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Daughter, Your Faith Has Healed You[1]*:* An Emphasis on Faith for Addicts In Recovery

It can certainly be said that for many people struggling with addictions, religion and spirituality act as useful constructs in the recovery process. However, a singular emphasis on faith does not do justice to a complex, multi-dimensional person participating in a long-term treatment program. Addictions affect every part of an addict's life, often destroying relationships, economic stability, as well as one's physical and mental health. Although religion and spirituality can help a person cope with difficult situations and internal struggles, ultimately overcoming addictions requires more than spiritual healing. Many individuals in faith-based recovery centers credit a relationship with God as the source of strength and self-control necessary to get clean.[2] This relationship is developed with the help of staff members, but it is to also the job of the staff to complement these beliefs with alternative tactics to ensure that faith is not the only thing keeping the clients sober. Beyond establishing a relationship with God and becoming sober, are many other practical concerns that Christian-based programs should consider their responsibilities.

My fieldwork was conducted at Hope Haven*, a long-term Christian recovery

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[1] Luke 8:48 (NIV)

[2] Christine Harris, (Client at Hope Haven), interview by Cicely Upham, Record, June 26, 2012; Lesley Green, Mindy Thompson Fullilove, and Robert Fullilove, "Stories of Spiritual Awakening: The Nature of Spirituality in Recovery," Journal of Substance Abuse Treatment, 15, no. 4 (1998): 328.

* The name of the institution and all the individuals' names have been changed to protect the identities of the participants.

center for women located outside of the Memphis city limits. Hope Haven aims to address issues such as substance abuse, domestic abuse, depression, and prostitution, but substance abuse is the most common and the problem that the staff seems most equipped to handle. The most characteristic aspect of the program is its expressed objective to evangelize the women. Most every part of the program is designed around this goal. From Hope Haven's perspective, conversion is foremost and lasting sobriety will follow.

I began volunteering at Hope Haven a couple months before I began my official research. I would baby sit for the women's children during their Tuesday night Bible study. From there I became interested in the function of religion in the program because it clearly played a huge role in the women's recovery process. Naturally, as I spent more and more time at the facility, I got to know the women better and started understanding why they chose Hope Haven and how it was helping them. All of the women I got into conversation with would never hesitate to tell me how much Hope Haven had done for them and that in the past a relationship with God had been the missing piece to their sobriety. I decided I needed to spend more time at the house once I formally began my research, so I offered to take on the Friday afternoon receptionist duties and the staff began inviting me for Tuesday night dinners.

Luckily, the times I would be at the house would usually correspond with the women's free time, which gave me the chance to both observe and participate in casual conversations. The women talked more candidly when the staff members were not around, and I began to hear conversations in which the women would make remarks criticizing certain aspects of the program. Through my interviews, observation, as well as outside research, I have critically evaluated Hope Haven and my evaluation can be used

to recognize flaws in other faith-based recovery centers employing the same methods. I also offer suggestions which I believe would be useful in redeveloping Hope Haven's treatment model.

Hope Haven's staff does an excellent job of helping the women mature and learn the importance of accountability, but they struggle when it comes to setting the women up with goals apart from sobriety after they finish the program. Debra Mullins, the treatment coordinator of an accredited local recovery center, lent her expertise to the topic, affirming, "You don't want them to just stay sober, you want them to get back out there and function."[3] While their webpage advertises that women have the opportunity to gain "wholeness and restoration" at Hope Haven, the staff does not employ a holistic approach in their treatment program, which is crucial for the recovery of the whole person. To truly end the cycle of addiction for the women and take preventive measures regarding the well-being of the women's children, the staff of Hope Haven must focus on facets of recovery such as the physical health of the clients, securing their economic stability, and a wholesome community environment for the women after they graduate, to name a few. Without these things, the women cannot truly be self-sustaining and the likelihood becomes greater that they will fall back into the trap of addiction.

I. Hope Haven

Hope Haven is a smaller organization functioning under the umbrella of a larger and more well-known rescue mission in Memphis. This mission, one specifically for men, was founded in 1945 and in typical historical fashion did not provide an alternative for women until 1981. Hope Haven can accommodate as many as fifteen women at a

[3] Debra Mullins, interview by Cicely Upham, Record, July 19, 2012.

time, with enough space left for a third of these women to bring their children. The average length of stay is a year, but this fluctuates depending upon the staff's perception of the woman's preparedness. Hope Haven does not charge its residents for any of the services offered, and the program solely survives off of donations from both individuals and privately owned organizations.

Components central to Hope Haven's curriculum are the required daily *group* Bible studies, daily *personal* Bible studies, and group church attendance twice a week. The volunteers are even asked about their relationship with Jesus Christ before being able to work with the women. The staff members strive to surround the women with positive Christian influences while educating them on the importance of Biblical teachings. While it is not a requirement that the residents identify as Christians when they enter the house, it seems to be an unspoken expectation that they quickly assimilate into the program's design. Because the program is so heavily saturated with Christianity, it would be very difficult for a woman to live in the house as a non-Christian without feeling like an outsider.

In addition to the numerous required Christian activities on any given day, the women would also refer to God, Jesus, and cite Bible verses during informal conversations. The women must perform designated chores, cook dinner in rotation, as well as complete assigned homework. The staff believes that teaching basic skills provides a level of structure that was previously lacking in the women's lives. One of the Hope Haven counselors, Carol Dwight, explained that for the women with addictions, their maturity levels stagnate at the point when their addictions started. For this reason the staff feels it is necessary to instill fundamental values, such as responsibility, within

the women, because most of them never learned such things.[4] Hope Haven continues to stay very committed to the faith-based label, much more so than some other recovery centers which claim to be Christian. Just because Hope Haven is not directly affiliated with any single church does not mean they are any less religious than church-affiliated treatment centers.

As a result of our society's sensitivity to issues regarding the separation of church and state, many recovery programs are classified as faith-based simply because they are funded by a Christian organization or a church, even if there is no religion involved in the program. While this may be a good distinction to make, it creates a black and white view of secular and faith-based recovery centers when in actuality the religiosity varies dramatically from program to program.[5] This is one unfortunate aspect of the case studies done on the effectiveness of faith-based recovery. It is extremely hard to apply the findings because there are so many confounding variables that come along with measuring religiousness and gauging the success of a recovery center.

II. History of Faith-Based and Gender-Specific Recovery

It was not until the 19th century that religion was considered an appropriate method for combating alcoholism. The emphasis was placed on the epiphany-type conversion rather than a conversion process that requires time and long-term effort. As bigger cities developed not-so-good parts of town, occupied by drunkards, motels, and loose women, religion started to look like an attractive option for cleaning up cities'

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[4] Carol Dwight, (Counselor at Hope Haven), interview by Cicely Upham, Record, June 27, 2012.

[5] James Alan Neff, Clayton Shorkey, and Liliane Cambraia Windsor, "Contrasting Faith-Based and Traditional Substance Abuse Treatment Programs," *Journal of Substance Abuse Treatment*, 30 (2006): 50.

images. This is what sparked the establishment of "urban rescue mission[s]," much like we know them today. The visionary for this project was Jerry McAuley, a former alcoholic and prisoner who found God while serving his 15-year jail sentence. After he got out of prison, McAuley wished to create a place where he would have been welcomed and supported during his struggle with alcohol.

This place, The Water Street Mission, came to fruition in October of 1872 and was located in New York City's Fourth Ward. The mission provided men with a place to sleep and served both men and women food on a daily basis. Within the first year, Water Street Mission gave 5,144 men a place to sleep and filled the stomachs of the hungry 26,262 times. Along with meeting the basic needs of New York City's downtrodden, McAuley's mission provided spiritual guidance and an opportunity for the participants to share their stories during the frequent religious meetings. For once, the outcasts of the city felt a sense of belonging, and with The Water Street Mission's success, McAuley had officially "launched the evangelical Protestant rescue mission movement."[6]

In the 1950's and 60's, another wave of treatment in the form of religious transformation came in reaction to the growing popularity of drugs.[7] Programs such as Teen Challenge emerged with strong Christian philosophies. Teen Challenge stressed religious conversion as the best way to quell the desire for drugs. Like many Christian treatment programs to follow, Teen Challenge hired former addicts and graduates to serve as inspirational proof of the program's effectiveness. In a 1995 study, 24 percent of those who had finished the Teen Challenge program had stayed off drugs for the

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[6] William K. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*, (Bloomington, Ill: Chestnut Health Systems/Lighthouse Institute, 1998), 71-73.

[7] Ibid. 237.

following seven years.[8] Teen Challenge still exists today and has expanded its program to adults.

Single sex treatment centers gained popularity in the 1970's when scientists began bringing attention to issues such as fetal alcohol syndrome and other drug-related deformities in babies. More and more people chose to donate in hopes of reducing such problems and in the ten years between 1982 and 1992, the existence of all-women substance abuse programs increased threefold.[9] As well, further research was "suggesting several clinically relevant differences between addicted women and addicted men: different biological effects of drugs, different etiological influences, different patterns of use, different obstacles to entering and completing treatment, different treatment issues, and differences in styles of recovery."[10]

More recently, the second Bush administration created the program "Access to Recovery" as a component of their larger Faith-Based Initiative. This program was three years long and began in 2004 with $100 million being allotted to the 2004 and 2005 efforts and $150 million allotted to the efforts in 2006. This program was meant to allow recovering addicts to freely choose a substance abuse treatment program using vouchers given to them and paid for by this initiative.[11] This program received much criticism regarding government funding going toward such blatant religious purposes, but the Bush

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[8] Ibid. 238.
[9] Ibid. 299.
[10] Ibid. 299.
[11] David Wright, "Taking Stock: The Bush Faith Initiative and What Lies Ahead," *The Roundtable of Religion and Social Welfare Policy* (2009): 63, http://www.rockinst.org/pdf/faith-based_social_services/2009-06-11-taking_stock_faith-based_office.pdf (accessed July 10, 2012).

administration argued the individuals receiving treatment should have a choice in the matter of how their treatment is conducted.

III. Religiosity and Spiritually in Addiction Research

Most of the research concerning religiosity and spirituality in addiction treatment is quantitative. My field research has been strictly qualitative, but the published studies on the topic are still very important in understanding what role religion and spirituality play in the path to recovery. A primary consensus among many of the researchers was the importance of receptive participants.[12] Even though receptivity is constructive in any type of addiction treatment, it is especially imperative when programs emphasize religion or spirituality as the basis for a successful recovery. For individuals who are open to religious conversion or a connection to a higher power, a program that integrates religious concepts may be extremely motivating and beneficial, while for an individual closed off to any type of religious experience, this program would probably result in discouragement. Therefore, "those not spiritually inclined or not willing to conform to strict discipline may either not enter faith-based programs or leave prematurely."[13] Bearing this is mind, much of the research published about substance abuse prevention and treatment indicates that individuals with high levels of religiosity and spirituality are less likely to do drugs in the first place, and participants in programs with high levels of

[12] Bradley Conner, Douglas Anglin, Jeffery Annon, and Douglas Longshore, "Effect of Religiosity and Spirituality on Drug Treatment Outcomes," The Journal of Behavioral Health Sciences and Research, 36, no. 2 (2009): 197.

[13] Neff, Shorkey, and Windsor, "Contrasting Faith-Based and Traditional Substance Abuse Treatment Programs," 59.

religiosity and spirituality have been shown to have the frame of mind necessary to stay sober after treatment.[14]

Other research has asserted that religion or spirituality at an individual level is unrelated to addiction and recovery; instead, the social structures built around these beliefs are what actually matter.[15] This argument speaks to what is happening in long-term recovery centers such as Hope Haven. It would be impossible to fully separate a Hope Haven resident's personal spiritual identity from the identity of the group because of how much of the individual's identity is derived from group activities and the constant pressure to affirm one's faith. This is not to say that the residents of Hope Haven do not have their own unique convictions and interpretations, but the majority of these understandings were formed in the context of a faith-based support system. Obviously these women could not achieve sobriety alone, so in that way the group setting is valuable, providing the women with a safe environment where they have the opportunity to receive encouragement and guidance from peers who have similar pasts and are working to reach similar goals.

Religion and spirituality have also been linked to a broader notion of "mental health," strengthening features such as one's optimism, confidence, inner voice, and

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[14] Dustin Pardini, Thomas Plante, Allen Sherman, and Jamie Stump, "Religious faith and spirituality in substance abuse recovery: Determining the mental health benefits," *Journal of Substance Abuse* Treatment, 19 (2000): 351; Hugh Klein, Kirk Elifson, and Claire Sterk, "The Relationship between Religiosity and Drug Use among 'At Risk' Women," Journal of Religion and Health, 45, no. 1 (2006): 49.

[15] Alan Richard, David Bell, and Jerry Carlson, "Individual Religiosity, Moral Community, and Drug User Treatment," Journal for the Scientific Study of Religion, 39, no. 2 (2000): 243-244; Douglas Longshore, Douglas Anglin, and Bradley Conner, "Are Religiosity and Spirituality Useful Constructs in Drug Treatment Research?" The Journal of Behavioral Health Sciences and Research, 36, no. 2 (2009): 182.

sense of purpose, while also reducing anxiety and depression levels.[16] Conversely, one of the articles states that religiosity and spirituality "may lead to feelings of guilt and shame, passivity, and coping in the form of prayer for vengeance and adverse 'righteous anger.'"[17] I note this argument because this was one of the few mentions of anything cautionary regarding faith-based treatment, and while the assertion is well presented, there needs to be more research done on the negative effects of using religion and spirituality in recovery settings.

While there are numerous studies about the many positive characteristics of faith-based recovery programs, they have severe limitations in terms of how they can conduct research, measure intangible ideas, as well as gauge success. For most of the case studies, success was defined by one's duration of sobriety post-treatment. This is by no means a bad way of measuring success, but it is quite simplistic and excludes so many of the factors that cannot necessarily be quantified. It is important to assess programs and how they function during as well as after individuals receive treatment. The sobriety of patients should not be the only indicator for whether or not a recovery program is doing its job.

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[16] Jason Lillis, Elizabeth Gifford, Keith Humphreys, and Rudolf Moos, "Assessing spirituality/religiosity in the treatment environment: The Treatment Spirituality/Religiosity Scale," Journal of Substance Abuse Treatment, 35 (2008): 431; Longshore, Anglin, and Conner, "Are Religiosity and Spirituality Useful Constructs in Drug Treatment Research?" 182; Green, Fullilove, and Fullilove, "Stories of Spiritual Awakening: The Nature of Spirituality in Recovery," 329; Pardini, Plante, Sherman, and Stump, "Religious faith and spirituality in substance abuse recovery: Determining the mental health benefits," 351; Tameka Gillum, Chris Sullivan, and Deborah Bybee, "The Importance of Spirituality in the Lives of Domestic Violence Survivors," *Violence Against Women*, 12, no. 3 (2006): 241.

[17] Longshore, Anglin, and Conner, "Are Religiosity and Spirituality Useful Constructs in Drug Treatment Research?" 179.

When Carol Dwight, compared Hope Haven's effectiveness with its secular counterparts, she gave a "conservative estimate" of fifty percent for Hope Haven while she said the secular programs' rate of effectiveness was usually around two percent.[18] Hope Haven really has no way of knowing how many women stay sober because they have no protocol for following up after the women graduate from the program. Secondly, that two percent statistic is undoubtedly miscalculated because there truly cannot be a representative average given the many elements each program can carry out differently. Some are inpatient programs, while some are outpatient, some are three months while others are a year, and some cost thousands of dollars while others are run on donations. In essence, lumping all secular programs together or faith-based programs together cannot make an argument for the inferiority or superiority of either. Because my research time was so limited, I will avoid making broad, overarching arguments about all faith-based substance abuse treatment centers, but rather delve more into Hope Haven, and therefore feel comfortable in applying my findings to recovery centers with similar structures.

IV. Sin vs. Disease Models of Addiction

There are two basic models of addiction; secular and even many Christian thinkers refer to addiction as a disease, while a smaller number of Christian thinkers refer to addiction as a sin. Hope Haven endorses the sin model, defining an addiction as one's choice rather than an uncontrollable condition.[19] One of the counselors at Hope Haven directed to me to the book, *Addictions: A Banquet in the Grave*, which the women use in one of their Bible study classes. The author, Edward Welch, explains the Christian

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[18] Carol Dwight, (Counselor at Hope Haven), interview by Cicely Upham, Record, June 27, 2012.

[19] Carol Dwight, (Counselor at Hope Haven), interview by Cicely Upham, Record, June 27, 2012.

perspective on addictions, their origin, and how they should be considered. Surprisingly, the two models do have elements in common.

In his book, Welch does not deny the science of the disease model; he actually agrees to an extent, writing, "People can be physiologically predisposed to enjoying a particular drug, food, activity, or physical experience, but there is a categorical difference between being *influenced* by genetics and being *determined* by it."[20] On this particular point advocates of the disease model would agree: being predisposed to an addiction does not necessarily mean it will ever be actualized. Welch maintains that all humans have free will and even though one person may have a greater craving for drugs and alcohol than another, that does not mean they have to give in to the temptation.[21]

Despite their similarities, the two ideologies do differ when it comes to the effects substances have after considerable and continued use. On the one hand, the National Institute on Drug Abuse (NIDA) contends:

> Drug addiction is a chronic, relapsing brain disease. It is considered a brain disease because studies have shown that drugs and alcohol physically change the structure of the brain and how the brain works. In particular, drugs and alcohol have been shown to alter areas of the brain that can result in impaired judgment, lack of self-control, the inability to regulate emotions, and lack of motivation, memory or learning function.[22]

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[20] Edward Welch, *Addictions: A Banquet in the Grave: Finding Hope in the Power of the Gospel*, (Phillipsburg, NJ: P&R Publishing Company, 2001), 27.

[21] Ibid. 29.

[22] Rebecca Place Miller, "Nutrition in Addiction Recovery," Many Hands Sustainability Center, (2010): 3.

The National Institute of Drug Abuse's statement implies a change in the brain that is not necessarily temporary or easily fixed.

Comparatively, Welch only mentions the withdrawal symptoms that usually occur when a person is going through detoxification.[23] Welch never even alludes to the neurological modifications that the NIDA claims take place. Welch defends his stance with different passages from Scripture, followed by his interpretation:

> The physical body can't make us sin. It can make our lives miserable, it can leave us vulnerable to certain temptations, and sometimes it should be the focus of our attention, but it can't irresistibly force us to violate God's commands.[24]

This seems like an overly simplistic view, especially if drugs and alcohol have changed the way an addict's brain works to the point where his or her decisions may not have the same level of intentionality that a sober person's do. If the brain is limiting one's good judgment and interfering with one's self control, is the sin truly of the same nature as someone acting totally of his or her own volition? Nevertheless, both models have problematic aspects.

The disease model can be understood in a way that limits an addict's responsibility, deeming the individual helpless, without any ability to control his or her actions. While this may be true in some cases, on the whole, the disease model seems to be explaining that a person's continued drug and alcohol use may not be completely by choice, rather than saying that a person has no avenue for change or no way of conquering said addiction. One of the residents, Samantha, had tried multiple secular treatment centers before she found Hope Haven. She cited one of the main differences

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[23] Welch, *Addictions: A Banquet in the Grave*, 31
[24] Ibid. 31.

between the two as their distinctive philosophies on addiction. She explained her struggle with the disease model saying, "they [the staff of secular treatment centers] told us that we had a disease just like people have diabetes or cancer so that made me to believe that, ya know, I couldn't help it, I couldn't help but to go out and use. And they taught that relapse is common and it happens."[25] If this is actually how her secular recovery centers explained addiction, then it is understandable how Samantha could have felt like a victim. Then again, if the treatment centers truly thought that addicts had no choice but continue to use drugs, the existence of secular treatment centers would be futile.

The primary problem with defining addiction as a sin is that it leaves little room for treatment outside the realm of spiritual and religious guidance. If a recovery center believes that having a relationship with God is the only way to get sober, then additional approaches are not even going to be considered. Hope Haven excels in facilitating rich spiritual and religious experiences, but falls short when it comes to other measures that can also be helpful in treating addictions and in taking preventative measures to ensure future success beyond staying sober.

V. The Importance of Nutrition in Substance Abuse Recovery

Heavy substance abuse for an extended period of time can be very detrimental to the body's digestive system, brain functions, and vitamin retention. Whether one calls addiction a disease or not matters significantly less than the fact that drugs and alcohol create brain imbalances that need to be remedied in some way. One way these imbalances can be temporarily fixed is through the use of more drugs and alcohol. This is obviously a dangerous way to deal with such problems, but addicts are often unaware that there is a

[25] Samantha Carey, (Client at Hope Haven), interview by Cicely Upham, Record, July 11, 2012.

better way leading them to inevitably continue the unhealthy pattern.[26] A better and more sustainable solution is actually something so rooted in our daily lives that it often becomes a thoughtless, instinctual act: eating. Many of the "biochemical, nutritional, and metabolic disorders" caused by excessive drug and alcohol use can be repaired with the right nutrition.[27]

While this is not to say traditional treatment, which usually focuses primarily on the psychological side of addiction, is not valuable, it is to bring attention to the importance of the physical side of addiction as well.[28] Addiction is a multi-faceted affliction that deserves a multi-dimensional approach. Dr. Charles Grant, author of *End Your Addiction Now*, asserts "unless the biochemical imbalances which are the true causes of substance problems are corrected, the benefits of psychological counseling will be marginal for most people."[29] The word "marginal" may be overly pessimistic, but his general point is not. Addiction damages the body as much as it does the mind and one should not be treated without the other.

Unless encouraged to do otherwise, the typical diet for recovering addicts includes foods that cause further harm to the brain, frequently resulting in problems such as hypoglycemia and adrenal fatigue.[30] The common source of comfort among addicts comes from food, especially types high in sugar and heavily processed. The women of Hope Haven are all too familiar with food's ability to fill the void left by their former addictions. One night at dinner, the issue of weight came up, and the women began

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[26] Miller, "Nutrition in Addiction Recovery," 3.
[27] Ibid. 3.
[28] Ibid. 4.
[29] Ibid. 4.
[30] Ibid. 5.

joking about "the Hope Haven 30," a play on the 15 pounds they say one gains freshman year of college. Most of the women admit to having gained significant weight since arriving at the house, and this can probably be attributed to the fact that "eating sugary and highly-refined processed foods artificially stimulate the release of serotonin and elevates the serotonin levels in the brain, which make you feel more relaxed and comfortable after consuming them."[31] This feeling was put into words by one of the residents, Christine, who said, "your day could be going awful, but then you get some dessert and it's like [makes sound of satisfaction]"[32] The use of food as a source of emotional solace creates the avoidance of actually facing the issues that are making a person sad or upset. It also fuels the cycle of unhealthy eating when the junk food makes the women feel worse in the end. In the year and a half Christine has been at Hope Haven, she has gained 80 pounds and aside from the daily group dinners, the women's diet and exercise choices go relatively unchecked by the staff.[33]

Hope Haven did offer a class based on a book entitled *Made to Crave*, which pushes food addicts to replace any and all addictions with a craving for God and His teachings.[34] This class addressed a very pertinent issue that exists in the house, but the staff has made no apparent effort to translate these teachings into dietary practices for the women. Christine privately lamented, "I know I have a problem with eating, like I don't discipline myself not to eat certain stuff and to portion right, but it's so hard, especially

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[31] Ibid. 6.

[32] Christine Harris, (Client at Hope Haven), interview by Cicely Upham, Record, June 26, 2012.

[33] Ibid.

[34] Samantha Carey, (Client at Hope Haven), interview by Cicely Upham, Record, July 11, 2012.

when you're around cakes everyday and potatoes at every meal."[35] Of course the women have a responsibility to their own bodies, and so the Hope Haven staff should not bear all the blame. However, if the program requires a class that is *specifically* designed to teach the women to be more health-conscious, then it seems corrosive at worst and hypocritical at best for the staff to serve the women food they should not be eating. The meals I have shared with the women have not been very nutritious: macaroni and cheese, chili cheese hot dogs, and a baked potato bar, all washed down with cans of Coca Cola®. Along those lines, the staff regularly transports the women to get take-out at the near-by Chinese restaurant or Sonic®.

During our discussion on the 'Made to Crave' class, Samantha summarized one of the principles outlined in the book saying, "food is an addiction, is a sin, just like using drugs is."[36] While she did not specify, Samantha clearly meant overindulging in food is a sin, not food itself, but even still this came as a surprise considering what major roles the staff members play in the women's food addictions. The staff plans the weekly dinner menus, orders the food that is kept in the house, as well as collects the food donations. The staff would surely not assist the women in buying drugs or alcohol, so why are they so condoning of the women's adverse relationship with food? Along with the health risks that accompany being overweight comes the distressing fact that "in addition to setting up more cravings, nutritional deficiencies can also be a major cause of withdrawal-like symptoms such as fatigue, depression, irritability, mental derangement, and other

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[35] Christine Harris, (Client at Hope Haven), interview by Cicely Upham, Record, June 26, 2012.

[36] Samantha Carey, (Client at Hope Haven), interview by Cicely Upham, Record, July 11, 2012.

conditions that block recovery and lead to a relapse."[37] It is vital that the staff teaches the women good eating habits in order for them to stay on track with their sobriety.

This can be done in many different ways, but the most important is for the staff to plan healthy and vitamin-enriched meals for the women on a consistent basis and limit their intake of fast food and unhealthy snacks. For addicts' imbalances to be repaired, they need to eat even more vitamin-rich foods than a normal person, to offset the effects that the drugs and alcohol have inflicted.[38] Because none of the employees at Hope Haven are medical experts, they may not be informed about the improvements that a well-rounded diet can generate. As of now, nutritional changes are not being implemented in Hope Haven, but this effort truly needs to be a top priority because "practitioners working with recovering addicts have repeatedly found that people become well much quicker, with far fewer symptoms- and stay drug free much longer- when they follow principles of good nutrition."[39] In a cost-benefit analysis, making better choices about what food is kept in the house and changing the weekly dinner menus would have relatively low costs in terms of additional time, money, and energy, and the benefits would far outweigh them.

Another way for Hope Haven to obtain fresh, nutrient-filled food is through a garden. One of the residents actually told me they have a garden, but she is the only one who works in it. The women without jobs usually have about four hours of free time in the afternoons, which would be the perfect opportunity to tend to the growing vegetables and even pick the ripe ones for dinner that night. Having more than one person working

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[37] Miller, "Nutrition in Addiction Recovery," 19.
[38] Ibid. 28.
[39] Ibid. 29.

in the garden could increase production tremendously and act as a good exercise in team building, responsibility, and nurture. Not only would this give the women healthy food to eat, it would also be low in cost. Figure 1 gives examples of the types of foods that are best for recovering addicts to eat in order to absorb the most nutrients possible.

Figure 1: Foods High in Key Vitamins and Minerals[40]

Zinc	Green peas, parsley, potatoes, watermelon seeds, pumpkin seeds, squash seeds.[41]
Chromium	Onions, tomatoes, potatoes, green peppers, broccoli, lettuce, apples.[42]
Calcium	Dark leafy greens, broccoli, dried herbs, sunflower seeds, parsley, cabbage.[43]
Magnesium	Dark leafy greens, corn, green peas, dried herbs, edamame, sunflower seeds.[44]
Iron	Leafy greens, sweet potatoes, string beans, watermelon, strawberries.[45]
Potassium	Watermelon, potatoes, spinach, carrots, squash, tomatoes, sunflower seeds.[46]
Vitamin C	Green peppers, tomatoes, potatoes, cauliflower, cabbage, broccoli, Brussels sprouts.[47]

All of the foods listed can be grown in the Hope Haven's garden and be

[40] Ibid. 28.

[41] HealthAliciousNess, "Top 10 Foods Highest in Zinc." Accessed July 23, 2012. http://www.healthaliciousness.com/articles/zinc.php.

[42] Emilia Kapp, The Diabetes Club, "Foods for Diabetes Should Regularly Include Foods High in Chromium." Last modified December 22, 2010. Accessed July 23, 2012. http://thediabetesclub.com/foods-for-diabetes-should-regularly-include-foods-high-in-chromium/.

[43] HealthAliciousNess, "Top 10 Foods Highest in Calcium." Accessed July 23, 2012. http://www.healthaliciousness.com/articles/foods-high-in-calcium.php.

[44] HealthAliciousNess, "Top 10 Foods Highest in Magnesium." Accessed July 23, 2012. http://www.healthaliciousness.com/articles/foods-high-in-magnesium.php.

[45] Kathleen Zelman, WebMD, "Top 10 Iron-Rich Foods." Last modified August 2, 2004. Accessed July 23, 2012. http://www.webmd.com/diet/features/top-10-iron-rich-foods.

[46] HealthAliciousNess, "Top 10 Foods Highest in Potassium." Accessed July 23, 2012. http://www.healthaliciousness.com/articles/food-sources-of-potassium.php.

[47] Miller, "Nutrition in Addiction Recovery," 28.

incorporated into simple recipes. Growing fresh fruits and vegetables can help Hope Haven to gradually stop using canned fruits and vegetables because while they are very convenient, they lack the full nutrients that the fresh alternatives contain.[48] In expanding the garden the Hope Haven staff will be demonstrating that a healthy, independent lifestyle is accessible and possible. Even if the changes start small, at least the women could be learning which foods they should be eating and how they can be used.

Likewise, a change from simple carbohydrates to ones that are complex, like whole-wheat pasta, helps to stabilize the body's blood sugar levels, fending off sugar cravings.[49] Because eating is an inescapable part of daily life, instead of diminishing its importance, the staff at Hope Haven should use eating as just another opportunity to further restore the women's mental and physical health. Furthermore, 1 Corinthians instructs, "whether you eat or drink, or whatever you do, do it all for the glory of God."[50] Although not stated explicitly, one could interpret this verse as an urging for God's followers to practice healthy living principles, eating for sustenance rather than indulgence.

VI. Educational and Occupational Concerns

Another major issue for many addicts, the women of Hope Haven being no exception, is their level of education. Because addictions often develop during the early

[48] Ibid. 29.
[49] Ibid. 31.
[50] 1 Corinthians 10:31 (NIV)

teenage years, most of the women at Hope Haven have a high school education at best.[51] Similarly, the addictions often stem from bad family situations or cases in which parents inadvertently pass on their substance abuse problems to their kids. Hope Haven staff member, Carol Dwight, acknowledged that for "a very high percentage" of addicts, the struggle with substances comes from troubles in the home. She then went on to say that individuals who grow up around drug addicted family members "almost don't have a chance."[52] This is substantiated by the reality that "children of substance abusers are the highest risk group of children for becoming alcohol and drug abusers for both genetic and family environment reasons."[53] Since the majority of the women have children, Hope Haven needs to be doing all they can to end the cycle of addiction, not just for the women, but take preventative measures in terms of keeping their children on the straight and narrow. A great way to do this is by stressing the importance of higher education and accommodating those who are able and willing to go back to school.

The Hope Haven staff does assist the women without high school diplomas in attaining their general equivalency degrees (GED), but in today's society a high school education is severely limiting in terms of job options. The women of Hope Haven work at places such as fast food restaurants, low-grade hair salons, and nursing homes, none of which pay much more than minimum wage. If the women of Hope Haven could get better educations, they could get higher paying jobs, live in safer neighborhoods, and have higher chances of staying sober.

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[51] Carol Dwight, (Counselor at Hope Haven), interview by Cicely Upham, Record, June 27, 2012.

[52] Ibid.

[53] Karol Kumpfer, "Outcome Measures of Interventions in the Study of Children of Substance-abusing Parents," Pediatrics, 103, no. 2 (1999): 1128.

Figure 2: Substance Dependence or Abuse in the Past Year among Persons Aged 18 or Older, by Demographic Characteristics: Percentages, 2008 and 2009[54]

Demographic Characteristic	Illicit Drugs[1] (2008)	Illicit Drugs[1] (2009)
TOTAL	2.6	2.7
GENDER		
Male	3.3[a]	3.8
Female	2.0[a]	1.6
HISPANIC ORIGIN AND RACE		
Not Hispanic or Latino	2.6	2.7
White	2.5	2.6
Black or African American	3.5	3.3
American Indian or Alaska Native	4.2	5.3
Native Hawaiian or Other Pacific Islander	1.3	1.6
Asian	0.8	1.1
Two or More Races	3.2	4.5
Hispanic or Latino	2.6	2.7
EDUCATION		
< High School	3.7[a]	4.6
High School Graduate	3.1	3.0
Some College	2.9	2.7
College Graduate	1.2	1.2
CURRENT EMPLOYMENT		
Full-Time	2.4	2.1
Part-Time	3.4	3.8
Unemployed	8.6	6.9
Other[2]	1.8	2.1

[54] Substance Abuse and Mental Health Services Administration. The National Survey on Drug Use and Health. *Substance Dependence or Abuse in the Past Year among Persons Aged 18 or Older.* Washington: Government Printing Office, 2009.

Figure 2 displays the evidence supporting the positive impact a college-level education can have. The table has four levels of education a person could choose from: less than a high school education, a high school education (or equivalent), some of a college education, or a college education. For every level of education achieved the percentage of adults who are dependent upon or abuse substances goes down a significant amount. In 2009 the incidence of substance dependency among college graduates is 60 percent less than the incidence among those with only a high school diploma. This data suggests that there is a possible correlation between educational achievement and vulnerability to addiction, and so promoting enrollment in community college courses or a four-year institution might be a sustainable path in the prevention against possible relapses.

Most college programs are longer than the average length of time a woman resides at Hope Haven. However, this should not excuse letting these statistics exist without being examined or utilized. When I asked a few of the women if education was given any attention, they all shook their heads and wore facial expressions that prompted me to believe the topic of education was not even on the staff's radar. While I do recognize that Hope Haven is not designed to solve every socioeconomic problem that accompanies addiction, I think given that the benefits of education are so invaluable it should be awarded a higher priority. If the Hope Haven staff needs further incentive to promote higher education, recent findings demonstrate that "education has a positive effect on reporting that religion plays a role in daily life."[55] This is contrary to the generally accepted belief that college is the place where religious convictions are

[55] Philip Schwadel, "The Effects of Education on Americans' Religious Practices, Beliefs, and Affiliations," *Review of Religious Research*, 53, no. 2 (2011): 174.

abandoned. Although receiving a college education does not automatically give someone immunity against substance abuse, obtaining a higher education can act preventively in innumerable ways including fostering relationships, increasing religious participation[56], providing better job opportunities, and sparking motivation.

In addition to the advantages a higher education would give the women, a college degree would also be beneficial for their children's futures. Current research makes it clear that children whose parents graduated from college have the advantage when it comes to educational and occupational pursuits, even into later stages of adulthood.[57] "In 1999, 82 percent of students whose parents held a bachelors degree or higher enrolled in college immediately after finishing high school. The rates were much lower for those whose parents had completed high school but not college (54 percent)."[58] So, if the residents of Hope Haven have never been pushed by anyone, including the Hope Haven staff, to pursue a college education, how can they be expected to act as a motivator for their own children? Of course, Hope Haven makes no claims about battling the potential addictions of future generations, but all recovery programs should be finding everyday ways to help fix the big-picture problem.

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[56] Ibid. 175.

[57] Eric Dubow, Paul Boxer, and L. Rowell Huesmann, "Long-term Effects of Parents' Education on Children's Educational and Occupational Success: Mediation by Family Interactions, Child Aggression, and Teenage Aspirations," *Merrill-Palmer Quarterly*, 55, no. 3 (2009): 241.

[58] Susan Choy, "Students Whose Parents Did Not Go to College: Postsecondary Access, Persistence, and Attainment," Washington, DC: U.S. Department of Education, National Center for Education Statistics, (2001): 3.

Figure 3: Percentage Reporting Any Illicit Drug Use, Marijuana Use, and Cocaine Use in the Past Year, by Age Group and Total Family Income: 1996.[59]

	Age Group (Years)				
Total Family Income	**12-17**	**18-25**	**26-34**	**35+**	**Total**
		(Unweighted N)			
Total Family Income					
Less than $9,000	(451)	(708)	(495)	(460)	**(2,114)**
$9,000-$19,999	(961)	(1,031)	(1,111)	(888)	**(3,991)**
$20,000-$39,999	(1,357)	(1,366)	(1,800)	(1,193)	**(5,716)**
$40,000-$74,999	(1,240)	(952)	(1,423)	(1,089)	**(4,074)**
$75,000 or more	(529)	(309)	(433)	(473)	**(1,744)**
A. Any Illicit Drug Use					
Total Family Income					
Less than $9,000	16.6	28.2	19.2	9.7	**16.1**
$9,000-$19,999	18.6	27.5	20.5	4.5	**11.5**
$20,000-$39,999	16.3	23.6	14.4	4.0	**9.8**
$40,000-$74,999	17.9	25.6	11.3	6.0	**10.5**
$75,000 or more	13.0	37.1	13.5	5.7	**10.2**
B. Used Marijuana in the Past Year					
Total Family Income					
Less than $9,000	15.3	25.7	14.4	5.6	**12.5**
$9,000-$19,999	15.0	24.2	16.7	2.8	**9.0**
$20,000-$39,999	11.5	20.9	11.6	3.2	**8.0**
$40,000-$74,999	14.2	22.7	8.2	4.2	**8.1**
$75,000 or more	10.0	33.6	10.0	4.5	**8.3**
C. Used Cocaine in the Past Year					
Total Family Income					
Less than $9,000	2.6	4.9	4.5	2.7	**3.5**
$9,000-$19,999	2.3	4.6	5,7	0.4	**2.0**
$20,000-$39,999	1.4	5.4	3.5	1.2	**2.2**
$40,000-$74,999	0.8	4.8	2.8	0.7	**1.6**
$75,000 or more	1.0	2.3	1.9	0.7	**1.0**

[59] Substance Abuse and Mental Health Services Administration. National Household Survey on Drug Abuse. *Percentage Reporting Any Illicit Drug Use, Marijuana Use, and Cocaine Use in the Past Year, by Age Group, Total Family Income, and Health Insurance Status: 1996.* Washington: Government Printing Office, 1998.

Figure 3 is a bit outdated (1996), but the information is still relevant despite the fact that a new survey was made by the Substance Abuse and Mental Health Services Administration that does not include one's income. This chart outlines the correlation between drug use and income. Down the totals column, the lowest income brackets have the highest percentages of people who have used each category of drug(s) in the past year. While there are outliers, the trend is that the income range of $0- $19,999 contains the highest percentages of people who have used illicit drugs in the previous year. Unfortunately this is where most of the women in the Hope Haven fell or will fall after leaving the house. The majority of their jobs pay minimum wage or a bit more, but even working 40 hours a week most of them will never make above $20,000 a year with their current jobs. This is unfortunate because it means more time working and less time focusing on their kids, their faith, and their sobriety.

It is commendable that Hope Haven gives the women time to have a job and to work in order to save up money, but to a certain extent that is not enough. Christine was bitterly telling me how the staff members stopped taking her to and from work without offering her any alternative. Thankfully Christine had a friend who she paid to take her, but if she had not have found someone to do it, I wonder where that would have left her. As Christine was telling me this, another resident chimed in that they really are not very flexible when it comes to the women who have jobs. Christine then said that in Hope Haven's promotional pamphlet, they claim that they help the women get jobs, but "they lied." While surely Christine and the other residents under-appreciate all that the staff has done for them, at the end of the day it is the staff's job to do everything in their power to

help the women maintain long-term sobriety. And a big part of this is keeping a stable, well-paying job.

VII. Relapse Prevention Post-Graduation

For the women that successfully make it through Hope Haven's program the logical next objective is for them to remain sober. Hope Haven needs to provide the women with the necessary tools to increase the chances of this occurring. They are already doing this to some extent by teaching the women how to manage a budget, fostering their connections with the staff members, as well as instilling faith in God. Some women leave Hope Haven having gained enough skills to live substance-free in the real world, but others are not as prepared.

Many of the women graduate from the program and are not lucky enough to return home to a network of loving and supportive family and friends. For instance, Christine's mother first offered her drugs at the age of thirteen and continues to abuse methamphetamine. Additionally, Christine's husband is in prison and the majority of her friends from her hometown are part of the drug scene. In these cases, the Hope Haven staff encourages the women to find new people, places, and things. Heeding this advice, after she finishes the program, Christine is going to stay in Memphis even though she has lived her entire life two hours away. Christine openly discussed her relationship with her mom and the experience of recognizing its damaging effects,

> Like my mom was an addict and still is, she was my best friend, so in my thinking it was normal, that was the close-knit family love relationship you were supposed to have. But I learned it was all wrong when I got here…Like, when you grow up with somebody that has been your best friend and you tell all your deepest secrets,

> to hearing that person can't be in your life if you wanna change your life. That hurts, and that was really hard for me, it's still hard for me, ya know. I still call her, I still talk to her, but I have to know in my mind, and I've told her this, I'm not strong enough in my walk or in my sobriety to let my guard down to go see her and go hang out with her by myself.[60]

So for someone like Christine who is without healthy and constructive relationships, leaving Hope Haven will be arguably more difficult. This transition could be made much easier if Christine found a stable, Christian community where she could make a fresh start with new people, places, and things.

Of course, every woman's needs are different and some of the women are completely content staying a big part of the Hope Haven community even after they leave. Hope Haven maintains an open door policy when it comes to graduates visiting the house and staying in touch with the women they have met in treatment. The catch is that only a short period after a woman graduates, everyone she will have met during recovery will graduate as well. So a Hope Haven graduate can continue to visit the physical building, but the people in the community will only be there for so long. If the women stay in touch with one another, it is usually independent of the program. Even though the woman may have successfully completed treatment, surrounding herself with a group of recovering addicts can be threatening to the sobriety of everyone involved. Christine voiced this concern when discussing the prospect of keeping close relationships with numerous recovering addicts. Christine exhibited a surprising amount of self-awareness by acknowledging that she did not think it was a good idea to stay friends with the

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[60] Christine Harris, (Client at Hope Haven), interview by Cicely Upham, Record, June 26, 2012.

women who struggle with the same problems as she does. Christine's judgment corresponds with many sociologists' "claim that an important part of the process of recovery from dependent drug use is the individual's ability to construct a non-addict identity for him or herself."[61] Christine hopes to do this by finding a new church to go to and meeting people who hold similar morals and beliefs as she does.

Hope Haven currently takes its residents to a Baptist mega church on the outskirts of the city limits. The staff does not force all of the women to go to the same church, but they are all required to go to a Christian church every Sunday. Most of the women end up going to the mentioned mega church because they have no means of transportation. Whether or not they feel comfortable or connected to the church and its members is not taken into account. Samantha admitted to initially thinking the members of the Baptist mega church were "stuck up", but she clarified that it was just a first impression. Samantha then expressed a genuine appreciation for the help that many of the congregants have given to Hope Haven.[62] Without discounting the good that the church has done for Hope Haven, Christine shared that she wants to find a different church to call her own. With just under 7,000 members in attendance every Sunday, it is understandable that Christine conveyed a desire for a smaller and more personal church. She then elaborated saying, "[I want to] have that close-knit relationship in a smaller church, ya know, like you're all family, you all know each other and you can, like, minister to each other. Because for me, not having that strong real family to go to, I need

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[61] James McIntosh, and Neil McKeganey, "Addicts' Narratives of Recovery from Drug Use: Constructing a Non-Addict Identity," *Social Science & Medicine*, 50 (2000): 1508.

[62] Samantha Carey, (Client at Hope Haven), interview by Cicely Upham, Record, July 11, 2012.

that church family."[63] The staff of Hope Haven should be attempting to meet Christine's need for a smaller church community that she can be a part of long after she graduates from the recovery program.

For the women who want to distance themselves from their place of recovery, the problem lies in the inaccessibility of other communities during their time in the program. Research confirms that "for both alcohol and other drugs, having a social network that is supportive of sobriety aids in preventing relapse."[64] In Hope Haven's past this social network has mostly been in the form of a church, primarily by default since the women already attend church twice a week. Hope Haven could look to less religious treatment centers for guidance in learning how to keep the clients on track after they leave. Choosing to rely on an unfamiliar church community strips the Hope Haven staff of the power they would have if they designed their own aftercare program.

Other residential treatment centers in the area transition the clients from living at the facility to living on their own, but continue to provide weekly classes, checkups, and drug tests.[65] This gives the women a taste of responsibility and freedom without overwhelming them. If Hope Haven instituted such a program, the women could support each other, but have lives separate from Hope Haven, giving them the chance to adjust. Making friends and feeling comfortable in a new community takes time, so a 6-month outpatient program would prevent the women from feeling lonely or isolated and as a result choose to return to their previous social circles. The results of a study conducted by

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[63] Christine Harris, (Client at Hope Haven), interview by Cicely Upham, Record, June 26, 2012

[64] Maureen Walton, Frederic Blow, Raymond Bingham, and Stephen Chermack, "Individual and Social/Environmental Predictors of Alcohol and Drug Use 2 Years Following Substance Abuse Treatment," *Addictive Behaviors*, 28 (2003): 629.

[65] Debra Mullins, interview by Cicely Upham, Record, July 19, 2012.

George Vaillant, a professor at Harvard Medical School, indicated that "the formation of a new stable relationship with a non-blood relative was often associated with abstinence" after treatment.[66] Hope Haven should allocate more time for the women to participate in community events and activities that could lead them to find the stable relationships that Vaillant emphasizes. This means expanding their church involvement to include more than a weekly Sunday service and Wednesday night class on addiction recovery.[67] There are few opportunities for relationship building during a church service, and the people attending the Wednesday night class are other recovering addicts who may not be the most stable individuals to befriend. Whether it is through church or other community events, recovering addicts need to find a niche supportive of sobriety with various options for "enjoyable sober activities."[68]

VIII. Conclusion

Having a strong faith-based program does not have to be contradictory to a well-rounded, holistic recovery that has an enduring impact on the fight against addictions at both the personal and societal level. In fact, using spirituality as a foundational construct inclusive of other treatment methods is arguably the most qualified model for meeting the needs of the whole person. When it comes to programs with designs similar to Hope Haven's, it is important that more diverse treatment methods are explored in order to best prepare the clients for the difficult task of maintaining sobriety.

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[66] George Vaillant, "What Can Long-term Follow-up Teach us About Relapse and Prevention of Relapse in Addiction," *British Journal of Addiction*, 83 (1988): 1154.

[67] Christine Harris, (Client at Hope Haven), interview by Cicely Upham, Record, June 26, 2012.

[68] Walton, Blow, Bingham, and Chermack, "Individual and Social/Environmental Predictors of Alcohol and Drug Use 2 Years Following Substance Abuse Treatment," 629.

Even for people who are not personally affected by a substance abuser, treatment and recovery programs serve very valuable functions in protecting the welfare of society. In order to justify the money given to Access to Recovery, data was collected which found that "every dollar invested in treatment and recovery services returns $7 in cost savings from social benefits such as reduced health costs, crime, and lost productivity."[69] This monetary value only partially represents the positive contributions of Hope Haven and its equivalents. Treatment and recovery services also impart immeasurable benefits through supplying kindness and humanity to those facing hardships. However, they could be an even greater influence if measures were taken to extend their services to include the elements outlined previously in this paper. Future studies should investigate the economic feasibility of my suggestions and the improvements they could offer.

[69] Ben O'Dell, "How Access to Recovery Supports Faith-Based and Neighborhood Partnerships," Faith-based and Neighborhood Partnerships Blog (blog), November 2, 2010, http://www.whitehouse.gov/blog/2010/11/02/how-access-recovery-supports-faith-based-and-neighborhood-partnerships.

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