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ABSTRACT
        Counseling which emphasizes spiritual concerns in treatment
approaches must note the impact of alcoholism on different racial groups;
counselors should not presume that the dominant culture's definition of
spirituality applies to the client. The spiritual development of recovering
alcoholics within the context of their culture is the focus of this paper. It
examines the quantitative and qualitative aspects of spiritual well-being in
recovering Caucasian, Native American, and African American alcoholics. The
Spiritual Well-Being Scale (Ellison, 1983; Paloutzian and Ellison, 1982) was
used in two studies: study 1 compared Caucasian alcoholics (N=50) to Native
American alcoholics and non-alcoholics (N=37); study 2 compared African
American alcoholics (N=50) to Caucasian alcoholics (N=68). Additionally,
three separate focus groups were conducted with selected samples of Native
American, African American, and Caucasian alcoholics. Results from the study
groups indicated no significant quantitative differences in terms of
spiritual, religious, and/or existential well-being among the three groups.
However, the focus groups revealed some potentially important thematic
differences among these culturally diverse groups, suggesting that the
spiritual voice of the individual can only be accessed through qualitative
methods. Recognition and incorporation of culture in treatment programs may
facilitate the formation of spiritual views, thereby facilitating recovery
from alcoholism. (RJM)

Cross-Cultural Pluralism and Spiritual Orientation
of Recovery from Alcoholism

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Abstract

This study examined the quantitative and qualitative aspects of spiritual well-being in recovering Caucasian, Native American and African American alcoholics. The study is an extension of a previous study which compared the spiritual well-being of Caucasian and Native American alcoholics (Miller & Russo, 1993). No significant quantitative differences, in terms of spiritual, religious, and/or existential well-being, were found between the three groups when using the Spiritual Well-Being Scale (Ellison, 1983; Paloutzian & Ellison, 1982). However, the use of a focus group found potentially important thematic differences between the culturally diverse groups. An outline of these different cultural themes are provided. Further implications for psychotherapy with alcoholics are made.

Cross-Cultural Pluralism and Spiritual Orientation

of Recovery from Alcoholism

Spirituality and Counseling

Counseling and Psychotherapy show a growing acceptance of spiritual/religious

matters in its practice (Albany, 1984; Bergin, 1988; Conway, 1989; Farra, Gitchett,

Quinberg-Embler, & Buck, 1989; Houts & Graham, 1986; Miller, 1992; Russo, 1984).

Typically psychology and psychotherapy assume spiritual orientation is directly a result of

choice-making (Boy & Pine, 1990; Causey, 1987; Chapin, 1989; Klenow & Bolin, 1990;

Richards, Smith, & Davis, 1989; Spilka, 1986). It is our contention that individual choice-

making is inherently embedded within a cultural framework.

Counseling which emphasizes both addiction and spiritual concerns, must note the

impact of addiction on different racial groups. For example, with regard to alcohol

problems in Native Americans:

1.   Cirrhosis rates are 2.6-3.5 times greater for Native Americans than the general

population (May, 1986).

2.   Homicide rates are 1.7-2.3 times greater for Native Americans than the general

population (May, 1986). In 90% of all homicides, alcohol played a part (Young, 1988).

3.   75% of all Native American deaths can be traced to alcohol (Young, 1988).

With regard to alcohol problems in African Americans:

1.   Cirrhosis rates for African-American men between 25 and 34 was 10 times the rate for white men of the same age (in 7 major cities). Overall, the cirrhosis death rate is twice the rate for whites. (Herd, 1985)

2.   African American men are 5 times more likely to die from homicide than whites and the percentage of drinkers are: 40-60% of victims and 50-80% of offenders (Gary, 1986; Harvey, 1985; Petersen, Schwirian, & Bleda, 1978; Primm & Wesley, 1985).

3.   African American males die from esophageal cancer at the rate of 3 times the whites and black females are 2.5 times that of the white females (Bell, 1990).

Spirituality seems to be a part of addition treatment's cultural sensitivity (Rebach, 1992). Also, treatment needs to be involve the exploration of how the alcoholic's culture defines spirituality, rather than presuming that the dominant culture's definition of spirituality applies to the alcoholic (Hall, 1985; Knox, 1985; Slagle & Weibel-Orlando, 1986). The spiritual development, then, of recovering alcoholics needs to be examined within a cultural context. This study examines the spiritual development of recovering alcoholics within the context of their culture.

Spiritual Well-Being Scale

In previous studies, Miller and Russo (1991, 1993) examined self-reported alcoholics and nonalcoholics using the Spiritual Well-Being Scale (SWB) (Bufford, Paloutzian, &

Ellison, 1991; Ellison, 1983; Paloutzian & Ellison, 1982). Miller and Russo's 1991 study examined Caucasian spirituality and their 1993 study examined Native American spirituality. The qualitative measure of the SWB was followed in both studies with a focus group interview where spiritual development was examined according to themes provided by the alcoholics in discussion. The present study is an attempt to understand cultural influence on spiritual development by adding a third cultural group, African American alcoholics.

Ellison (Bufford et al., 1991; Ellison, 1983; Paloutzian & Ellison, 1982) developed the SWB scale in the process of studying overall life satisfaction. The SWB is a twenty item, self-report instrument which has three dimensions: an overall score (SWB, 20 items), a religious score (RWB, 19 items), and an existential score (EWB, 10 items). Each item is rated on a six point scale which ranges from Strong Agree to Strongly Disagree and to prevent response bias, almost half of the items are reversed in their wording.

The SWB scale has been used to study married couples (Roth, 1988), nursing students (Carson, Soeken & Grimm, 1988), caregivers of terminally ill family members (Kirschling & Pittman, 1989), and recovering alcoholics (Miller & Russo, 1991, 1993). For other religious, college and counselee groups, see Bufford, et al. (1991). The SWB is a well-established scale with test-retest reliability coefficients of .93 (SWB), .96 (RWB), and .86 (EWB) after one week (Paloutzian & Ellison, 1982). Further test-retest reliabilities are

reported for 4, 6, and 10 week intervals which range from .73-.99 for the three scales (Bufford, et al., 1991).

In terms of validity, Bufford, et al. (1991) reports that the SWB is a good general index of well-being: "...positive self-concept, finding meaning and purpose in life, high assertiveness and low aggressiveness, good physical health, and good emotional adjustment (p.57)." Factor analysis showed that the items loaded on two factors: all of the RWB items loaded on the first factor and many of the EWB items loaded on the second factor (Ellison, 1983).

Cross-Cultural SWB Scores

In two separate studies the SWB scale was used as a general measure of spiritual development of different cultural groups: Native Americans and Caucasians; African Americans and Caucasians. The SWB scale was given to the alcoholics early in their treatment from alcoholism (under 30 days). One-tailed t-tests for independent samples were used to analyze the qualitative data in both studies.

Study 1 (Miller & Russo, 1993)

Method

Subjects

Two culturally diverse groups of self-reported alcoholics were administered the SWB. Group One, which was comprised of Caucasians, had 21 males and 29 females. The

average age of this group was 37.37 with an age range of 21 to 60 and a standard deviation of 8.91. Group Two, consisting of Native American participants, both alcoholics and nonalcoholics, had 12 males and 25 females. The average age was 29.62 with a range of 18 to 45 and a standard deviation of 7.92.

Qualitative Analysis

A one-tailed t-test for independent samples was used. The mean SWB score for Group One (50 caucasians) was 92.84 with a standard deviation of 16.60. The mean SWB score for Group Two (37 Native Americans) was 97.03 with a standard deviation of 13.44. Using $p < .05$, there was no significant differences in overall SWB scores between the two groups (t-value = -1.27, probability = .1024).

Study 2

Method

Subjects

Two culturally diverse groups of self-reported alcoholics were administered the SWB. Group One, which was comprised of African-Americans, had 36 males and 14 females. The average age was 31.27 with an age range of 20 to 49 and a standard deviation of 8.91. Group Two, consisting of Caucasian participants, had 48 males and 20 females (of those reporting). The average age was 32.82 with a range of 22 to 49 and a standard deviation of 6.80.

Results

A one-tailed t-test for independent samples was used. The mean for Group One (53 African-Americans) was 91.94 with a standard deviation of 14.10. The mean for Group Two (68 Caucasians) was 91.76 with a standard deviation of 16.22. Using $p < .05$, there was no significant difference in overall SWB scores between the two groups (t-value = -0.06, probability = 0.47). Further analysis of the subscales yielded no significance differences between the two groups. Group One (African-Americans) means were 49.55 (s.d. = 7.50) and 43.72 (s.d. = 6.75) on the Religious and Existential subscales respectively. Group Two (Caucasians) subscale means on Religious and Existential Well-Being were 48.49 (s.d. = 9.58) and 43.83 (s.d. = 8.92).

Using a t-test for dependent measures revealed within group differences between Religious Well-Being and Existential Well-Being for both African-American and Caucasian Self-Reported Alcoholics. African-Americans (Group One) had a mean RWB score of 49.33 (s.d. = 7.59) and a mean EWB of 43.46 (s.d. = 6.67). This yielded a t-value of -5.62 which is significant at the $p < .0001$ level. A similar finding was revealed in Caucasian RWB and EWB comparisons. RWB means of 48.37 (s.d. = 9.17) and EWB means of 43.54 (s.d. = 9.30) yielded a t-value of -4.45 with $p < .0001$.

Focus Groups

Three separate focus group interviews were conducted with selected samples of Native Americans, African American, and Caucasian alcoholics. Although the three groups were done as separate studies, the intention of the focus groups was to further explore the relationship between spiritual well-being and culture by using an open-ended group format. In each of the focus group interviews, participants were asked to discuss: a) their spiritual development in their alcoholism recovery, and b) their means of accessing their conception of God. (However, it is important to note that the African Americans did not discuss the second area due to time constraints). Beyond the general opening instruction to discuss their spiritual development, only clarifying questions were posed when necessary. The Caucasian and Native American groups lasted approximately 90 minutes while the African American group lasted 165 minutes. The analysis of the focus groups resulted in different themes for each of the groups.

<u>Native Americans</u>

The Native American group themes tended to be timeless, circular, and interconnected. In terms of timelessness and group structure, no watches were worn; the meeting began and ended abruptly and spontaneously; and members spoke until he/she was done, announced they were done to others, and did not speak in terms of time frames. The circularity and interconnectedness themes were also expressed in the group structure: (a) due to member

uncomfortableness, the researcher did not take notes or tape record the meeting, (b) group members asked the researcher to speak of her own spiritual views, and (c) while they looked disinterested when others were talking (having no eye contact, starting a separate conversation), each always referred to the others' comments when telling his/her own recovery story.

These themes of timelessness, circularity, and interconnectedness appeared in their discussion of recovery under the headings of self, others, and life.

1.   Self: "...closer to the creator, to who I am... I just need to be me..."

"As long as I feel, I'm fine...go with what I feel inside, not what I think...things turn out o.k."

2.   Others: "We're all brothers and sisters."

"Things happen when everyone gets there."

3.   Life: "It'll come of I let go of wanting it."

"Living life for what it is - not creating life - just live it."

"No purpose in making plans-why stuff life?"

They discussed accessing their God in terms of: worshiping God anywhere, looking inside self ("where God is"), using traditional ways (drum ceremonies, medicine men contacts, flute music), listening to dreams (symbols of woods, eagles, turtles, bears), and praying ("...say a prayer in my heart, not out of my head.").

African American

The African American themes seemed timeless, personalized, and interactive. These themes expressed themselves in the group structure in two main ways. First, the group spoke on one question regarding their spiritual development for 2 hours and 45 minutes which prevented the discussion on how they access their God. Second, their discussion lacked time markers such as age or the length of time in recovery.

The group members addressed a childhood background of involvement with church which evolved into a personalized, interactive relationship with God in recovery.

1. "I was raised in a church and from what I remember it was just [a] basically Christian church...and all the [twelve] steps that I took [in treatment] was like that. I had that feeling that God was there inside of me...God has stepped in and did things for me that I knew I couldn't..."

2. "...she sent us to church... I asked God to keep drinking from me 'cause I needed help. At that time, I felt God within me... God gives me the answers that I need."

3. "...being Afro-American, I come from a strong religious background...everything circled around my neighborhood was the church and it kept everybody together...I got down on my knees and said 'God, do this thing for me'...my God understands me, says it's okay, and it is."

Throughout their spiritual development, each member acknowledged an important female (wife, grandmother, mother, teacher) who guided them.

1.   "My wife, when we got married, had faith with me."

2.   [My mamma] said "I've know what you been doing [shooting up], God had told me what's going on and I'll help you."

3.   "My mother has always been my role model."

4.   "Regardless of what happened today, everything that Mamma taught me about God and having spiritual contact with him is here today."

5.   "I can remember this teacher...she was like a fairy godmother to me and she...made me realize that yes, somebody to care about me."

Caucasian

The Caucasian group themes were linear, time-sequenced, and hierarchial in nature. These tendencies were expressed in the structuring of the group: one member spoke at a time without interruption by others and the group began and ended at the designated times. The group members framed their recovery in terms of time sequenced stages which follow:

Stage 1, Admission of a Personal Failure, occurred between 0-2 years' sobriety:

"Life was a colossal flop... a life run my way... I thought I was a different form of life that had crawled out from under a rock..."

Stage 2, Personalization of God, occurred between 2-5 years' sobriety:

"I had to redefine God."

"He [God] saves me now. And what from? From me. You know the enemy is in here."

Stage 3, Stabilization of Spiritual Beliefs, occurred around 708 years sobriety:

"Around 6 or 7 years of sobriety I returned to organized religion."

"So I guess what I ask for, and I'm not sure anymore "who" I ask it from, it is the strength to be..."

When discussing how they access their Higher Power, members mentioned different means:

1. Knitting, writing, being outside, running, attending AA

2. Working out physically, attending AA, making positive self-statements

3. Listening to music, walking the dog

4. Listening to one's internal God

5. Reading meditation books, keeping a journal

Discussion

The results of this study indicate that the absence of any significant qualitative differences between the three groups may mask deeper differences in spiritual/religious development structures. The spiritual voice of the individual within the context of his/her

culture can only be accessed through qualitative method can find the spiritual emphasis promoted by the individual's culture.

Counselors working with alcoholics must take into account the culture of their clients. Since much of mainstream recovery from alcoholism involves a spiritual component, counselors who work with alcoholics need to recognize the impact of culture on the alcoholic's spiritual development in recovery. Recognition and incorporation of culture in treatment programs may facilitate the formation of spiritual views thereby facilitating recovery from alcoholism.

References

Albany, A. P. (1984). Clinical implications of religious loyalties: A contextual view. Counseling and Values, 28, 128-133.

Bell, P. (1990). Chemical dependency and the African-American, Center City, MN: Hazelden.

Bergin, A. E. (1988). Three contributions of a spiritual perspective to counseling, psychotherapy and behavior change. Counseling and Values, 33, 21-31.

Boy, A. V., & Pine, G. J. (1990). Person-centered foundations for counseling and psychotherapy. Springfield, IL: Charles C. Thomas Co.

Bufford, R. K., Paloutzian, R. F., & Ellison, C. W. (1991). Norms for the Spiritual Well-Being Scale. Journal of Psychology and Theology, 19, 56-70.

Carson, V., Soeken, K., & Grimm, P. M. (1988). Hope and its relationship to spiritual well-being. Journal of Psychology and Theology, 16, 159-167.

Causey, B. (1987). Fear, faith and movement. Journal of Religion and Health, 26, 50-56.

Chapin, T. J. (1989). The power within: A humanistic-transpersonal imagery technique. Journal of Humanistic Psychology, 29, 444-456.

Conway, C. G. (1989). The relevance of religious issues in counseling. Counseling Psychologist, 17, 624-628.

Ellison, C. W. (1983). Spiritual well-being: conceptualization and measurement. Journal of Psychology and Theology, 11, 330-340.

Farra, C. J., Gitchett, G., Quinberg-Embler, J.D., & Buck, J. R. (1989). Development of a model for spiritual assessment and intervention. Journal of Religion and Health, 28, 185-194.

Gary, L. E. (1985). Drinking, homicide, and the Black male. Journal of Black Studies, 17, 15-31.

Hall, R. (1985). Distribution of the sweat lodge in alcohol treatment programs. Current Anthropology, 26, 134-135.

Harvey, W. B. (1985). Alcohol abuse and the Black community. A contemporary analysis. Journal of Drug Issues, 15, 81-91.

Herd, D. (1985). Migration, cultural transformation, and the rise of Black liver cirrhosis. British Journal of Addition, 80, 397-410.

Houts, A. C., & Graham, K. (1986). Can religion make you crazy? Impact of client and therapist religious values on clinical judgments. Journal of Consulting and Clinical Psychology, 54, 267-271.

Kirschling, J. M., & Pittman, J. F. (1989). Measurement of spiritual well-being: A hospice caregiver sample. The Hospice Journal, 5, 1-11.

Klenow, D. J., & Bolin, R. C. (1990). Belief in an afterlife: A national survey. Omega Journal of Death and Dying, 20, 63-74.

Knox, D. H. (1985). Spirituality: A tool in the assessment and treatment of Black alcoholics and their families. Alcoholism Treatment Quarterly, 2, 31-44.

May, P. A. (1986). Alcohol and drug misuse prevention programs for American Indians: Needs and opportunities. Journal of Studies on Alcohol, 47, 187-195.

Miller, G. (1992). Integrating religion and psychology in therapy: Issues and recommendation. Counseling and values, 36, 112-122.

Miller, G., & Russo, T. J. (1993). Alcoholism and spiritual well-being: A cross-cultural view. Paper presented at the 101st annual American Psychological Association Convention, Toronto, Canada, August 20-24.

Miller, G., & Russo, T. J. (1991). Alcoholism, spiritual well-being, and the need for transcendence. Paper presented at the 99th annual American Psychological Association Convention, San Francisco, CA, August 16-20.

Paloutzian, R. F., & Ellison, C. W. Loneliness, spiritual well-being, and quality of life. In L. A. Peplau and D. Perlman (Eds.) (1982). Loneliness: A sourcebook of current theory, research, and therapy (pp. 224-237). New York: Wiley.

Petersen, D.M., Schwirian, K.P., & Bleda, S. E. (1978). The drug arrest: Empirical observations on the age, sex & race of drug offenders in a Midwestern city. Drug Forum, 6, 371-386.

Primm, B. J. & Wesley, J. E. (1985). Treating the multiply addicted Black alcoholic. Alcoholism Treatment Quarterly, 2, 151-178.

Rebach, H. (1992). Alcohol and drug use among American minorities. In H. E. Trimble, C. S. Bolek, and S. J. Niemcryk's (Ed.) Ethnic and multicultural drug abuse (pp. 23-57). New York: Harrington Park.

Richards, P. S., Smith, S. A., & Davis D. (1989). Healthy and unhealthy forms of religiousness manifested by psychotherapy clients: An empirical investigation. Journal of Research in Personality, 23, 506-524.

Roth, P. D. (1988). Spiritual well-being and marital adjustment. Journal of Psychology and Theology, 16, 153-158.

Russo, T. J. (1984). A model for addressing spiritual issues in counseling. Counseling and values, 29, 42-48.

Slagle, A. L., & Weibel-Orlando, J. (1986). The American Indian Shaker Church and Alcoholics Anonymous: Revitalistic curing cults. Human Organization, 45, 310-319.

Spilka, B. (1986). The meaning of personal faith: A continuing research odyssey. Journal of Psychology and Christianity, 5, 85-90.

Young, T. J. (1988). Substance abuse among Native Americans. _Clinical Psychology Review, 8,_ 125-138.

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