But a close friend fought with his father and went to Debrezeit .He went and he got used to it there .one day I saw him smoking hiding, and in the next day I thought that it wouldn’t hurt me if I took one or two hits, so because I hear it makes this and that in our neighborhood I wanted to do it .even though I don’t like them just because I wanted to do it .i used .after that I separated from them, I bought and started using alone.”(M 86-cannabis user 20)*

Some of them conveyed that it was the use of khat that led to the start of using alcohol because they would use it to inhibit the effects of chat.

*“I started the chat before the alcohol; it is the chat that pushed me to the alcohol .it is because of it that I got into drinking.”(M 84-alchol user, 33)*

Most said that using substance has impacted their health, their relationship with close ones, their social life, work and financial state negatively. Most said it distanced them from families and relatives, was a reason of disagreement with closed ones, affected their work performance and put them in debt for most of their life.

*“It made me fight with my family. Many people used to have respect for me in my work, in school; people who knew me had a great place for me. Even though now, I am back to my senses and trying to succeed in things, a lot of things have gotten ruined for me.”(F 88-alchol user, 27)*

One participant said that his use of khat helps him in his work and in reading because it helps him concentrate and helps in using time properly. And expressed his belief it can be useful if used with limits.

*“but sometimes it will let you abstain and let you be in one place .you won’t be out that much you will sit and read ,you use your time properly so it have its own advantage.”(M 91-alchol user, 40)*

Some conveyed that their spirituality religiosity was agonized because of the use of the substance. They expressed the time as the time of not giving much value to spirituality and religiosity in their life and time disregarding God. Some said their religiosity which has been there from childhood was led to diminishing and fading with the start of using substance. The others expressed performing religious / spiritual activities without much meaning. Still prayed but was not a church goer and wasn’t concerned about their religion that much.

*“I did not think that people would live a happy life going to church and free from addiction .I thought their mother forced them kind of thing or I think his wife being nagging and wants to make his wife happy .I used to feel sorry for them ,I say he goes in his time of chewing chat .I found out what it is when I saw it myself ,that your own will life will take you there.” (M 81- alcohol user, 43)*

*“As I told you the daily prayer was there .but going to church wasn’t there before, like now. I used to go just waiting for holidays and even that it was not like another Christian standing there and attending the mass and crowding the arc” (M 92- alcohol user 27)*

Some of the abstinent participants expressed the time of addiction as being consumed by the pattern of using .one explained by saying that as being clouded because of the alcohol and a time of being all about using.

*“Before coming to zeweditu I don’t remember anything I was all about the alcohol .you don’t have this kind of idea .....because of the influence of the alcohol you don’t remember anything, because your mind was dull, you don’t realize things there is no awareness. ....what you recognize is the alcohol.” (M 84-alcohol user, 33)*

Some expressed their extent of spirituality/religiosity is the same as before they started treatment for the substance use disorder.one stated his prayer experience have not changed and clarified it like the following:

*“Because I don’t see my using as a sin, addiction is said to be a sin but I don’t think like that.” (M 86-cannabis user 20)*

## **Initiation**

Some of the participants were initiated to get treatment for the substance use problem because of other health problems. Most of were brought to health care centers, to clinics or hospitals first for physical health problems related with the substance use. Most reported that they were initiated to seek help by the information they got about the treatment for substance use disorders from the physicians and health care professionals who provided treatment for their other health problems. Some of them were initiated to the substance use disorder treatment clinic in Zeweditu by close family member.

*“I didn’t know that addiction has a treatment it is from the clinic which referred me here is the one who saw these wound (showing the scars on his face).”(M 81-alcohol user, 43)*

## **2. Spirituality /religiosity**

### **Perception of higher power**

All of the participants perceived God as having a positive characteristics .Most of them described Him as a helper, patient, generous, a father, merciful and loving. Most described God as whom who keeps them alive. Some participants described as the following.

*“He is my everything, I know I cannot survive without Him live all these years, I survived because of His generosity, His love and His strength .He have protected me from a many things, my health even while using all these things, I didn’t get sick with how little I was eating and the way I took alcohol I would have fallen in a much worse problem. But He is still generous. The God who created me is helping me survive; otherwise it is not because I’m taking care of myself  
“(M 92- alcohol user 27)*

*“Patient , who loves His creations , merciful ,who gets a lot closer when we get close to Him .very loving generous I think He is this kind of God .” (F 88-alchol user, 27)*

Some described God as compassionate, kind, savior, healer, omnipotent, and counselor. One of the participants described Him as happy.

### **Description of spirituality /religiosity**

Most described themselves as leaning towards their religion, and described themselves as having a fear of God. All said they believed in a God who is the creator of all. Most described their relationship with this creator as a relationship where God is the helper and them being the one being helped.

*“In my life if there is someone who helps me, it is God.”(M 81-alchol user, 43)*

*“At this time He is getting everything in order for me, so I thanked Him before and I thank Him now, I am alive I should have died but I am here.” (M-98, alcohol user, 27)*

Most preferred to say they have faith in God rather than describing themselves as spiritual

*“I believe in God, I know life and way cannot happen without him .but regarding my faith if you ask me how much it is, I have fear of god inside me, I respect Him ,I go to church.” (M 92-alcohol user 27)*

*“As I told you I am an orthodox Christian I am leaning to my religion more than all things I was in a monastery before a week .I came back after staying there for a while .My faith have strengthened after going there.”(F 88-alchol user, 27)*

Most said their spirituality/religiosity started in childhood and mostly was inherited from the family. Two of them said they were in church quire when they were children. Most said to have a religiosity which was strong in their childhood but that dulled or faded growing up.

*“.....Since I was a child, in contrary after I grew up after I started using substance it decreased a bit I used to be in church quire, and attended conferences.” (M 92- alcohol user 27)*

### **Extent of spirituality /religiosity**

Some said religion is important in their lives and attributed that for being raised in religious family and around churches. Some said they don't consider themselves as spiritual rather as having faith on God. They related spirituality as being able to execute most religious commandments, and having a high commitment to God. One of the participants stated the following

*“A person who is called spiritual is a monk or in protestant religion, those who speak with tongues who deliver from spirits,” (M 81-alcohol user, 43)*

### **Doubts**

Some expressed converse to their belief in the existence of God doubts about their belief and having to question this belief at some point in their life.

*“After I smoked different questions come to me .for example, is God true? Inappropriate questions raise in me .but because I think there are questions that shouldn't be answered I salute and I get calm.” (M 86-cannabis user 20)*

*“but as I told you I’m just human and I don’t have a deep faith so I might doubt my religion ,and you might quarrel yourself and people .you want to blame your faults on God .even though you should have been careful yourself .”(F 88-alchol user, 27)*

### **Attendance of religious services**

Most said they attend Sunday programs, teachings and sermons, annual and monthly celebrations at church. Some said they attend mass and religious conferences. Some said that they attended going to another religious organizations religious services.

### **Private spiritual /religious exercises**

Most reported that they make prayers. And most reported going to church and saluting the church as a significant private exercise .Most make their prayers daily .most said they listen to gospel songs. Some of the participants reported reading the bible, fasting and confession. Helping the less fortunate and donating to the poor was also reported by some.

*“...the other is as God wills because I have to do something from what I got, because I have to do something on holidays I help the less fortunate on the level of bread or cents and when I see a person who is miserable and touched my heart I won’t pass without doing something with what I have” (M 92- alcohol user 27)*

One of the participants conveyed that he takes a devotional time with fasting and prayer which is called ‘subae’

*“subae is what you do when you leave all the world and go where you can only think about God about God ,where you communicate with God with devotion.”(M 91-alchol user, 40)*

Type of prayer

Most said to use a prayer scripture to pray .Most expressed that their prayer is mostly praise and giving thanks to God. Saying memorized prayer from memory. Most also said in their prayer they ask God to make their days go well. Their prayer is the type where they ask for their needs to be fulfilled.

*“Most of the time there are a daily prayer scriptures. Besides that with God , what my heart wills ,if I have a problem ,my problem if I have a gratitude (thanking ) I will thank, whatever my heart provides ,for God at any time I might not wait a prayer time ,wherever I go ,when I feel like it like I am telling you.”(M 92- alcohol user 27)*

### **Change in spiritual or religious exercise (experience)**

Some of the participants said there is a change in their frequency of going and praying and in the attention they give to their religion and God after starting recovery from the substance use disorder. Most of those are abstinent from using the substance expressed change in their spiritual religious exercises.

*“I had forgotten that there is church totally. If a person attended mass and prayer why would a person go there, I used to get angry about that..... I used to think that a person sits there, because they don't have anywhere to go. But it is not, it is looking for life, looking for peace.”(M 81-alcohol user, 43)*

*“When I was still drinking I don't even remember praying ,I gave most of my time for drinking ,as far as forgetting my home ,but now thanks to God I am on prayer and on faith ,that's why I didn't return back until now.” (M 84-alcohol user, 33)*

*“Before I didn’t pray at all.at that time I didn’t pray .I don’t t remember praying. Bad things came to my mind like revenge and fight .I don’t think about God but when I returned to my senses I asked god to get me out of that (kind of)life. I begged Him for it and he has gotten me here .now and then are very different .at that time I never think of God but know I spend my day raising His name.”(F 88-alcohol user, 27)*

Some said that not much have changed in their spiritual/religious practice after the start of recovery and their extent of spirituality/religiosity is the same as before they started treatment for the substance use disorder.one stated his prayer experience have not changed and clarified it like the following

*“Because I don’t see my using as a sin, addiction is said to be a sin but I don’t think like that.”  
(M 86-cannabis user 20)*

## **Dimensions of spirituality/religiosity**

### **Coping**

Most said their faith helps them cope during difficult times in their life .most said that they give over their problems to God. Most said that it helps them accept the problems and do what they are able to do and get a sense of feeling at ease after giving it over to God.

*“to start with a human can do nothing by himself ,you accept problems when they happen in your life .if you keep dormant God also keep silent but when we raise his name and ask for his help you will get the response as much as your faith inside. You know we humans are creations that are unable to do anything by ourselves so when problems appear you have to accept and give them to God. You do what you can and leave the rest to God. (F 88-alcohol user, 27)*

Many of the participants expressed a sense of dependency on God and attributed control to God and expressed perceived inability to change things by themselves.

*“Where would you go without him, you won’t go anywhere .without the will of god you can’t go anywhere, this is clear. That’s it .you won’t go anywhere, there is nothing that you do with your power, I believe in this.” (M 91-alcohol user, 40)*

Some said religion and faith gives them strength .most related their faith with endurance and passing through life with patience. Some expressed that when facing relationship problems, faith and religion helps them to be patient and forgiving.

*“He gives me strength in spirit .how I am before church and after church is different, it changes how I see things “(M 86-cannabis user, 20)*

One participant expressed that religion and faith gives them comfort at times of challenges in life.

*“So you will get comforted. If you have lost something you pray for its return. But that thing might be returned to you or might not be, if it is beneficial for you it will return only God knows that but if you laid your faith on him; even if it is lost and not returned you will be fine you will be comforted.” (F 88-alcohol user, 27)*

### **Support from religious members**

Most said they didn’t get any support from the members of their religion. Some of them said that they did not ask for any support from the members of their religion. Some of the participants said that they got religious support from members of their religion.

*“that happens when you get closer with people at church and let your self be known, Instead of going to church say your own prayer and come back .when you talk to religious fathers they will get close if you tell them your problems, they will search for you when you are out of touch .otherwise they won’t check upon you, if they don’t know you.” (F 88-alcohol user, 27)*

One said the youth groups in the church nearby tried to help him and other young people who are struggling with substance use by inviting them to attend religious programs.

*“so that we don’t stay away from the church to participate in church programs .if we have to give services to go and give services, to go frequently and read the word, the bible they encourage us to do those .they give us appointments and they make us promise, on that day, for the appointment we will leave all other things and they make us learn in their program.” (M 92-alcohol user 27)*

Another participant said the members of his religion came to his house and involved him in a prayer. Two said they got support from their father of repentance in form of advice and counseling.

*“He encourages me to come to church .he calls me to attend mass and teachings and the like what he speaks to me quoting from the bible encourage me.”(M 89-alcohol user, 55)*

### **Meaning to life**

Some of the participants expressed faith gives them hope in their life and a reason to move forward. Other participants related the meaning of life acquired from faith with good deeds and reciprocating what god have done in his life.

*“It makes me have perseverance, it avoids hopelessness, it teaches to do good for others. Doing good for others, gives a good feeling by itself .....there is nothing I do so that people can see it, it makes me do good saying I will get it, from God” (M 89-alcohol user, 55)*

*“If I give you a million dollar or if you save one million souls, a good sleep, will take you when you have saved million souls. A million birr comes with a million problems so what make you happy are your deeds.”(M 81-alcohol user, 43)*

One expressed religiosity gives him a sense of Identity and sense of wholeness.

*“yes we humans ,are not only flesh ,we don’t only have a body identity we also have a spiritual identity ,that is something that comes out of God .if that is not supported by religion it is worthless .you will lose your identity ,you will lose your meaning , it means there your life will not be full .”( M 91-alcohol user, 40)*

## **Hope**

most of the participants said that faith and religion gives them hope .Most strongly believed and related staying alive with the will of God .they expressed leaving the future in God’s hand gave them hope in life.one expressed that it lets him walk in to the future thinking there is a good thing awaiting.

*“For example if I wanted to do something and it can fail; but if God is with me if I did it again, I think I will be successful if I do it again. But if God is not with me satan will make me loose hope .the work of the devil is to make hopeless but God makes us live in hope .resilience comes from hope .if there is no hope there won’t be resilience .if there is resilience there is hope .if there is*

*hope there is resilience .there is a bible verse about this “faith, hope, love these persist.” (M 91-alcohol user, 40)*

### **Sense of rest and peace of mind**

Most of the participants described the sense of rest and peace of mind related with the private and group spiritual exercises they do. The description included the feeling of a burden lifted of them and feeling at ease.

*“The mass, the essence, it gives me rest , you tell things that you will never tell to anyone ,to god ,it feels as if something is lifted of you.”(M 86-cannabis user, 20)*

### **Forgiveness**

Some said that spirituality /religiosity helps them to be more forgiving and let go of past hurtful relationships.one participant expressed the spiritual teachings encourage her to do good for those who do her wrong.

*“As I told you every spiritual thing is good .it leads you to goodness so as you grow spiritually, let alone hurting people, it encourages you to return do good for those who do you wrong. It teaches you to let go even when bad things happen to you.” (F 88-alcohol user, 27)*

### **Prayer**

All of the participants said that they make prayers. Most said they make daily prayers. Regarding the types of prayers they make, some said they make prayers from the memory, some said they make prayers from prayer scripture. Most said in their prayers what they do is praising or thanking God and ask God to make their days go well and ask for what they want to be done in their life. Most said they pray in the morning after they wake up and in the evening when they go

to sleep. Some said even though they might not pray a full prayer from memory, they considered saying a sentence or two as a prayer. Most said they pray in their houses and in churches .some said they make prayers everywhere they are, walking on the road and the like.

*“The one who have kept me safe on the day, keep safe in the night “*

*“Every day when I get up, in the morning, after I woke up and in the evening when I go to sleep. I plead to God to follow me everywhere and straighten my way, to strengthen me ,I pray ;for me to be successful in my work for him to interfere in my work .to follow me in my way in the taxi and in all ways .I give to him over and I go out .” (M 91-alcohol user, 40)*

One of the participants said that he attends a group prayer programs and prays with his wife and children together.

### **Going to the church**

Most said expresses going to church as an important spiritual/religious performance. The participants go to church from two days to all days of the week, including going and saluting the church which can last for few minutes only .Most mentioned saluting the church as important religious exercise which they do frequently.

*“I go to church thinking about its benefit, I have a benefit. The benefit is not getting money. The benefit is gaining life.to believe there is changing in life, to believe there is God.it is because I think of the benefit, in the morning I make time and go to the church.” (M 101 –alcohol user 39)*

### **Attending (listening to sermons)**

most said they attend sermons(teachings) in their church .the frequency of attendance of sermons (teachings) of the participants who reported they do is ranged from two days in a week to five

times in six months ,which the lime of the sermons (teachings) ranging from 10 minutes to two hours .

*“it is ten to twelve o’clock it depends on my going time, if the program started 10 o’clock and I might enter eleven o’clock .i might stay from twelve up to one o’clock .i might sit 40 minutes or one hour and might not finish that, and sometimes it started early, because there is a teaching that gives I don’t like starting that teaching and go out.”(M 92- alcohol user 27)*

### **Fasting**

Some of the participants mentioned fasting as a crucial element of connecting to God.

*“it was a time where I was really stable in my spirit .for some time I avoided any cigarette or chat, even food is restricted there, it is in spirit you don’t say for your flesh .you eat ‘beso’ and ‘kolo’ just to survive you don’t eat another thing .you live thinking about God .it was really good time for me .it was a good devotional time .they were the good days that I met with my God.” (M 91-alchol user, 40)*

### **Confession (repentance)**

Some of them expressed confession as a helpful spiritual /religious exercise.one participants related the use of alcohol with mistakes in the past and the guilt.

*“Repentance is something that makes your life simple that is joyful that makes you be careful about what you do in the future so it is very joyful. You can always repent, because you are human and you are going to sin every minute as long as you are in this world.” (F 88-alchol user, 27)*

One participant related abusing alcohol with the guilt of ruminating of mistakes done, stating like this

*“The one reason people drink alcohol, what makes construction workers drink alcohol is mistakes. It’s their mistakes that make them drink.”(M 81-alchol user, 43)*

Said he sits at church and tell God his mistakes and asks for forgiveness from God.

*“I say forgive me, the things that you have done comes to your mind. My mistakes are many. This house wouldn’t be enough, if we filed it and put it..... If I got it out of my mouth that means I have gave it over to him..... you feel at ease the guilt will decrease more and more”( M 81-alchol user, 43)*

### **After going to church**

Most said that they feel peace of mind and rest when they go to church. Most expressed that there is a change in mood before going to church and after going to church .most said regardless of what they were feeling before going to church they would feel calmer after going to church .many of the participants related the sense of peace, rest and calm with the act of saluting the church also.one participant said he believes there is a power in the church because he feels different after going to church. Another participant said going to church changes his mood and changes the way he sees things .most of them expressed it as having to get something lifted upon them.

*“ Things I hear whenever I go to church have changed .everything you hear there is related with your life, directly and indirectly you see yourself ,so you examine yourself and try to correct yourself so it is useful to me.”(F 88-alchol user, 27)*

*“When I go to church and return after saluting, I cool down from being angry, I become compassionate.”(M 89-alchol user, 55)*

### **After prayer**

Most of the participants said praying brings them a sense of feeling at ease and rest. Most said they feel calmer after praying .two of them said they feel happiness after praying, the others expressed the feeling of letting go of oneself and sense of freedom and feeling stable and peace. Two of the participants reported that praying before sleeping helps them to have a good sleep.one participant conveyed that prayer gives hope in faith.

*“If you have lost something you pray for its return. But that thing might be returned to you might not be, if it is useful for you it will return only god knows that but if you laid your faith on him even if it is lost and not returned you will be fine you will be comforted. But if you keep debating with yourself why not any way, you will hurt yourself but cannot change anything.”(F 88-alchol user, 27)*

Another participant expressed his feeling afterwards praying as following

*“Because I give my hope to God, I will be comforted ,whatever the situation I am in ,I will be comforted ,if someone have done me wrong ,it makes me forget it” (M 89-alchol user, 55)*

After listening to religious (gospel) songs

The participants who reported they listen to religious l songs said that listening to gospel help they connect with God. They identified it as giving comfort and said the words in the song talk to their heart and expressed feeling of connectedness with God.

*“What you hear in the gospel songs and what you read is related with human suffering so it will comfort you, I get comforted by those words.”(F 88-alchol user, 27)*

*“By the way gospel song is a prayer, sometimes a thanks giving, when it is made a prayer, it helps you, what is told to your heart is what God talks to you .that is what gospel song is to me. Because it is what God talks to you feel happy I your heart. You feel a joyful thing.”(101)*

### **3. Spirituality and religiosity and initiation, abstinence and relapse**

Most of the participants expressed that as they get more spiritual or as they leaned more to their religion they move away from their using the substance .most expressed the two as having an opposite relationship conveying that leaning towards spirituality and keeping using substance oppose each other.

*“The two are things that don’t agree. Because both things can’t go together, if you are thinking about your God every minute, the enjoyment in chat won’t be an enjoyment.” (M 81-alcohol user, 43)*

One participant said not to think his use of marijuana as bad not as sin and it doesn’t oppose with his practice of religion.

*“Because I don’t see my using as a sin, addiction is said to be a sin but I don’t think like that.”(M 86-cannabis user 20)*

Most of the participants expressed their strong belief in God’s ability to draw out of the substance use problem and attributed their progress in recovery to God’s help.

*“I have seen a lot of people being cured and I am sure I will be cured “(M 84-alcohol user, 33)*

two of the participants expressed making promise to God and trying not to let God down have some help in keeping them abstain from using the substance .one expressed that the recovery process as a chance given by God and using again will be disappointing God .

*“I am very fearful of God .for one because I fear God, after he have given me chance to be better, don’t say let me not get sick, but say let me be cured, so .when you are given a chance and if you disappoint God it would not the ending won’t be good on the other hand so I should stand where I am you make God happy, he will.” (F 88-alchol user, 27)*

### **Spirituality and initiation to recovery**

Most of the participants reported that their spirituality /religion don’t have much effect in their seeking help for the substance use problem. Most attributed their motivation to quit using the substance to other health problems related to the substance use and to their self-determination. Among those participants some expressed their belief that it was God’s plan for them to come to the zeweditu hospital and they gave credit to God for their start of recovery.one said that he heard God’s voice saying what you are doing before seeking the treatment.

One participant said it was the guilt she was feeling about disappointing God that led her to be initiated to stop besides her worries about her little child ,being left mother less.

*“I thought I was going to die letting down God. second I said am I going to die as I disappointed God, without being washed by repentance in this messed up life .so I thought at least let me die after I stopped this (drinking ) and make up with God and make Him happy .then let me die. I got out of this thing thinking about God and my Son.” (F 88-alchol user, 27)*

### **Spirituality and abstinence**

Some of the participants said that spirituality /religiosity helps in abstaining from using the substance. they expressed that giving the certain time at day they used to practice using the substance to doing spiritual/activities have a help in keeping from using. Some described it gives them strength over craving to use the substance. Most of those who said it helps in abstaining

from using reported spending time in church and listening to sermons as having a significant help in keeping from using.

*“...for instance some days I would feel the need to chew chat. At that time there would be an argument between me and me. What made you go as far as filwuha if you are going to chew, you can chew here in cmc, and my home is at cmc. Otherwise you shouldn't chew, if one doctor sit and teach me .is in it better if he treats a another person if I'm going to chew again, why do I waste my time, we live in a country where there is a scarcity of doctors. But my other mind tells me no. I argue with myself. I go and sit in the church. I swear to God it goes away. I go and pray, that feeling of the need to chew disappears.” (M 81-alcohol user, 43)*

*“when I feel the need to use first thing when you go to a place of worship ,you don't remember that thing everyone you see there came there to listen to that teaching (sermon ) ,everybody's aim is to listen to that and go so that is how I spend the time “(M 84-alcohol user, 33)*

some said the fear of God and promising God have its contribution in keeping from use.one participant said his making promise to God not to use have helped him even though he had a slip and used again.

*“It (prayer) makes me strong in spirit; it decreases my need for it..... After making a promise to God it is difficult to do it again.” (M 86-cannabis user 20)*

One participant expressed after she had some struggle with her anxiety disorder which led her to start drinking to alleviate the symptoms. After she was discharged from the addiction treatment center she expressed that she was tempted to drink when she have the anxiety symptoms and she described that reading the bible and listening to gospel songs helped her to keep from using the alcohol.

*“after I went out of zeweditu when I feel sick I directly go and listen to gospel song ,I will be in the bedroom alone to so no one talks to me ,and listen to gospel songs and read the bible .i will go to sleep there for long time it was hard ,I was tempted.”(F 88-alchol user, 27)*

### **Spirituality and religiosity and relapse**

Some participants expressed some spiritual /religious exercise help in preventing relapse .spending time in church, prayer; fasting and prayer were listed as having a role in preventing relapse

*“When I feel a need to use, I go to the church. I will pass over the train rail and go and sit in Michael church. That’s where I hide to win the craving. Then I would go out and I would pass that time with hot drinks that is the time I am adapted for chewing, from 5-7 o’clock.”(M 81-alchol user, 43)*

*“going to church ,spending that time that was given for the addictions by spending at church sitting there listening to teachings and by listening to spiritual things quitting the addictions is possible ,that is what I saw from my experience.” (M 86-cannabis user 20)*

One participant expressed his belief that it is the collaboration of the patient, the doctor and God that makes recovery happen by stating as following.

*“The treatment alone, the patient alone, the doctor alone cannot create anything. Like that, when God sees you begging Him, making an effort; when those three things come together it gives a result. At least it has kept me for 6 months.”(M 81-alchol user, 43)*

## **CHAPTER FIVE**

### **Discussion**

The study tried to examine the role of spirituality/religiosity in recovery from substance use disorders. Participants reported practicing private and group spiritual and religious activities. In the study it was found out that the terms spiritual and religious was more of associated with higher levels of being spiritual and exercise of religion and also a higher commitment and specifically fulfillment of religious commandments . However it was reported that religion was a very important aspect in the participant's life and the higher power they believed in mostly referred as "God" throughout the result to be a very significant figure in the participants' life.

The participant's spirituality/religiosity started during childhood, and mostly related with religion of the families they were brought up. They claimed that their religiosity/spirituality faded away as they grew up, especially with the starting of using substances. This is consistent with other studies which reported that spirituality decreased with start of substance use (Heinz et al, 2010; chambers, 2015; Borman&Dixon, 1998). Some participants claimed their spiritual practice remained the same after starting to use substances.

Most of those who were abstinent claimed to have experienced change in their spiritual practices and increased individual spiritual practice. Most of the participants reported more of leaning towards their religion after starting treatment for the substance use disorder and a more frequent practice of religious and spiritual activities. This is consistent with studies that reported newly gained spirituality and increase in spirituality with abstinence (Heinz et al, 2010; DiReda et al, 2015, Chambers, 2015).

Participants believed in a higher power with positive characteristics .They perceived God as a helper, loving, merciful and kind. Pargament (1990) reported that religious coping efforts

involving belief in a fair and loving God, perception of God as supportive partner, associated with mental health and spiritual development. The positive perception of God as being a kind guide and a good supporter can play a comforting role in recovery process (Greenway et al., 2003;Jafari, 2016).

Coping with problems and challenges was reported to be mainly by telling their problems to God and by reliance on God Who was perceived to have the control, and this was reported to create acceptance of problems and as giving strength,patience, endurance as well as comfort at times of challenges (Pargament, 1997) in the discussion of positive and negative religious coping.The findings of this study are consistent with the concept of positive coping especially with the two types of collaborative approach of coping which is related with a good psychological wellbeing(Rusu&Turlic,2011).

The study also found that hope was an important dimension of religiosity and spirituality.Most reported the presence of God in their lives gave them a sense of hope about the future and help them step into the unknown with faith. Most expressed their belief that the reason they were kept alive regardless of the risks of their substance use and that provides them to hope for the future on God. Hope was in several studies as being an important inrecovery process. And also some researches argue that the mysticism revealed in attributing abstinence and being kept alive to God can be related with increase in spirituality and more optimism (Glanter&Dermatis,2015).

Positive emotions like sense of feeling at ease and peace were found to be outcomes of various spiritual and religious exercises performed by the participants. Participants expressed feeling calm, happy, peaceful after performing spiritual and religious exercises. Positive emotions were related with lower stress and reduced alcohol craving in a study (Kaufman et al, 2013). In

another study, Ciarrocchi and Brelsford (2009) found that positive affect was related negatively with the use of substances for emotional coping. The participants reported experiencing these positive emotions after their spiritual/religious exercise like prayer, spending time at church, and listening to religious songs. Nurturing these emotions through promoting these practices might help in reducing craving and in coping with stress that can lead to relapse. This is also supported by authors of a study who explored the link between spirituality and substance abuse treatment (Heinz et al, 2010). One participant who started using alcohol as a self-medication for anxiety claimed her newly found spiritual exercises helped her reduce the intensity of the symptoms when they occur.

The study found common religious and spiritual exercises that are practiced by the participants. The activities were expressed as being important on having important outcome, and as being done frequently and as being part of daily routines in most days. Group religious exercises were not as much expressed as important by the participants; rather, the private individual practices such as prayer, listening to Gospel, fasting were mentioned to be more important .

Confession, going to church, and spending time at the church as well as saluting the church for few minutes were listed as important. The issues raised in confession and repentance can go along with the step in AA's twelve-step recovery of admitting wrong doing to oneself and God.

Spirituality gives meaning to their life by way of encouraging them in terms of doing good deeds for others in this life and reciprocating of God's goodness in one's life in that manner. One expressed that religiosity gives him a sense of identity and wholeness. It was also found that spirituality helped in forgiveness and letting go of the past, forgiveness has been reported as an important component of substance use disorder recovery (Lyons, 2009, 2012).

The exercise of the different religious/spiritual practices with outcomes like peace, rest, feeling stable, happiness, connectedness with God through prayer were the most important religious/spiritual experiences reported by the participants. Prayer was the most widely and most frequently practiced among the participants. Going to church was also popular among the participants and was also reported as having a calming effect.

Most of the participants expressed substance use and leaning towards religion and spirituality as having an opposite relationship, and as they moved forward to spirituality/religiosity, they tended to move away from substance use and vice versa in their experience. This is consistent with reports which stated that a spiritual orientation toward recovery increases as recovery progresses (Laudet et al, 2000).

Most participants expressed their belief and reliance on God's ability to draw them out of the substance use, and one expressed his strong belief of God's power to help him in his inadequacies. This is consistent with AA'S twelve step recovery, the 1<sup>st</sup> step of admitting powerlessness over substance use which was related with greater pattern of attendance of the AA meeting (Glanter&Dermatis, 2015). Making promises to God was also found to be helpful to some extent in maintaining sobriety. Trying not to disappoint God was important in abstaining from the substance.

Regarding initiation to recovery, even though most expressed that spirituality/religiosity had not had much direct contribution, there were some who said around the time of seeking treatment there was a high level of being distressed about disappointing God because of abusing the substance. Most were initiated to start treatment for substance use because of the various accidents and health problems related with the substance use. But, even those who said that

spirituality /religiosity didn't have much contribution to initiation of treatment for the substance use disorder claimed their belief that it was God's plan for them to come to the addiction treatment center and they gave credit to God for their start of recovery. This is consistent with studies that highlighted the contribution of the mystical beliefs about God on recovery. Even though as various authors agree, measuring this mystical beliefs and their role can be difficult, it is also unfair to deny their involvement in overall recovery, and spirituality/religiosity is a very important part of recovery for them (Green et al., 1998; Heinz, 2010).

It was also found that giving the certain time of day which was used to be given for the substance use practice to doing spiritual activities helps from using, as reported by some of the participants. Various authors have stressed that the recovery process, the seizing of using the substance can be followed by a major existential question of what to do with their new life and could be overwhelming and stressful and could need the possession of effective replacement activities as well as coping strategies (White ,2006;Laudet,2002). Some of the participants have reported that spiritual/religious exercises and activities like spending time at church, listening to sermons (teachings) listening to Gospel songs gave strength over craving and had significant role in keeping from using. Spending time in church, prayer, fasting and prayer were listed as having a role in preventing relapse.

## **Conclusion**

Spirituality/religiosity was reported to be an important part of recovery among the participants. Newly found as well as sustained spiritual practices were reported to offer help in the recovery process.

## **Limitations**

One limitation of the study is related to the design: in qualitative studies, the sample is not representative of patients who received treatment for substance use disorder and are in recovery and hence not generalizable. The gender proportion was also another limitation which nine of the participants were male and only one was a female participant. The proportion of religious affiliation might not only be representative of the population which 9 of them are orthodox Christians and one was protestant Christian and it was not able to include participants from other religions because there were no clients available for the interview.

## **Recommendations**

Since the study found spirituality /religiosity to be an important factor in the recovery from substance use disorders, it is recommended that further research on the area would be valuable and important. Also assessments on ways of adopting faith based treatment models like twelve steps recovery model into substance use disorder treatment might be beneficial. Health care professionals giving service to patients with substance disorder should take into consideration the importance of spirituality and religiosity in the patient's journey of recovery.

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## Appendices

### Appendix 1: Topic guide

#### Topic Guide

1. Introduction
  - Establishing rapport
  - Clarification about the interview process
  - Asking for demographic information
2. The substance use
  - How long?
  - How does it impact your life?
3. Length of sobriety
  - How long since sober?
4. Being religious/spiritual and the extent of spirituality religiosity
  - Do you consider yourself spiritual and /or religious?
  - To what extent do you consider yourself a spiritual person?
  - To what extent do you consider yourself a religious person?
  - Belief in higher power
    - Do you believe in a higher power?
    - How do you describe God?
  - Religious affiliation-. How often do you attend religious service
  - Spiritual experiences- Did you ever have a religious or spiritual experience that changed your life?
  - Private religious /spiritual practices. Do you prayer in private? How often?
  - Coping - How do you deal with challenges? How do you deal with challenges? Hand responsibilities to God? Do you collaborate with God? Look to God for strength? Make sense without God? Hope?
  - Does spirituality give meaning and purpose to your life? How?

5. motivation for recovery

- How long did it take for you to seek help?
- Does spirituality/religiosity have a part in you seeking help? How?

6. Religiosity /spirituality and process of recovery

- Does faith and spirituality play a part in this and how?
- Do you look to God for strength? Tell me about it?
- Do you seek religious social support in relation to this? Does it help the process? How?
- Does the aspects of your spirituality help in Maintaining sobriety

7. Mechanisms of spirituality /religiosity influencing recovery

- How does spirituality influence your recovery?

8. Dimensions /aspects of spirituality/religiosity relevant to recovery

- What part of your spirituality religiosity helps recovery? How did it help?

9. Religiosity/spirituality and preventing relapse

- Does your being spiritual /religious help in maintaining sobriety and staying abstinent?
- If it does? How?
- What aspects of your being religious /spiritual help you in maintain sobriety? How?

10. Ending

Anything you want to mention?

Do you have any question for me?

## **Appendix 2: Informed Consent Form**

### **Informed Consent Form**

My name is Selambizu Getachew and I am a clinical psychology graduate student at Addis Ababa University, Department of psychiatry. I would like to invite you to participate in a research study examining the role of spirituality /religiosity in recovery of substance use disorders. The data collected in from your participation help fulfill the requirements for a Master of Science in clinical psychology at Addis Abeba University. Your participation in the study will involve to be interviewed for estimated length of sixty to ninety minutes. The interview will be audio recorded for later analysis.

Regarding your privacy, your participation in this study and your responses will be kept confidential. Your actual name will not be cited in any reference to you. This document and any notes or recordings that might personally identify you as a participant in this study will be kept in a protected place that only the researcher will have access to.

Regarding risks and benefits, the researcher foresees minimal physical risk for those who participate in the study. However you might experience anxiety, discomfort, or negative emotions as a result of responding to the questions. If you experience a negative reaction, you may choose to skip the question, to withdraw from the study. There are not foreseen direct benefits or compensation to you regarding participation in the study. If you have any question or concerns, you may contact the researcher.

By signing below you agree that you have read and understood the above information, and would be interested in participating in this study.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your participation,

SelambizuGetachew

[Email-seliticc@gmail.com](mailto:Email-seliticc@gmail.com)

Phone no. - 0912321546

**Appendix 3: Informed Consent (Amharic)**

የመጠይቅ ስምምነት ቅፅ

ስሜ ሰላም ብዙ ጌታቸው ሲሆን በአዲስአበባ ዩኒቨርሲቲ ሳይካትሪ ዲፓርትመንት የክሊኒካል ሳይኮሎጂ የማስተርስ ፕሮግራም ተማሪ ነኝ። በዚህ የመጠይቅ ስምምነት ቅፅ መንፈሳዊነት/ ሃይማኖተኝነት ከሱስ አስያዥ ንጥረነገሮችን የመጠቀም ችግር በማገገም ሂደት ውስጥ ያለውን ሚና የሚመረምረው ጥናት ውስጥ እንዲሳተፉ የጋበዘኖት ሲሆን ከእርሶ የሚገኘው መረጃ ለክሊኒካል ሳይኮሎጂ የማስተርስ ፕሮግራም ማሟያ ለሆነው የምርምር ጥናት ግብአት እንደሚሆን ልገልፅሎት እወዳለሁ። በዚህ ጥናት ተሳትፎ ለቃለመጠይቅ ጥያቄዎ ምላሽ መስጠት ይሆናል። ቃለመጠይቁ በግምት ከስልሳ እስከ ዘጠና ደቂቃ ሊወስድ ይችላል። ቃለመጠይቁ ለመረጃ ትንተና ጥቅም ሲባል በድምፅ የሚቀዳ ይሆናል። ሚስጥራዊነትን በተመለከተ በዚህ ጥናት መሳተፍም ሆነ ለቃለመጠይቅ የሚሰጡትን ምላሾች ሚስጥራዊነታቸው ይጠበቃል። ስምዎን በማንኛውም ሁኔታ በጥናት ፅሁፍ ውስጥ አይጠቀስም። ማንኛውም የእርሶን ማንነት ያካተቱ የድምጥ መረጃዎች የጥናቱ አጥኚ ብቻ ሊያገኛቸው በሚችልበት ቦታ ይቀመጣሉ። ከጥናቱ ጋር በተያያዘ ያለጉዳት እና ጥቅምን በተመለከተ ከጥናቱ ጋር የተያያዘ አካላዊ ጉዳት እንደሌለ ነገር ግን ምናልባት አንዳንድ ቃለመጠይቁን ጥያቄዎች ከመመለስ ጋር በተያያዘ ሙግት አለመስማማት እና አሉታዊ የሆኑ ስሜት ሊኖሩ ይችላሉ። እንደነዚህ አይነት አሉታዊ ስሜቶች የሚኖሩበት ጊዜ ጥያቄዎችን እንዲመለሱ አይገደዱም። መመለስ የማይፈለጋቸውን ጥያቄዎች የመዘለልም ሆነ ተሳትፎን የማቋረጥ ሙብትዎ የተጠበቀ ነው። ጥቅማጥቅምን በተመለከተ በዚህ ጥናት በመሳተፍ የሚያገኙትን ቀጥተኛ የሆነ ጥቅማጥቅም የሌለ መሆኑን እገልጻለሁ። ማንኛውም ጥያቄ እና ሀሳብ ካለዎት የጥናቱን አጥኝ በስልክም ሆነ በአካል ማግኘት ይችላሉ።

ስም \_\_\_\_\_

ፊርማ \_\_\_\_\_

ቀን \_\_\_\_\_

ስለ ተሳትፎዎ አመሰግናለሁ

ሰላምብዙ ኔታቸው

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ስልክቁጥር- 09-12-32-15-46

## Appendix 4: Topic guide (Amharic)

### የመጠይቅ ርዕስ መምሪያ

#### 1. መግቢያ

- እራስን ማስተዋወቅ ፤ ከመላሽ ጋር መተዋወቅ
- ስለ ቃለመጠይቁ ማብራሪያ
- መሰረታዊ መረጃ መቀበል

#### 2. የሱስ አስያዥ ንጥረነገር መጠቀም ችግሩ

- የሚጠቀሙበት የሱስ አስያዥ ንጥረ ነገር ምን ነበር ? (ከአንድ በላይ ሲሆኑ ቀጣዮቹ ጥያቄዎች ለእያንዳንዱ ንጥረ ነገር ይጠየቃሉ)
- ንጥረ ነገሩም መጠቀም መቻላቸው ጀመሩ?
- ሱስ አስያዥ ንጥረ ነገር ለምን ያህል ጊዜ ተጠቀሙ ?
- ሱስ አስያዥ ንጥረ ነገሩን መጠቀም ህይወት ላይ ተጽዕኖ ነበረው? እንዴት?
- ለችግሩ ህክምና የጀመሩት መቼ ነው?

#### 3. ከሱስ የመታቀብ ጊዜ አርዝመት

- የሱስ አስያዥ ንጥረ ነገሩን መጠቀም ካቆሙ ምን ያህል ጊዜ ሆኖታል?

#### 4. መንፈሳዊነት / ሃይማኖተኝነት

- እራሶችን እንደ መንፈሳዊ እና / ወይም ሃይማኖተኛ ሰው ይቆጥራሉ ?
- አምላክ/ፈጣሪን የሚረዱበት መንገድ ምንድነው?
- መንፈሳዊ ልምምድ ሂደቶችን የቀየረ መንፈሳዊ አጋጣሚ ናሮ ያውቃል?
- መንፈሳዊነት ወይም ሃይማኖተኝነት መቼ ጀመረ?

- በአሁኑ ሰዓት ያልዎትን የእምነት ደረጃ እንዴት ይገልጹታል?
- በአሁኑ ሰዓት ያልዎትን የሀይማኖተኝነት ደረጃዎን እንዴት ይገልጹታል?
- የሚከተሉት ሀይማኖት ድርጅት አለ? ከሆነ የየትኛው ሀይማኖት አባል ናት?
- የሀይማኖት አገልግሎቶችን ይካፈላሉ ? ምን ያህል ጊዜ?
- የሀይማኖትም አባል ከሆኑ ሰዎች ድጋፍ ያገኛሉ? ምን አይነት ድጋፍ?
- በጋራ የሚደረጉ ሀይማኖታዊ ስርዓቶች ላይ ይሳተፋሉ? ምን ያህል ጊዜ ምን አይነት ስርዓቶች ናቸው ?
- በግላዎ ይጸልያሉ? በአማካይ በሳምንት ምን ያህል ጊዜ ?
- ጸሎትም ምን አይነት አድርገው ይገልጹታል?

ስለ እግዚአብሔር በማሰላሰል በግል የሚደርግ ፤አንድ የተወሰነ ጸሎትን በማንበብ መድገም፤

ከእግዚአብሔር ጋር በማውራት የሚደረግ ንግግር፤ ፍላጎትዎ እንዲሟላሎት የሚጠይቁበት አይነት

- የጸሎት ልምምድዎ ከሱስ የመላቀቁ ሂደቱ ስትጀምሩ ጀምሮ የተቀየረበት ሁኔታ አለ?
- እስካሁን ካወራናቸው ውጪ የሚያደርጓቸው ሀይማኖታዊ ወይም መንፈሳዊ ልምምዶች አሉ? ምንድናቸው?
- መንፈሳዊ ወይም ሀይማኖታዊ ችግሮችን የመቋቋም አቅም ላይ ሚና አለው ? ካለው እንዴት? ችግሮች በሚያጋጥሞን ጊዜ ከአምላክ እርዳታ ይጠይቃሉ ? እንዴት?

ለአምላክዎች ችግሮችዎን እና ሀላፊነትዎን አሳልፎ በመስጠት ?በአምላክዎ ጋር በጋራ በመሰራት? ጥንካሬን ከአምላክ

በማግኘት ያለ አምላክ ድጋፍ በመወጣት ? ተስፋ በማድረግ ?በሀይማኖት ህብረት ውስጥ ምቹት በመፈለግ ?

- ችግሮች በሚያጋጥሞን ጊዜ ሀይማኖት እና እምነትዎ የሚረዳበት መንገድ? አለ እንዴት?
- መንፈሳዊነትዎ ወይም ሀይማኖትዎ ህይወትዎ ትርጉም እና አላማ እንዲኖረው የሚያደርግበት መንገድ አለ? እንዴት?

**5. ከችግሩ ለመላቀቅ ተነሳሽነት**

- ከሱስ ለመላቀቅ የሚረዳዎትን እርዳታ ለማግኘት ምን ያህል ጊዜ ወሰድበት ?
- እርዳታ እንዲፈለጉ ያነሳሳዎት ምክንያት/ቶች ምንድናቸው?

- መንፈሳዊነት ወይም ህይወትም ለሰው ለመላቀቅ የሚረዳ እርዳታ ለማግኘት መነሳሳት ውስጥ ድርሻ አለው? ካለው እንዴት አይነት ድርሻ ያብራራልኝ?
- መንፈሳዊነት ወይም ህይወትም ለሰው ለመላቀቅ የሚረዳ እርዳታ ለማግኘት መነሳሳት ውስጥ ድርሻ አለው? ካለው እንዴት አይነት ድርሻ ያብራራልኝ?

**6. ህይወት/ህይወት/ህይወት እና የማገገም ሂደት**

- መንፈሳዊነት/ ወይም ህይወትም ለሰው በማገገም ሂደት ውስጥ ሚና ነበረው? ካለው ምን አይነት ሚና?
- ከሰው ለመላቀቅ በሚያደርጉት ጥረት ላይ እርዳታ የሚሆን ድጋፍ ከህይወትም አባላት አግኝተው ያውቃሉ? ካገኙ ጠቃሚ ነበር? እንዴት?
- መንፈሳዊነት/አምነት ወይም ህይወትም ለሰው ታቅቦ ለመቆየት እረድቶታል? እንዴት
  - እምነትና መንፈሳዊነት በማገገም ሂደቱ ውስጥ ሚና ነበረው? ምን አይነት ሚና?
  - ህይወት/ህይወት ለማገገም ሂደት ሚና ነበረው ምን አይነት?
  - መንፈሳዊነት/ህይወት/ህይወት ከሰው ታቅቦ ለመቆየት እረድቶታል? እንዴት?
  - በዚህ ጉዳይ ላይ ከህይወት ህብረት እርዳታ አግኝተው ያውቃሉ? ካገኙ እረድቶታል? እንዴት?

**7. መንፈሳዊነት/ህይወት/ህይወት የማገገም ሂደት ላይ ተፅዕኖ የሚያደርጉባቸው መንገዶች**

- መንፈሳዊነት/ህይወት/ህይወት የማገገም ሂደት ላይ ተፅዕኖ ያደርጋል እንዴት?
- በተለየ ሁኔታ ከሰው ለመላቀቅ ሂደት ውስጥ የረዳዎት ህይወትም ወይም መንፈሳዊ ድርጊት ወይም ልምዶች አሉ? የትኞቹ ናቸው? እንዴት ነው የረዳዎት?

**8. ለማገገም ሂደት አስፈላጊ የሆኑ የመንፈሳዊነት/ህይወት/ህይወት ክፍሎች**

- የትኛው የመንፈሳዊነት/ህይወት ልምድ የማገገም ሂደቱን ይረዳል? እንዴት?

**9. መንፈሳዊነት/ህይወት/ህይወት እና ማገርሸትን መከላከል**

- መንፈሳዊነት እና ህይወት/ህይወት ማገርሸትን ለመከላከል ይረዳል? እንዴት?

- የትኛው የመንፈሳዊነትና ሃይማኖተኝነት ክፍል ከሱስ መታቀብን ለማስቀጠል ይረዳል? እንዴት?
- ማገርሽትን ለመከላከል የረዳዎት ሀይማኖታዊ ወይም መንፈሳዊ ልምዶች አሉ? የትኞቹ ናቸው? እንዴት ነው የሚረዱት?

**10. መደምደሚያ**

- ስለ ትብብራቸው ማመስገን
- መጨመር የሚፈልጉት ነገር ካለ መጠየቅ
- መጠየቅ የሚፈልጉት ጥያቄ ካለ እንዲጠይቁ እድል መስጠት

**Appendix 5: Screening questions**

**Screening Questions**

1. Do you believe in a higher power?
2. Do you consider yourself spiritual or religious?
3. Do you perceive yourself as having any form of spirituality or religiosity?

**Appendix 6:** screening questions (Amharic)

የመመልመያ ጥያቄዎች

1. በፈጣሪ መኖር በፈጣሪ መኖር ያምናሉ?
2. እራስዎን እንደ መንፈሳዊ ወይም እንደ ሃይማኖታዊ ያስባሉ?
3. ማንኛውም ዐይነት መንፈሳዊነት ወይም ሃይማኖታዊነት አሉት?