Bridging Patient and Physician Perspectives on Addiction Recovery and Spirituality

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INTRODUCTION

- Substance use disorder (SUD) is a common medical problem, affecting nearly 20 million Americans, and it is a major cause of preventable morbidity and mortality.¹
- Spirituality has been shown to be associated with recovery and positive treatment outcomes for some people with SUD.²⁻³
- <u>Spirituality</u>: that which provides transcendent or existential meaning in life, which may include, but is not limited to, the practice of religion.⁴
- Little is known about patient and physician preferences regarding discussion of spirituality in the context of addiction treatment.⁵

STUDY OBJECTIVE

To learn about the role of spirituality in recovery for people with SUDs, and to explore how these individuals and the primary care physicians who care for them perceive the discussion of spirituality in medical settings.

METHODS

Study Design: Semi-structured interviews of 1) patients with a history of SUD and 2) primary care physicians who treat patients with SUDs.

<u>Setting:</u> Patients were recruited at the Helping Up Mission, a residential and Christian-affiliated rehabilitation center in Baltimore, MD. Physicians were recruited from from internal medicine clinics at Johns Hopkins in Baltimore, MD.

Population:

Inclusion criteria for patients: Having seen a medical provider to treat their SUD at least once in the past year

Inclusion criteria for physicians: Having cared for patients with SUD with at least 3 visits

<u>Data Collection:</u> Interviews were conducted over Zoom by two researchers.

Analysis: All transcripts were read and independently coded by two researchers using standard content analysis to generate themes that reflected participants' experiences.

RESULTS

Figure 1: Role of Spirituality in Addiction Recovery

Characteristic Patients Physicians 44.6 years 43.6 years Age (Mean) Provides strength, Race social support, 9 (60%) 1 (11%) Black and structure 6 (40%) 6 (67%) White 2 (22%) 0 (0%) Asian Gender 15 (100%) 3 (33%) Male Not relevant to recovery Female 0 (0%) 6 (67%) **Spiritual affiliation** 7 (47%) 5 (50%) Christian Absolves personal 6 (40%) 0 (0%) Spiritual responsibility, Jewish 0 (0%) 2 (20%) discourages use of 0 (0%) Muslim 1 (10%) medication for addiction 0 (0%) Sikh 1 (10%) treatment 2 (13%) 1 (10%) None

The main thing that motivates me is connected to spirituality and thinking about the human community beyond myself. I think that not using substances allows me and whomever to be better versions of ourselves than we are, so in order to improve who I am, I need to be in recovery, and by extension I can be a much better benefit to my human community. I'm cultivating a better version of me. —Patient #7

Religion is something that never interested me. I don't look at religion changing my problem. I look at changing my problems, me working on the 12 steps, getting a sponsor, a home group, being around positive people, and that's just the way I look at it. —Patient #5

church and needing more spirituality.

I remember her saying she found that gave her hope and that was an important part of her path to recovery. —Physician #9

identity from becoming more involved in her

One patient told me she got a sense of

I've had some people who have been very adamant to not start any kind of pharmacotherapy because they've been advised that if they pray hard enough, the mental disease will resolve itself. —Physician #4

Figure 3: Perspectives on Discussing Spirituality in a Clinical Setting

Positive

Neutral

Table 1: Demographics

Five patients felt positively about being asked about their spirituality by a medical provider. They felt that it would help their providers understand what matters to them and the best way to support them in their recovery. All physicians interviewed were open to discussing spirituality, especially if their patients were experiencing emotional distress or struggling with mental health conditions such as addiction. They felt that understanding their patients' spirituality could help them see them as whole people, increase trust and communication about their addiction recovery, and help them connect their patients to the people and resources that would best serve them.

The majority of patients (7) felt neutral about

discussing spirituality in a clinical setting

stating that they did not feel it was necessary

but they would not mind discussing it.

I think that's particularly true in addiction. And it's really your job to help

make a safe space for them to feel like they can bring things up. I think the

more that we see people as full people who are complicated just like we are

complicated, the better. Once you know someone's faith background is a

strength for them, that becomes an asset. It also gives you a place that you

can rally support. You can be like, "Hey, who else in your church knows that

this is going on with you? Could we find someone, you know, somebody on the

ministry staff who you feel like you could trust, who you can talk to about

holding you accountable?" -Physician #2

They need to know how you think. So it's important for that therapist to know, because he's trying to figure out the best solution and the best things I can get out of life to make me a better person. —Patient #4

As far as in a medical setting, I don't think I would really want that. I wouldn't want a doctor or nurse to really ask me about my religion.

Because I think its a personal issue, I don't think it has anything to do with my physical needs. You know?

—Patient #11

Negative

Three patients felt negatively about being asked about their spirituality because they felt that it was not relevant to their care or feared that their provider might be judgmental. Many patients, even those who were open to discussing spirituality, had a strong perception that physicians preferred to keep medicine and spirituality separate. Physicians cited several barriers to discussing spirituality with their patients—most commonly, a lack of time, as well as the risk of damaging their rapport with their patients.

And not that I don't see faith as a helpful piece of that. But I worry if I bring it up, that I may close off a door or a rapport, trust, or openness to whatever the patient may need to bring up to the surface together. I don't always [talk about spirituality], especially if there's a time crunch or a blood pressure issue, but if things are good, and they bring up a comment, I will pick it up with them and we can share and we can pray together, but that is a minority of the experiences I get to have with my patients. —Physician #10

I'd be alright with it. It wouldn't bother me. I've just never had it happen. I mean, they don't do that.
But I wouldn't have a problem with it.

–Patient #14

I think with healthcare, that's separate from any sort of religion or any sort of belief system for me. ... I mean, like I said, there's nothing in my religion or my health that would need those two to combine. But that's not the same for everyone. —Patient #8

CONCLUSIONS

- Patients have diverse perspectives on the role of spirituality in their addiction recovery.
- Most participants did not expect medical providers to inquire into their spirituality but were open to discussing with their provider.
- Some patients and most physicians interviewed believe that discussing patients' spiritual beliefs can help their providers better understand them and support them in their recovery.
- Limitations: Participants self-selected to participate in this study and are more likely to be spiritual or comfortable discussing spirituality. Study participants represent a limited range of gender, race, and spiritual background. Participants often equated spirituality with religion, even though they are considered distinct entities in this study.
- Implications: Discussing patient spirituality in the context of addiction recovery can help providers better support their patients in recovery, but there is no one-size-fits-all approach to inquiring about spirituality. Experienced clinicians do not routinely ask all patients with SUDs about their spiritual orientation, but rather only when they think it could be relevant to their care or lead to a deeper understanding of a person's beliefs, motivations, and support systems.

AUTHOR DISCLOSURES

The authors have no conflicts of interest to disclose.

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