Research Article

Spirituality-Based Addiction Counseling Model Proposal: Theory and Practice

Nihâl İşbilen[1] [ID]
Marmara University

Ali Ulvi Mehmedoğlu[2] [ID]
Marmara University

[1] Ph.D. Candidate, Marmara University, Institute of Social Sciences, Istanbul/Turkey. E-mail: nihalisbilen@gmail.com
[2] Prof., Marmara University, Faculty of Theology, Department of Psychology of Religion, Istanbul/Turkey.
E-mail: aliulvi@marmara.edu.tr

Abstract

This study aims to develop, implement, and test the effectiveness of a model prepared with a cross-disciplinary approach, which includes religious and spiritual elements that could be applied in the treatment of alcohol and substance addiction, especially in the rehabilitation process. The study adopts a mixed method research design. In the qualitative part, phenomenological analysis was used. In the quantitative section, scales were used to measure the participants' dependence. The study group included alcohol and substance addicts who were in the rehabilitation process at the Green Crescent Consultancy Center (YEDAM) and aged between 24and 56. Initially, the participants were given Addiction Profile Index (BAPI) to determine their demographic information, addiction level, and clinical chart, which is followed by Addiction Outcome Assessment Index (AOAI) during the interview process. Within the scope of the Spirituality-Based Addiction Counseling (MTBD) model, eight different interview sessions were held with each participant for an average of 45 minutes. Then, the data were discussed and evaluated in the light of the relevant literature. Quantitative findings indicated a slow but steady improvement in the participants, with slight fluctuations, from the pre-interview to the final interview (altruism) in MTBD Model. With regard to qualitative findings, the data showed that during the first steps of the model, the participants developed an awareness of how addiction affected them psycho-socially and spiritually, and during the following steps, this awareness was significantly effective in transforming their lives. It could be claimed that the model is a motivational element that reinforces the basic treatment and rehabilitation processes in the struggle to get rid of addiction and adds religious and spiritual meaning to this process.

Keywords:
Psychology of Religion • Addiction • Alcohol and Substance Addiction • Spirituality • Spirituality-Based Counseling • MTBD Model

Maneviyat Temelli Bağımlılık Danışmanlığı Model Önerisi: Kuram ve Uygulama

Öz

Bu araştırmada alkol ve madde bağımlılığının tedavisinde, özellikle rehabilitasyon sürecinde uygulanabilecek dini ve manevi unsurları içeren disiplinler arası yaklaşımla hazırlanmış bir modelin geliştirilmesi, uygulanması ve etkililiğinin sınanması amaçlanmıştır. Çalışmada karma yöntem kullanılmıştır. Nitel kısımda fenomenolojik analiz, nicel kısımda ise katılımcıların bağımlılığını ve bağımlılık seyrini değerlendirmek üzere ölçekler kullanılmıştır. Çalışma grubu, Yeşilay Danışmanlık Merkezi'nde (YEDAM) rehabilitasyon sürecinde bulunan ve yaşları 24-56 aralığında değişen 10 alkol ve madde bağımlısı ile gerçekleştirilmiştir. Başlangıçta katılımcılara demografik bilgilerini, bağımlılık düzeyini ve bağımlılık klinik tablosunu belirlemek üzere Bağımlılık Profil İndeksi (BAPİ-K), görüşmeler sürecinde ise Bağımlılık Seyir İndeksi (BASİ) uygulanmıştır. Maneviyat Temelli Bağımlılık Danışmanlığı modelinin adımları kapsamında katılımcıların her biri ile ortalama 45 dakikalık 8 görüşme gerçekleştirilmiştir. Elde edilen veriler ilgili literatür eşliğinde tartışılıp değerlendirilmiştir. Nicel bulgular, Maneviyat Temelli Bağımlılık Danışmanlığı (MTBD) ön görüşme adımından son görüşme adımına kadar geçen süre içerisinde hafif dalgalanmalarla beraber katılımcılarda yavaş yavaş ancak istikrarlı şekilde ilerleyen bir iyileşmenin gerçekleştiğini ortaya koymuştur. Nitel bulgularda ise, modelin ilk adımlarında katılımcıların bağımlılığın kendilerini psiko-sosyal ve manevi anlamda nasıl etkilediğine dair bir farkındalık geliştirdikleri ve sonraki adımlarda bu farkındalığın yaşamlarında dönüşüm yapmalarında hissedilir oranda etkili olduğu görülmüştür. Modelin, bağımlılıktan kurtulma mücadelesinde temel tedavi ve rehabilitasyon süreçlerini pekiştiren ve bu sürece dini ve manevi anlam katan bir motivasyon unsuru olduğu anlaşılmaktadır.

Anahtar Kelimeler:
Din Psikolojisi • Bağımlılık • Alkol ve Madde Bağımlılığı • Maneviyat • Maneviyat Temelli Danışmanlık • MTBD Modeli • Manevi ve Prososyal Değerler.

Corresponding author:
Nihâl İşbilen
E-mail:
nihalisbilen@gmail.com

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The link between addictive substances and humanity goes historically far back (Babaoğlu, 1997). It is even claimed that homo sapiens and psychoactive substances mutually affect each other's evolution (Mutlu, 2018). People use these substances for different purposes such as therapeutic purposes, for entertainment, and for religious purposes. While the history of addictive substances is as old as the history of humanity, the history of the treatment of addictions that develop with the use of addictive substances does not go back to such ancient times. Historical and scientific records indicate that addiction evolved throughout a very longtime period when it was described as a moral problem to a new period when it was explained with the concept of disease.

Addiction was seen as a moral problem and weakness of willpower until the beginning of the 20th century. Addicts were marginalized, severely punished, and demonized while the treatment of addiction was not even in question in this long historical period (Krushner, 2006, s. 131). Over the years, this unfavorable understanding has left its place to the *disease* approach. Benjamin Rush, known as the Father of Psychiatry in America, claimed that there was no difference between the mental and the physical, and he shared his observations and views on alcoholism as a disease in his work titled *An Inquiry of the Effects of Ardent Spirits Upon the Human Body and Mind* (Rush, 1823). With this study, alcohol addiction was first suggested as a disease. The most obvious point in Rush's definition of drunkenness was the "addictive" connection between the drinker and the drink. Rush suggested that the disease developed gradually, and as this process progressed, the person lost control over his or her drinking behavior (Schneider, 1978). In 1849, the Swedish doctor Magnus Huss took these steps further and named this disease as *alcoholism*. At the beginning of the 19th century, addiction was used   (White, 2000a, p. 5). The backdrop for the ideas that addiction, which is defined as a brain disease today, is a disease was formed during this time. However, it took more than a century for this view to be accepted.

In the 1930s, addicts were gradually accepted in hospitals as patients rather than as corrupt people. By 1956, the American Medical Association declared in its annual report that it accepted alcoholism as a disease (AMA, 1956). Subsequently, with Jellinek's publication, *The Disease Concept of Alcoholism in 1960,* acceptance of the disease classification of alcoholism became widespread (Morgan, 1999). As addiction began to be explained physiologically with the "disease model", similar processes began to take place in the treatment process of addiction disease. Thus, the difficult process of eliminating the intense desire and deprivation caused by substance abuse in the human body was accepted as a disease that could be treated with the support of the addict's relatives under the supervision of relevant specialists despite all their hardships (Küçükşen, et al., 2016). However, we cannot say that the academic data on the disease model has thoroughly convinced the public. It should be noted that the outdated perception still exists in the society and impedes the recovery process of addicts.

With the acceptance of addiction as a disease, various solutions to the problem of addiction have begun to emerge. In this context, there are two approaches to the treatment process of alcohol and substance addiction: medical treatment and psycho-social treatments. Although the starting point of the treatment of the addicted individual changes with the process of using the substance, it generally starts with medical treatment, but the experience gained over the years shows that sometimes medical treatment alone is not enough. In cases where medical treatment was insufficient, various psycho-social treatments were needed.Therefore, various professional and amateur treatment models such as individual interview, group therapy, cognitive behavioral therapy, self-help groups, behavioral approach, samba, and therapeutic communities emerged (Ögel, 2017).

The treatment-oriented transformation in religious circles, which traditionally regarded addiction as a moral problem rather than an "illness", first began in 1774 with the publication of a booklet by the reformist Anthony Benezet, who adopted Quaker spirituality and claimed the necessity of abstaining from alcoholic beverages (Kurtz & Kurtz, 1985, p. 121)Unfortunately, this first spiritually-oriented step towards alcohol addiction in the United States did not continue. Due to the acceleration of medical approaches, medicine-based studies came to the fore for a long time until the "Emmanuel Movement" in 1906.

In 1906, at the Emmanuel Church in Boston, USA, a multidisciplinary treatment team was formed under the leadership of Dr Elwood Worcester combining three different disciplines: medicine, psychology, and religion (White, 2000b). This program was calledas *Emmanuel Movement.* The founder of this movement*, Dr* Elwood Worcester acknowledged that all diseases, including alcoholism, had physical, mental, and spiritual components. Dr Worcester suggested that the physical desire of alcoholics for the substance could be eliminated with a spiritual lifestyle, and this approach found application with the Emmanuel Movement (McCarthy, 1984a). Thus, for the first time in American history, alcoholics received outpatient or inpatient treatment including psychotherapy which incorporated religious resources (McCarthy, 1984b).

Unfortunately, this paradigm, in which religious and spiritual resources were used simultaneously with the medical and psychological treatment of addictions, came to an end with the retirement of the founders of the Emmanuel Movement. The fate of the Emmanuel Movement was due to the reticent approach of positive sciences. Psychiatrists and psychologists who adopted the positive science paradigm had difficulty in understanding the role that religion and spirituality played in curing the addiction, and this distanced stance prevented the continuity of multidisciplinary studies that started with the Emmanuel Movement (Schultz & Schultz, 2007). In

the following years, the pairing of the concept of spirituality and addiction became more visible with the success of the Alcoholics Anonymous (AA, henceforth) doctrine. Such that, there were even those who talked about the effect of AA in the transformation of the conceptual content of spirituality (Pargament, 1999).

In this context, it would be appropriate to refer to the letter records in which Bill Wilson, who is one of the founders of AA and made spirituality visible in addiction treatment, talks about his own addiction story and Carl G. Jung's story of his patient (Rowland Hazard). In these records (Wilson & Jung, 1987), Wilson reports how Jung led Hazard, who was described as a desperate case, into the recovery process. Jung's advice to the patient, who apparently tried all medical and psychiatric treatment methods, to *place himself in a religious atmosphere and hope for the best,* was remarkable. It was reported that the patient joined a religious society called the Oxford Group and attained sobriety over time. Moreover, Jung - in his reply letter to Bill Wilson - emphasized that the craving for alcohol was equivalent to spiritual thirst and finalized the text with the words: *You see, the Latin "alcohol" is spiritus and the same word is for the highest religious experience as well as for the most indecent poison. Therefore, the useful formula is:spiritus contra spiritum*(spiritual versus alcohol). As understood, AA was built on the concept of spirituality and created awareness about the effectiveness of spirituality in the treatment of addictions. Through the studies of the Emmanuel Movement and AA*,* Gregoire (1995) argued that alcoholism was best understood as a problem that affects the body, mind, and spirit.

Combating addiction includes multidisciplinary efforts in which different disciplines act together to protect the health and peace of society and future generations. In alcohol and substance addiction, which has a complex construct, individual's needs could be different, and treatment methods might vary accordingly. In the treatment, it is emphasized to consider what works for whom (Ayten, 2020). Therefore, the complex structure of addiction increases the rate of achieving positive results with the complementary work of the multidisciplinary team in the prevention and treatment processes (Köknel, 1983). It is noteworthy that terminological differences make multidisciplinary treatment and research approaches increasingly important (Kranzler & Li, 2008). It is claimed that multidisciplinary approaches, in which the spiritual dimension is taken into account by supporting medical and psychological treatments, are more effective on this ground. Several studies confirm this claim (Carter, 1998; Sanchez & Nappo, 2008; Heinz, et al., 2010; Kelly, et al., 2011). Recent research findings show that there is an inverse relationship between spirituality-religion and addiction (Park, et al. , 2017).

DiLorenzo, Johnson, and Bussey (2001, p. 271) define addicts as *having entered a spiritual predicament—a spiritual void that contributes to the individual's risk of being*

completely lost. In this regard, it seems that the lack of values such as "existence of a transcendent power, meaning and purpose in life, and interpersonal relations" drags some individuals into a spiritual void, and they *attempt to fill this spiritual void with a chemical* reality (Forcehimes & Tonigan, 2009).Compensation of spiritual thirst with substance is an attractive option that brings the individual to the source of pleasure in a short time. Substance abuse can also be preferred as a short way to avoid anxiety (Geçtan, 2021). In fact, it is understood that in addition to painful physical conditions, mental problems are also tried to be met by material means (Dass & Gorman, 1985). Wurmser (1997, p. 101) explains this situation in these words: "*The high relaxation and pleasure sought with the help of chemical substance seems to be an ideal substitute for what would normally be provided by the inner sense of meaning, goal orientation and value orientation.*" In fact, this substitute value is a chemical mythology. Thus, the individual who avoids facing his problems gets away from his/her problems suddenly. However, s/he might not realize that s/he is not able to solve his/her problems,which drags a bigger problem to the center of his/her life. With substance abuse, the person is drawn into a paradoxical situation and is alienated from his/her own existence (Wiklund, 2008a). By developing awareness of the addicted individual's spiritual values and goalsand understanding that addiction constitutes an obstacle in reaching these values, the ability to develop appropriate behaviors can be improved (Treloar, Dubreuil, & Miranda, 2014). Besides, focusing on the patient's spirituality might reduce suffering and promote growth (Wiklund, 2008b). Spirituality-based practices and awareness programs could increase recovery, prevent relapse, and allow the person to discover their strengths in the long run (Carter, 1998).Therefore, strengthening spirituality plays a key role in finding one's meaning and purpose in order to overcome addiction (Forcehimes & Tonigan, 2009). In addition, it is underlined by some researchers that spiritual values in general and the lifestyles prescribed by religions in particular have a structure that prevents the paths to addiction and supports the healing process (Ayten, 2020). However, the point to be noted here is to consider the possibility that religion and spirituality might not be a viable option for all addicts sincethere is no one-size-fits-all method in addiction treatment.

Today, interdisciplinary models, in which the fields of psychiatry, psychology, and theology could work together against addiction, are on the agenda again and it is hoped that this approach might be more useful. As mentioned earlier, spiritual approaches in the struggle against addiction have a long history in the West. In our country, when the studies on alcohol and substance addiction are examined, it is seen that the literature has a rich content. However, it is observed that studies on the relationship between addiction and spirituality are still in their infancy and no systematic suggestions are offered in the fight against addiction, and spirituality-based approaches are mostly designed with traditional practices. There is a need for a systematic structure based on spirituality in the struggle against alcohol and substance addiction. In line with this need, Ögel, Ayten, İşbilen, Şimşekand Çetin-

Şeker (2018) developed a model called «Spiritual Based Addiction Counseling» (MTBD, henceforth) based on the spiritual dimension of the human being, and it is suitable for our culture with its religious and spiritual content. MTBD was prepared predicated on an interdisciplinary approach, and it includes religious and spiritual elements which could be applied in the treatment of alcohol and substance abuse, especially in the rehabilitation process. This counseling model aims to create an environment where the counselee feels himself/herself at home in terms of his/her spiritual values. Thus, bearing the awareness of religious and spiritual values in mind, we hope that the counselee will stay away from addictive substances permanently. In this study, the MTBD model was applied for the first time. Following sections reportthe implementation of the model and its effect on alcohol and substance addicts.

Method

Mixed method research design was adopted in order to benefit from the objectivity offered by quantitative research owing to statistical data and the opportunity of qualitative research to evaluate the social phenomenon in its environment (İslamoğlu & Alnıçık, 2016).The rationale behind this preference is to expect more effective result from the mixed method in understanding an individual or social problem. A long-term practice was carried out with addicts in order to understand alcohol and substance addicts and addiction and to fight against addiction. In-depth interview technique was used as it provides the opportunity to better evaluate the feelings, thoughts, and behaviors of alcohol or substance addicted individuals. Questionnaire technique was used to determine the trajectory of effectiveness of the spiritual counseling model applied on the participants. To reach the main objectives of our study, the interpretative phenomenological method was preferred among the qualitative research analysis techniques, and the survey technique was chosen in the quantitative section. In this context, our study, which includes theoretical, quantitative, and qualitative stages, provides triangulation. The data obtained from the study were discussed and evaluated in light of the relevant literature.

The Study Group

The study group was determined by criterion sampling, one of the purposive sampling methods that paves the way for in-depth examination of small groups. As it is well-known, in the criterion sampling method, the cases that meet the predetermined criteria are examined (Patton, 1987, s. 56). In this context, the criteria for inclusion in the study were characterized as (1)residing in Istanbul, (2) continuing alcohol and substance abuse treatment in any of the YEDAM branches in Istanbul, (3) having a spiritual sensitivity, (4)being over age 18, and finally (5) voluntary participation. The process of applying the MTBD model was carried out within the scope of permission,

inspection, and request of YEDAM officials. The interview process was initiated after the psychologists detected a spiritual predisposition in the counselee during the psychotherapy process. In this direction, the working group was selected among alcohol and substance addicts who requested the MTBD model program while continuing their addiction treatment at Başakşehir YEDAM, Cerrahpaşa YEDAM, and Üsküdar YEDAM branches in Istanbul between 2019 and 2021,and the study group was limited to 10 people. The descriptive characteristics of the study group are provided in Table 1.

Data Collection Tools

In the study, the Addiction Profile Index (API) and Addiction Progression Index (BASI) scales were used in order to obtain information about the socio-demographic characteristics, personal characteristics, and addictions of the participants as well as to determine the course of addiction. For qualitative data, a structured interview form and a structured evaluation form were used. Information on quantitative and qualitative measurement tools is given below.

Addiction Profile Index (API). TheAPI was developed by Ögel, Evren, Karadağ, and Gürol (2012) to evaluate different dimensions of addiction and measure addiction severity. The API consists of five subscales with 37 questions: socio-demographic questions including personal information such as date of birth, gender, marital status, and then *substance use characteristics, addiction diagnostic criteria, the effect of substance abuse on one's life, strong desire to substance abuse, and motivation to quit substance abuse.* Each subscale is scored in itself and the score of each subscale determines the overall total score of the scale. Answer options were prepared in a 5-point Likert type scored in the range of 0-4 points. In terms of internal consistency to measure the reliability of the scale, the Cronbach Alpha value (α) of the whole scale is 0.89 and the Cronbach Alpha values (α) of the sub-dimensions are in the range of 0.63-0.86.

Addiction Cruising Index (BASI). The BASI was developed by Şimşek, Dinç, and Ögel (2021) to measure the progress of treatment and the level of improvement in addiction in all areas. In BASI, factors are discussed in social and substance-related areas. Social factors include areas related to participation in life, mental state, family relationships, employment status, and physical condition. Factors related to the substance include the amount and the frequency of alcohol-substance abuse and the desire to use alcohol-substance. The scale measures psycho-social recovery as well as quitting substance abuse in recovery. The BASI is an 11-item Likert-type measurement tool that measures the treatment progress of addicts in social and substance-related areas, and the response options are scored in the range of 0-4 points. In addition, the highest score that can be obtained from the scale is 44. The Cronbach Alpha coefficient (α) of the scale was found to be 0.80.

Semi-Structured Interview Form. At least 8 in-depth spiritual counseling interview sessions were carried out with each of the participants in the study. In these interviews, in which the steps of the proposed model were covered, a semi-structured interview form was prepared separately for each step to be directed to the counselees. While creating the interview form, the relevant literature, especially the studies in the field of psychology of religion on alcohol and substance addicts, was examined. In particular, the twelve-step recovery program of AA was taken into account. Then, a pool of questions suitable for working with experts in the field of psychology of religion was created. The prepared questions were checked by a psychiatrist who is anexpert in the field of addiction, two clinical psychologists who are experts in the field of addiction, and three experts in the psychology of religion. In light of experts' opinions, evaluations, and suggestions, necessary revisions were made and the interview form was prepared. Pilot interviews were conducted with alcohol and substance addicts using this interview form. As a result of the pilot study, some questions were eliminated and some questions were shortened or modified. The final version of the questions was presented to the experts. As a result of their approval, the semi-structured interview form was finalized, and it was ready for the implementation phase of the model.

Evaluation Form. This form has been prepared in order to determine both the participants' views and suggestions regarding the MTBD Model and the changes experienced in the dimensions of emotion, thought, and behavior during the process. In-depth interviews were conducted with the participants. As such, questions about the general information about the model, the involvement of a counseling on spirituality and religion in the treatment process, the evaluation of the effect of spirituality on awareness, and change in the treatment process were explored.

Process

Preliminary Preparation. The steps of the MTBD Model were created by a team of 5 people, including the researcher, psychiatrists, psychologists, and psychology of religion experts. The content of the steps of the model was prepared by the researcher by examining the relevant literature and evaluated by the same team. The first version of the theoretical structure of the model was presented at the International Spiritual Counseling and Guidance Congress (Ögel, Ayten, İşbilen, Şimşek, & Çetin-Şeker, 2018; Ayten, 2020) held in Istanbul.This version of the model was restructured by the researcher, a pilot study was carried out, the content of the steps of the model was revised, and then the model was finalized.
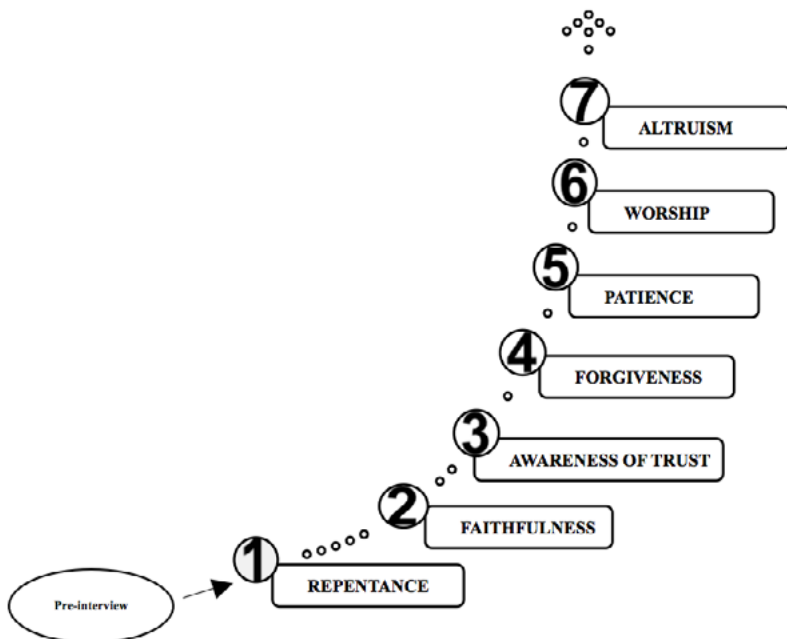
Spirituality Based Addiction Counseling Model Interview Process and Evaluation. Each YEDAM counselee, who requested Spirituality-Based Addiction Counseling, were met in the prepared environment, namely in the meeting room

of YEDAM psychologists or social service professionals, through the YEDAM Public Relations specialist, on the day and time determined in accordance with the counselee and the spiritual counselor. The purpose of the meeting was explained to the counselee at the first meeting. Written informed consent was obtained by giving information about the nature of the interview sessions, how long they would last, the purpose of the audio recordings. Moreover, it was explained to the participants that the data obtained from the interview would remain confidential and that the interview sessions would continue as long as they volunteered to attend. In addition, the participants were informed that the voice recorder could be turned off at any time. First of all, a pre-interview session was carried out in order to determine why the client requested and what his expectations were for Spirituality-Based Addiction Counseling Model. Furthermore, information about the client's addiction history and religious and spiritual history was obtained.

The participants were informed that the interviews would be held weekly. As mentioned before, the MTBD model applied in the rehabilitation process of alcohol and substance addiction consists of 0+7 structured steps. These steps were carried out one-on-one by the researcher with each voluntary addict participating in the study, and an interview was held in the last session about the evaluation.

Figure 1.
Spirituality-Based Addiction Counseling Model

The Spirituality-Based Addiction Counseling (MTBD) Model. The model consists of 0+7 steps, and the progression of the steps consists of a sequence that will contribute to the rehabilitation process of the addicted individual. The steps of the model are interconnected and each step prepares the individual for the next step. The model includes a spiritual repair process that reaches altruism by starting the reconstructed life with repentance. At the first stage, the model constitutes the beginning of the journey to gain different perspectives by listening to the counselee's story effectively by the spiritual counselor as in all counseling processes. In the preliminary interview with the addicted individual, the spiritual counselor first introduces himself and obtains information about the addiction status of the addicted counselee. After the preliminary interview, the MTBD model includes a spiritual process that reaches altruism by starting the reconstructed life with repentance (step one). *Repentance* is the beginning of a spiritual process that begins when a counselee realizes that his relationship with Allah is about to deteriorate and that he accepts his mistake and confesses it to his Lord. The second step involves *honesty (*faithfulness*)* first to oneself, then to the creator, family, and the others. In the third step, the *sense of responsibility* and awareness of responsibility are reminded. The fourth step includes the process of *forgiving* the individual, his past, and reconciliation. The fifth step includes *patience* with the challenges of coping with addiction. In the sixth step, the individual learns to receive support from *prayer* and worship in the process. The seventh and final step is *altruism*. It is ensured that the individual gains awareness that he can do something for others. Each step has basic questions, similes, spiritual/moral stories, and religious text readings. This model is considered as a complementary supporting process to the psychological treatment that the individuals receive during the rehabilitation process.

Analysis of Data

Evaluation of Quantitative Data. The scales were applied in a test and re-test design. Thus, to understand what kind of change the participants experienced during the MTBD process, the quantitative data were analyzed in the SPSS program.

Evaluation of Qualitative Data. During the analysis of the data, the questions posed to the participants within the scope of the research and the steps of the model were taken into account. Thus, the upper and lower themes were determined by the phenomenological analysis method. The data analysis is as follows:i) the interviews on the voice recorder were deciphered without intervention and converted into written text;ii) A holistic evaluation of the participants' experiences was made and themes were organized,iii) In this direction, the processes of defining and interpreting the findings were carried out respectively. While performing data analysis, the conversations on the voice recorder were transcribed verbatim, and transcripts were carefully read from beginning to end, thereby making a holistic assessment of the participants' experiences. Themes were identified and the findings were interpreted.

Results

In this part of the study, the quantitative and qualitative findings obtained as a result of the analyses were included. In the quantitative part, first of all, the descriptive characteristics of the participants and their addiction trajectories during the Spirituality Based Addiction Counseling model interviews were presented in order to reveal the socio-demographic profile of the participants.

Quantitative Stage

Table 1.

Socio-Demographic Profile of the Study Group

Nickname	Gender	Age	Marital Status	Education Level	Working Status	Economic-Situation	Substance Used
Umut	Male	27	Single	High-school	Has an irregular job	Middle	Cigarette, Alcohol, Synthetic Cannabinoid (Bonsai)
Salih	Male	48	Married	High-school	Has a regular job	Middle	Cigarette, Alcohol, Marijuana
Fuat	Male	33	Single	High-school	Has a regular job (family business)	High	Cigarette, Alcohol, Marijuana, Cocaine, Stone (Crack Cocaine)
Onur	Male	44	Single	High-school	Has an irregular job	High	Cigarette, Alcohol, Marijuana, Cocaine, Stone (Crack Cocaine)
Kerem	Male	39	Single	High-school	Has an irregular job	Middle	Cigarette, Alcohol, Marijuana
Selim	Male	52	Married	Middle-School	Has an irregular job	Middle	Cigarette, Alcohol
Tamer	Male	36	Married	High-school	Has a regular job (family business)	Middle	Cigarette, Alcohol, Marijuana, Synthetic Cannabinoid (Bonsai), Ecstacy (Ecstasy)
Özgür	Male	24	Single	Associate degree	Has a regular job (family business)	High	Cigarette, Alcohol, Synthetic Cannabinoid (Bonsai)
Arda	Male	56	Married	High-school	Retired	Middle	Cigarettes, Alcohol, Marijuana, Ecstasy
Barış	Male	27	Single	High-school dropout	Unemployed	Low	Cigarette, Alcohol, Synthetic Cannabinoid (Bonsai)

It could be seen that the entire study group was male, their age ranged from 24 to 56, and the majority of them were single. It was observed that one participant was an associate degree graduate, half of them were high school graduates, and the rest were secondary school graduates. The employment status of the participants was categorized in two groups as *irregular jobs* and *working in a family business.* Apart from one participant, the economic status of participants was average or above the average. When the distribution of the participants' substance preferences was examined, it was determined that one participant was addicted to alcohol, the other nine participants were addicted to drugs and at the same time consumed alcohol heavily. Except for three of the nine substance-addicted participants, the first substance they used was cannabis, with the exception of cigarettes and alcohol. In addition, it was determined that some participants used cocaine, ecstasy, and bonsai.

Chart 1.

Addiction Course of the Participants
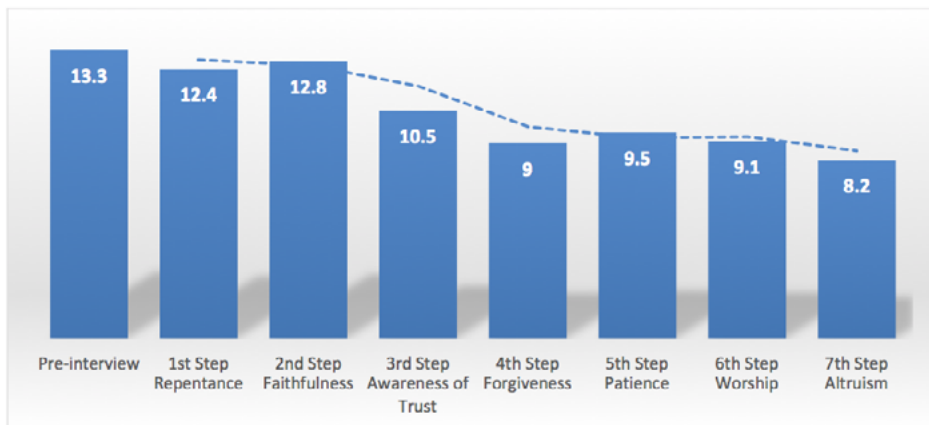
When we examined the course of the participants' addiction in BASI, a slow but steady improvement was observed in the participants, with slight fluctuations in the period from the pre-interview step of the model to the last step. Given the findings obtained from the qualitative part, it was seen that the participants developed awareness of how their addictions affected them psycho-socially and spiritually during the basic steps of the model. In our study, it was witnessed that each participant had a unique addiction story, and each had their own strategies in coping with it. During the interview process, it was observed that religious and spiritual references somehow took place in these individual coping strategies, and the model we applied overlapped with the strategies of the participants. It was observed that the awareness that the participants developed during the steps of the model was significantly effective in transforming their lives. We also noticed that their awareness was a motivational element that reinforced the basic treatment and rehabilitation processes in the struggle to get rid of addiction and added religious and spiritual meaning to this process.

Qualitative Stage

Interview data were analyzed within the framework of the research problem, and the upper and lower themes were determined in parallel with the steps of the model and dealt with in a certain order.

In the preliminary interview, the spiritual counselor established a bond with the counselee and posed questions to the counselee in order to get to know the counselee. In this *pre-interview step*, in which the basis of the model's functioning was laid, the addiction history of the person was discussed in detail and the risks and opportunities in the person's fight against addiction were determined.

At this preliminary interview stage, questions were asked to the participants in order to determine the basic dynamics of the person's addiction. As a result of the first interviews, it was determined that the factors affecting the participants' initiation to alcohol or drugs were shaped around two themes: sociocultural factors and mental problems (Table2).

Table 2.
Factors Affecting the Addiction Process

Sociocultural Factors	So the circle of friends and the environment were bad. Our neighborhood was bad, the school was bad, it was filthy. There was a lot of alcohol. Back then, we had marijuana, we drank a lot of alcohol, we were skipping school. It started at that time, and I came to this situation by following the circle of friends. (Barış, 27)
	My girlfriend dumped me that day. I was depressed, I said to my friends'let's drink'with a depressed mood. We shouted. At the end, we got started. (Fuat, 33)
	There is no settled family structure. In other words, the relationship with the father, the relationship with the mother, unfortunately, does not exist. The lack of love has already caused me to shift outward to drug, to lead me to the drug in time, and lead me to different ways, unfortunately! (Salih, 48)
Spiritual Problems	My son died of blood cancer. A month later I went to the army. They didn't postpone my military service either. I mean, Iwas confused. During that military service, the first 5-6 months, I was in a very bad situation. I think I can't say that this is the reason. I mean, it's like I changed after that. (Onur, 44)
	"…I have bipolar disorder." (Fuat, 33)

The MTBD model is based on one's own spiritual approach. Therefore, the starting point of the model is the spiritual world of the counselee. Understanding whether and

Table 3.
Spirituality Story

Source of Spiritual and Religious Knowledge	Actually, I have taken these religious trainings since I was very young. My mother is actually very religious,youknow, pray five times, but my father has nothing to do with these things. They were sending me for the Quran study since I was a child, that's how I went. …Okay, we were learning the Quran, but when I couldn'tread I got a slap on the back of the neck, that wasn't pleasant anyway, it's like I'm a bit cold to religiondue to the events that I experienced with my father. (Umut,27)
	Our biggest dynamic is our grandfather. He always performs five daily prayers. He is a person who went on pilgrimage and fulfilled the conditions of belief in Islam. I mean, because we saw him, we always went that way keeping that awareness in mind. We lived downstairs, and my grandparents lived upstairs. He prays constantly. He constantly tells us about religious matters for the right path. (Onur, 44)
	…My family was not spiritual, but I always had it. For example, in the fifth grade, our class teacher would take us to Friday prayers. He used to make us fast during Ramadan, for example, for a month. I mean, we kept it not by force but due to our own free will. Every evening we would go to one of our house for iftar. We would break our fasts. Every evening, iftar was served somewhere. It has had an impact on me ever since. (Barış, 27)
Fate-Fatalism	There is a destiny drawn by Allah, you are in it. But, there, for example, you can do zigzags yourself. But, there is a certain thing. If he wanted to, he would. It is destiny, whatever it is. It is in human hands to change our destiny, but if only Allah wills or not…I'm praying and leave it to the God. For example, if God wants to test me with this thing again, he will. I will fight again. You have to look at the appraisal. (Özgür, 24)
	Let's call it a test. Everyone's challenge is different. I was disgusted with the substance, it was presented to me as beautiful (Özgür, 24)
	I will say that this is how it is. This is my own chosen path. You know, a bad way, a good way. We chose the bad path. But, I mean like this, I think like this. I say probably, Allah Almighty did not give up on this servant, but we suffered a calamity, we are trying to move forward on the right path (Selim,52)

how spiritual values and religious practices work in the addicted counselee's recovery from addiction (DiClemente, 2013) is the key element of our model. Breslin, Reed, and Malone (2003) explain the importance of gaining insight into the addict's spirituality in the addiction treatment process as follows: *Evaluating how spiritual orientation relates to one's substance abuse helps treatment providers understand how each individual views himself or herself in terms of individual worth.* From this point of view, questions were asked to determine the boundaries of the spiritual world as well as the substance abuse history in the pre-interview step. In this context, in each pre-interview, a spirituality story as an upper theme and the source of spiritual and religious knowledge and destiny-fatalism as sub-themes were determined (Table 3).

Finally, in the preliminary interview, the attitudes of the participants were tried to be determined in order to understand the effect of spirituality on quitting alcohol and drugs. Within the scope of this theme, two sub-themes (Table 4) emerged: *Remembering religious and spiritual values in alcohol or substance use,fear of death, and belief in the hereafter.*

Table 4.
The Effect of Spirituality on Alcohol and Substance Cessation

Remembering Religious and Spiritual Values in Alcohol or Substance Abse	For example, I would smoke marijuana and listened to Cübbeli. After that, we would open it, for example, some friends drank alcohol, okay? Someone used to say that I took the blame, he would listen(surah) Fussilet, there I used to read the subtitles. We would go into religious matters, so it was something different. So we have it inside. (Fuat, 33) I am truly afraid of God. But the drug abuse has become a habit. (Barış, 27) We were drinking alcohol, saying, "God forgive us." (Selim, 52)
Fear of Death and Belief in the Hereafter	Fear of death tickles me. What are you going to do on the other side, what the hell are you doing, how are you going to fix it?For those who are addicted like me, it is actually easy to get rid of addiction.A little fear (fear of the hereafter, heaven-hell) is enough for a person. Again, let me say for myself, we cannot generalize. When one is afraid, one can stay away from bad habits. But I can't stop smoking. (Selim,52) God knows the best of everything, but according to the prescription, this is the case. Now we have to follow that recipe in order to prepare for it. So this is what discouraged me. Okay, my soul will want it somehow, X and Y will want to go to the festival in the place, we will also want Burning Man or what we will want in friendships, but it was enough at one point, okay, we made those mistakes, they are in the past. Then to enjoy and savor a different life. It will be necessary to act with the thought of discovering the flavors there. That's what makes me. (Kerem, 39)

First Step: Repentance

In the MTBD model, the belief element is included in the act of quitting the addictive substance or substances with the step of *repentance*. An emotional dimension is added through faith, and the act of quitting is supported by sacred values to make it more effective and permanent.

Except for one (Barış, 27), the rest of the participants quit alcohol or drugs when they started the MTBD model interviews, but they did not know how to manage the

process. It was determined that some of the participants repented of the substance abuse (Salih, 48; Fuat, 33; Arda, 56); some of them (Onur, 44; Kerem,39; Selim, 52; Tamer,36; Özgür, 24) were open to repentance when the subject of *repentance* came to the fore with the step of repentance, and some of the others (Umut, 27; Barış, 27) did not feel ready to repent yet.

Table 5.
Repentance

Meaning Given to Repentance	I know very well what repentance is. But I don't feel ready right now. Why don't I feel ready now?Because I don't trust myself right now. My state and actions after repentance are very important, so I cannot trust myself. In many things, not just substance, but bad habits, bad words, something to fix myself. You know, I have something for all of them, but right now I'm a little scared. (Umut, 27)
	People say that since the door of repentance is open to everyone, you can do whatever you want. It introduces them to sin and also to goodness. It pushes him to sin, he says go, look, come back to me. I mean, he likes us to beg, I mean. He wants us to beg, he wants us to pray more. Repentance is very important. But I am not ready for repentance. I can't promise because I know I can't keep it. I don't feel ready. (Barış, 27)
	I heard about Nasuh repentance, but I could not learn it completely. Maybe because I was a little scared, I was afraid that I would break my repentance. I have never repented. But,I prayed a lot that God would not make me drink. I did not repent for fear of breaking my repentance. (Selim, 52)
Experience of Repentance	I performed salat, I prayed a prayer of repentance in my own way. After that, yes, my God, I repent, it was Friday, as if I would not drink again. I didn't think much of it on Saturday. It's weird, it's gone from my mind that I repented. The desire for substance overwhelmed me, I immediately talked to myself a little, I tried, I thought about the bad things he had done to me, I thought that I had repented, so I relaxed a little. Let's see how we will keep our repentance. Afterwards, I thought a lot, I wonder if I repented early, but when I thought very right what you said, I already said that I already repented like this by entering this path. (Umut, 27)
	May Allah accept it, I repented many times, but I hope Allah forgive me, the last job was 7 months ago. That day, with the support of my mother, I got up at night and prayed one or two rak'ahs. I read a verse from the Quran and prayed. Let's say my prayers have been answered. I haven't used it until now. (Onur, 44)
The Expectation of Miracle and Trouble	In fact, you are subconsciously waiting for a miracle. I also say that even if something happens, I start the prayer, let go of the substance. Or something will happen to us, then we will have to leave. We will either go to jail, or the police will catch us. (Tamer, 36)
	You know, I was walking on the wrong road so much that I always said: When are we going to be slapped? With street language, let's see when we will be in trouble, when we will get into trouble?Can we get up in the morning? But, get up and continue with the old system. As soon as I had this accident, I said,'oh thank God, the trouble I was waiting for finally came.'From now on, I have to be a man, a normal person. (Selim, 52)

Second Step: Faithfulness

Research studies indicate that addicts have a tendency to resort to "lie" in order to reach the substance because their relatives and society do not welcome them, and they use addictive substances that are prohibited by legal authorities (Mutlu, 2015). Coping with lies can sometimes spread throughout life. In this sense, an awareness-raising training has been carried out on how our work's faithfulness step and inability to be honest affects their lives in the long run. Within the framework of the faithfulness theme, three sub-themes were determined: (1) the meaning given to faithfulness,(2) the meaning given to lying, and (3) the experience of faithfulness (Table 6).

Table 6.
Faithfulness

Meaning Given to Faithfulness	If a person cannot control himself, he cannot control anyone else. If a person does not respect himself, he cannot have respect for anyone else. This is my view;faithfulness is a fundamental element in all relationships. So, I guess nothing would work without it. I can say that the key element is trust (Fuat, 33) …To build trust in people. (Tamer, 36)
The Meaning Given to Lying	Lying is not a good thing. There were times when I was not telling the truth because of what I did. For example, when I was using drugs with my friends, when they called me from home, I was lying that I was in a religious meeting. (Tamer, 36) Now let me tell you that there are processes in which every person is prone to mistakes. I had times like this when I was younger. First of all, you save the moment with family and relatives by filling up with lies, but after that, it comes back as restrictions. This time, you break the trust of the person in front of you and you inevitably enter a dead end. You are stuck at dead end road. (Fuat, 33)
Faithfulness Experience	We spend time together in the evenings. I do not have a problem with my family. They are relieved because they know that I am here, that is, they know that I am under the roof of YEDAM. There is no snooping anymore. But there is just one thing. For example, when I was leaving the house, my mother asks, "When will you come, son?" I say "I will come at this time". If I'm a little late, my father pouts and asks "Why are you late?", he becomes suspicious, however, there is nothing to be suspicious. (Onur, 44)

Third Step: Trust Consciousness

In this step, awareness of trust is the main theme. During this step, how an individual gain trust in their relationships is discussed with the participants. Trust consciousness was considered both as a religious dimension that includes the relationship between God and servant and a social dimension that includes human relations. For example, from this perspective, life, youth, and health (physical and mental) are a trust, and family and friends are also a trust. Within the framework of the upper theme of trust awareness, the meaning given to trust, health problems, and trust and trust experience sub-themes were created (Table7).

Table 7.
Trust Consciousness

Meaning Given to Trust	I've been observing myself for a while. Taking care of my physical health, for example. (Kerem, 39) When I think of trust, the first thing that comes to mind is to protect the next generation. (Salih, 48) Entrustment is very important to me, be it my own trust or the trusts of those around me. This is really a beautiful thing. We must explain the importance of this to our environment (Arda, 56)
Health problems	Having health problems makes me quit. Recently, sores started to appear on my body. It scared me too, at that time I wanted to go and quit. (Barış, 27) I mean, it has bad effects on my body. I realized that it harms my brain, it harms my body. When I use it, my heart aches, my chest is tight, I could not breathe. I mean, I've come to the extreme. Experiencing these also had an impact on me in terms of quitting the substance. (Özgür, 24)
Trust Awareness Experience	I'm making changes to my diet. It seems to me that when I eat too much, life becomes unproductive. I stopped eating cheese. Cheese is the hardest to digest dairy product, actually. (Kerem, 39) I lost my car. He put me in prison; the breaking point of my life. By the way, the car was entrusted to me from my father. Previously, when I was entrusted someone's car, I used to drive it fast as if it was my own. I did not know that entrustment is so much important then, but now I'm care about it. (Fuat, 33)

Fourth Step: Forgiveness

At this step, the concept of forgiveness is discussed in four different dimensions: forgiveness of self, forgiveness of others/interpersonal, forgiveness of situation/event, andforgiveness of God. In this step, the relationship of the person with himself and others is examined. Therefore, it is a question of making peace with oneself and the others. The findings about *the meaning given to forgiveness,* and the sub-themes of *forgiveness* and *forgiveness experience* are given in Table 8.

Table 8.
Forgiveness

The Meaning Given to Forgiveness	Forgiveness is greatness. But it is also a little difficult to forgive everything. (Onur, 44)
	The greatest forgiver is Allah, after that our family. (Tamer, 36)
	Are we more powerful than our Almighty Lord? He forgives unimaginable things, but we do not forgive what He forgives.(Arda, 56)
Forgiveness or the Experience of Forgiveness	My family has forgiven me over and over again for my substance abuse. I need to be on the right track. According to them, if we go wrong, if we repeat them all the time, trouble will occur. (Tamer, 36)
	For years, I was very angry with a friend of mine. … I said myself that the same could happen to me… When I thought about this, my anger at my friend went away, I forgave him. (Umut, 27)

Fifth Step: Patience

Patience is one of the virtues that a person needs most in his journey to fight against addiction. In this sense, the step of patience involves increasing the counselee's resilience in the difficulties of the recovery process from addiction and the difficulties of craving for the substance. In addition, with this step, attention is drawn to the instructive and constructive aspect of the difficult and troublesome events encountered in life. Moreover, its contribution to the personal development and spiritual maturation of the human being is underlined. In this framework, the findings about the meta-theme of patience, the meaning given to patience, and the patience experience are given in Table 9.

Table 9.
Patience

The Meaning Given to Patience	Is it to put your trust in God and ask for help from the Almighty God in the face of existing bad events, in the face of what happened to me, and so on.? In the face of such difficult situations, people experience it in some way. I wonder if I misunderstood… (Kerem, 39)
	Patience is the reaction when the calamity first strikes... (Salih, 48)
Patience Experience	I have had a bit of a cigarette in the past few weeks. On the one hand, I am still patient with it. Something happened to drugs, too. I am trying to detect what triggered it. It could be the mood… But here I am patient. (Kerem,39)
	I got a big desire this week. For example, I stopped for the first time, like what is going on with me. I said to myself,I will delay it to the later; Let's go all the way home, let's see what is going to happen. Then it passed. I kept myself busy and persevered. (Umut, 27)

Sixth Step: Worship

In the step of repentance, the counselee makes a promise to his Lord by reviewing his relationship with Allah and embarks on a long journey. The step of *worship* is

a stage in this journey where a person reinforces the promise he has made at the beginning and takes his relationship with the Creator to a higher level. It is an important source of motivation for a person to feel the help of Allah when he is not with any of the family members or experts who support addicts to get rid of addiction. Thus, a person always remembers that he is under the "control and supervision" of Allah (Bayrakdar, 1987, s. 9-11). On the other hand, when it comes to alcohol and substance addiction, attention is drawn to the effectiveness of prayer, especially in preventing relapses (Sanchez & Nappo, 2008).

When religious rituals come to the fore with the step of worship, state of calmness, and lamentation was observed in almost all of the participants. During the interview, it was understood that this situation was due to the desire to perform the prayers but the lack of continuity in the prayers. In addition, each of our research participants reported that they cared about prayer. In this context, the meaning given to worship and prayer within the framework of the upper theme of worship and the findings regarding the sub-themes of worship, prayer, and dhikr experience are given in Table 10.

Table 10.
Worship

Meaning Given to Worship and Prayer,	To be in contact with God… Keeping the contact remains in contact. You continue that relationship and it strengthens you. One of the biggest factors for staying in a halal circle is prayer. Prayer is the pillar of religion. It is necessary to perform the prayer… (Salih, 48) It is a kind of relationship anyway, but it is not like talking to Mosesof course, but there is a connection, God says, "I will reciprocate." It means that you are already in contact with God in a way. I pay attention to things, for example, I pay attention to the feeling that comes to my heart, it is usually true. (Salih,48)
Worship, Prayer and Dhikr Experience	For example, when I do dhikr, it seems as if the Prophet was giving me advice. This is how I get inspiration…When I say salawat, when inspiration comes, I say, I guess this is an advice of our Prophet to me. They say that while praying, do not think about anything like that, they say only think about Allah. (Fuat, 33) I do not know how to say this, the only way to get rid of substance abuse or whatever, is worship. I mean, would you believe, I performed a prayer for eight months. Nothing came to mind. But, after that, I remembered that period. I stopped praying after eight months. Here I had a period of slipping. But, worship is the solution to everything. Due to my work, I can only go on Friday at the moment. But worship is the solution. (Onur, 44) I continue to use drugs two days a week. I went on Friday last week. The day I went to Friday, I did not use it that day to go to Friday prayer. (Barış, 27) I am very good today. In fact, during our session with the psychologist lady, she told me that I was very energetic today. And I said to her: Ms. Nihal told me a surah (Surah Inshirah). I was relieved to read it. Now, I am trying to memorize it. I also shared this with my mother. My mother did not know either, so she started memorizing. That is great, thank you really. You shared such a thing with me. I prayed for you that day and I still pray for you. Why? Because I have been very happy since the day you really told me that surah. My life has been different, it seems. (Onur, 44)

Seventh Step: Altruism

In altruism step, which is the last step of our model, the meaning of altruism was asked*(what does altruism mean to you?)*.Almost all of the participants responded by squinting their eyes. It was observed that the participants were unfamiliar with

the concept of altruism, they wanted further explanation. The findings regarding the altruism step are given in Table 11.

Table 11.
Altruism

Meaning Given to Altruism	You said altruism, I have never heard of that phrase. (Salih, 48) People goes towards selfishness in the social life without being aware of it. To get out of this situation, I try to be altruistic as I witness it. That is, altruism is a virtue that protects people from being selfish. (Kerem, 39)
Experience of Altruism	I directly assist young people starting at the age I started. When I say advice, I reflect the things I experienced at that moment, and the things I experienced between the ages of 25 and 41. (Onur, 44) We can come across altruism in many things. A person should be altruistic to his closest environment at first. On the bus, when you get off the bus, in public transportation vehicles, there are many occasions at work, with the neighbor, at the grocery store, with an aunt in the queue. It is happening right now. (Kerem, 39)

Both at the end of the model's steps and at the conclusion of some interviews, open-ended questions were asked to the participants about the operation and effectiveness of the MTBD model.The opinions of some of the participants about the model and the interview process are presented in Table 12.

Table 12.
Evaluation

Opinions and Thoughts of the Participants on the Model	These conversations are helpful, obviously. I was really, really depressed when we took a break last week. As I talk to someone like you, who has learned this science, I can do things more regularly, I can think. I can even switch apps this way. When I was told about Spiritual Counseling, I wanted to see you right away. I thought you might understand me on many common points. It feels really good to talk to you. During this time, I try to think and understand them, etc. I am working or something. Then I come across things related to those issues. Do not think about them etc. It also provides an opportunity. It sounds good, I feel better, I really do feel better. As if something changed my life spiritually, etc. I can see it too. It has beautiful repercussions in my life. I pay attention to my prayers. If it was not working for me,I would leave it somewhere. (Kerem, 39) Sometimes, when I am very enthusiastic when I am at home, for example, I immediately think that I have entered a path. That I should never stray from this path, I repeat it over and over in my mind. Then, I immediately think of the day when we will meet with you… It is like I programmed myself like this; be patient until that day, Do you understand? That is how it occurred to me. You will have to wait until Thursday. I have been patient until Thursday, so after talking to you, I already feel relieved, I feel really good. This lasts me, for example, for three or four days, it is like I have always programmed myself like this (Umut, 27)
Evaluation of Participants' Achievements	I come here to talk to you, but it could go in one ear and out the other. But that is not how it ever happens. I remember a lot of things you said while driving in the car or at home. Gradually, the regret is overwhelming. It is oddly heavy. After our conversations with you, my thoughts about my father were reversed, why did I do this to this man. I have made people squint for other things that matter.(Umut, 27) One of the biggest pillars of my strength right now is that the door of repentance is open. We do not have many faces, but I repent and spiritually support my repentance. The more I take care of myself in a spiritual sense, the more they affect my life, and they affect me to become stronger. (Salih, 48) Our Lord is very merciful, I took refuge in him and repented. I believe that I have succeeded in quitting the substance with the help of Allah. (Özgür, 24)

Discussion

The present study attempted to develop, implement, and test the effectiveness of the MTBD model, which is predicated on an interdisciplinary approach that includes religious and spiritual elements that could be applied in the treatment of alcohol and substance addiction, especially in the rehabilitation process. In the qualitative part of our mixed method research, phenomenological analysis was used. In the quantitative part, scales were used to evaluate the addiction profile and addiction course of the participants. The total score of the API scale applied to the participants in order to evaluate the different dimensions of the participants' addictions and to determine the severity of addiction. The lowest score for the *severity of addiction* was 6.34, the highest score was 12.8, the arithmetic mean was 9.59, and the standard deviation was 1.84. According to the cut-off points of the scale, the addiction severity level of the study group was determined as medium addiction severity. When we examined the addiction courses of the participants in BASI starting from *the pre-interview* step of the *MTBD* model and throughout the basic steps of the model, it was seen that the level of improvement reached by the participants in the last interview (*Step 7 Altruism*) was better than the pre-interview steps. In this context, it is possible to claim a slow but steady improvement in the participants from the *pre-interview* step of the model to the *7th Step*.

How do they start?

Puberty and peer pressure. When the findings obtained from the interviews carried out with theparticipants of our study at the pre-interview step are interpreted as a whole, it is seen that almost all of the participants met with alcohol or drugs in the friendship environment during their early teenage years. It seems they tried the substance in a friendship environment where they felt comfortable and safe. Erikson (2014) states that the psycho-social crisis of adolescence is identity confusion. According to him, the influence of parents on the individual decreases while the influence of peer groups increases during this process. Therefore, to be part of the peer group,young person tends to adopt to the values of peer groups and fulfill those values both verbally and behaviorally.It appears that the participants entered the addiction process by making the mistake of trying or using the substance in order to get the approval of their peers.Therefore, "adolescence and peer influence", which was expressed as a result of many studies (Ögel, 2017, p. 35-36) and observations, was also confirmed in our study.

Another issue is that during adolescence, when young people try to find out who they are, they try to separate themselves from their parents, struggle to become independent, and identify with people or groups they feel close to. When this growing process cannot be managed well, the adolescents might be dragged into addiction

while seeking independence (Semerci, 2016, p. 35). Therefore, it appears that the participants did not manage their search for independence well in adolescence. Another characteristic of the adolescence period is that the brain has not yet completed its development (Eagleman, 2015). Studies have reported that the *prefrontal cortex*, which is responsible for skills such as decision making, reasoning, and evaluation, is underdeveloped in the adolescent brain, but the *limbic system, which* is the emotional center, develops very well (Spear, 2000). This situation causes young people to display risk-prone, impulsive, moody, and emotional behaviors (Plotnik, 2009, p. 411). In our study, it was determined that some of the participants (Umut, 27; Fuat, 33; Arda, 56; Barış, 27) preferred addictive substances as a coping tool when they could not face the problems they experienced. Studies indicate that the insufficient development of coping skills, especially in the young group, is considered as a risk factor for addiction. It has been reported that some individuals with insufficient coping skills take shelter in addictive substances and develop tolerance to addictive substances over time and become addicted (Russell, Skinner, Frone, & Mudar, 1992; Eftekharia, Turnera, & Larimer, 2004).

Family relations. Another notable factor that was found in our study is "family relations". Some of the participants (Umut, 27; Salih, 48; Tamer, 36; Arda, 56) who started addictive substances for the first time in a friend environment stated that the main reason for starting alcohol or substance abuse is family relations. In the literature, it is reported that friend influence and family problems are the leading factors in studies conducted to determine how and why addicts become addicted (Ögel& Tamar, 1996; Erdamar&Kurupınar, 2014; Yaman, 2014; Öz&Alkevli, 2018; Danışmaz-Sevin&Erbay, 2021; Karataş, 2021). The findings of our study are in line with the literature. It is possible to say that the studies conducted in this direction and the results of our research support each other.

How do they make sense of the addiction?

Determining how addicts make sense of their addiction situation is an important detail in terms of the function and success of the model, whether it contains religious and spiritual elements. It has been observed that the majority of the addicted individuals (Umut, 27; Fuat, 33; Onur, 44; Kerem, 39; Tamer, 36; Özgür, 24; Arda, 56) who participated in our research, had their religious knowledge from their family or close relatives like grandmother and grandfather. As seen on Table 3, all of the participants learned spiritual information more or less from their families or through other people. Therefore, it is understood that all of the participants who requested *The MTBD Model* had a spiritual background.

In the interviews with these participants, it was seen that some of the participants explained their addiction status with *fatalistic* approaches. For example, it is

observed that Özgür attributes his addiction to a superhuman factor with his fatalistic approach to addiction. Thus, it is understood that the participant tries to protect his/her self-efficacy by neutralizing himself, and this approach has turned into a defense mechanism tool. It is possible to say that the participants use the belief in fate as a defense mechanism to protect their own self-worth.

Religion, spirituality and coping with the addiction

Studies indicate that religious and spiritual values are the determining factors that shape people's daily life and affect their behaviors (Özbaydar, 1970, p. 5). Although the religious knowledge that the participants learned during their childhood and adolescence did not prevent them from using alcohol or drugs, it was stated by the participants that they did not let go of them during alcohol and substance abuse. It is understood that the participants developed an attitude towards things that religion did not tolerate in their childhood and especially in their youth, and when this attitude is challenged, they experience cognitive conflict. It is possible to evaluate this experienced cognitive contradiction as one of the factors that carry the person to the journey of getting rid of addiction and that this action is an effort for change. On the other hand, as can be seen from the statements of the participants (Selim, 52; Kerem, 39), they are not indifferent to the reality of death and the doctrine of the hereafter. The thought of death and belief in the hereafter could be considered as effective factors in quitting addictive substances and getting rid of addiction.

In our study, we explored to what extend participants' religious and spiritual values can play a coping and overcoming factor in drug and alcohol addiction through the steps of MTBD model.

Repentance

Some of the participants (Salih, 48; Fuat, 33; Arda, 56) experienced the act of repentance before, some (Onur, 44; Kerem, 39; Selim, 52; Tamer, 36; Özgür, 24) experienced repentance with the step of *repentance*, and the others (Umut, 27; Barış, 27) resisted to repent even though they quit the substance. However, it was observed that the resisting participants eventually adopted repentance in the process. When we consider the repentance experiences of the participants in general, it is understood that they are aware that they need to change their way of life through the act of repentance, but they cannot fully trust themselves in this regard.

It is seen that their views about repentance are shaped in two frameworks: repentance is something should be done *now* and something should be done in *the future*. It is understood that some of the participants developed an attitude of -all or nothing- to repentance. In other words, they attributed a meaning that repentance

should be done at a future time with the belief that it would be a behavior that could be realized with a radical change in the whole life style. This finding is in line with the finding of other studies. For example, in Yaman's (2018) study, it was reported that *Apache youth who want to get rid of addiction* interpreted repentance as an action that should be taken when the *time comes*.

One of the most significant finding in the step of repentance was related to the miraculous story of Bishr-i Hafi. His story of repenting to alcohol was shared with the participants. Bishr-i Hafi, an alcohol addict and tavern regular, once again goes to the tavern to drink alcohol, and on the way, he sees a piece of paper on which the word Allah is written. He picks it up from the ground and preserves it. Upon this occasion, he repented of drinking alcohol and would not drink alcohol again. In fact, throughout the rest of his life, he preached the religious truths to those who drank alcohol in taverns by making efforts to get rid of addiction to those who drank alcohol or to stopped drinking alcohol. During the interviews with the participants, it was understood that this story of Bishr-i Hafi made the participants expect miracles instead of motivating them and reinforced the existing miracle expectations of the participants, and it was seen that such a belief was a dominant theme among the participants.

This miracle expectation, which we label as "Bişr-i Hafi Syndrome" in addiction, sometimes appears as an unexpected "trouble". For instance, it was seen that Selim, one of our participants, always expected trouble during the addiction process, and eventually this expectation came true, and Selim interpreted his accident as a lesson given to him to get rid of addiction. It is possible to say that the participant explained this accident with "favorably interpretation", one of the positive religious coping mechanisms. Positive religious coping strategies can be instrumental in the beginning of the spiritual maturation process of the person or the development of the spiritual maturation process (Ayten, 2012). When Selim's interview progress was examined, it was observed that he reviewed his life after this accident and rearranged it according to religious and spiritual principles. Similar to Selim's *expectation of trouble is also found* in Yaman's (2018) research with Apache youth. In Yaman's study, it was reported that one of the participants (Kenan, 18, high school dropout, Diyarbakır) had an expectation of a great event that would take a lesson to perform the prayers.

Faithfullness

It has been observed that the participants gave shorter answers and changed the subject in the *Faithfulnessstep*, in which subjects such as lying, honesty, and loyalty were discussed. When we examine the participants in general, it is understood that the concept of *faithfulness is perceived something limited to*male-female relationsIn other words, theirperception of faithfulness does not cover all human affairs such as being honest, avoiding lies, sincerity, and beingfaithfulness to one's word. On the

other hand, it is possible to say that the participants did not want to talk much about this issue because they included lying as a solution in their lives while they were using drugs. When addicts start to use drugs, they try to hide it because the substance they use is not accepted and it is illegal. Lying behavior is especially common in addicts. In this sense, all of the participants of our study stated that they resorted to lying behavior, sometimes indirectly and sometimes directly while they were using drugs. In addition, it can be said that the participants hide the truth and resort to lies in order to mask the situations that they have difficulty in coping with as a result of using substances that are not morally welcome in the society and have some legal consequences. Report form other studies indicate to similar problems. For instance, in the study of Erükçü-Akbaş and Mutlu (2016) in which the treatment experiences of addicts receiving addiction treatment at AMATEM were discussed, it was determined that the participants did not resort to lying before using the substance, but they turned into a lying person to reach the substance. Again, it is reported that addicts who were treated for the second time at AMATEM to quit their substance lost the trust of their families because they told too many lies (Danışmaz-Sevin& Erbay, 2019).

Trust Consciousness

When we evaluate in general how the participants understand trust consciousness (Step 3), it is seen that they have some awareness about trust in terms of social or religious aspects. It seems that they are more sensitive to trust behavior in the context of social relations. On the other hand, some participants (Tamer, 36; Fuat, 33) emphasize that they are aware of the trust consciousness in their relationship with God. Experiencing health problems during the addiction process leads them to self-observation. Therefore, experiencing problems in one's health is an effective factor that leads the person to the process of change and transformation. Some of the participants (Özgür, 24; Barış, 27; Kerem, 39; Onur, 44) stated that they experienced health problems during their substance abuse and that their physical health improved after quitting. It is possible to say that the participants become aware of body safety only when they face health problems, and health problems are an important source of motivation for quitting addictive substances. It can be said that tangible things are sometimes more effective in decision making. Considering the trust experiences of the participants, it is understood that they make an effort to be more conscious. However, their awareness about the trust consciousness was not at the desired level. Therefore, during this step participants' awareness of mental and physical health as something entrusted from God is a key point to develop trust conciseness. It was observed that when "health concern" regarding the addiction was emphasized by spiritual reference,most of the participants were deeply affected. An awareness to a certain level was achieved.

Forgiveness

The participants put forward that forgiveness is a quality identified with Allah the most, and they also question their own forgiveness in comparison to Allah's forgiveness. In addition, they are aware of the importance of forgiveness, but they have difficulties in applying it. As the participants pointed out the difficulty of forgiveness in the sense they gave to forgiveness, only Salih and Umut gave examples of forgiving while only Tamer gave example of being forgiven.

It can sometimes be many years between the time addicts use addictive substances and the time they decide to recover from addiction. At the stage in which they struggle to get rid of addiction, the fights and inexcusable self-reliance of addicts are noticeable (Langman& Chung, 2013). Forgiveness can also set the stage for the emergence of hidden factors that sometimes affect the emergence of consultants' dependencies (Lin, et al., 2004). In this respect, the experience of not being able to forgive and not being able to forgive participants in order to get rid of the weight that impedes the process of recovering from addiction and occupying their minds has been addressed, and particularly their experiences of not being able to forgive.

For the sake of forgiveness, the addict was supported by religious and spiritual resources by taking lessons from the past but being able to look into the future safely without being stuck in the past. During the discussions, participants were observed to have made progress in forgiveness. For example, Umut said that he was beginning to understand his father and that he could forgive him. Some of the participants (Umut, 27; Salih, 48; Fuat, 33; Özgür, 24) forgave themselves.

Patience

The majority of our participants described patience (Step 5) as more endurance. As it can be understood from the statements of the participants, they tolerate difficulties and mark that this is patience. This approach, which pacifies the person, lays the groundwork for a fatalistic understanding. Thus, the person is freed from taking responsibility for what he did or did not do. It is possible to say that this attitude, which makes the individual feel good in the short run, harms himself and his environment indirectly in the long run. When we evaluate the meaning given to the patience by the participants in general, the picture that emerges is that the meaning of the concept of patience by the majority of the participants does not quite match the meaning in the religious literature. Similar results could be seen in the study of Karakaş (2016) in which he examined the effect of the patience attitude of municipal employees on the quality of life. In another study (Esen-Ateş& Kayıklık 2019) conducted with veteransandfamilies of martyrs, itwas reported that both patience and endurancewere encountered in veterans and their families, and patience was encountered in families of martyrs. These studies support our findings on how addicts understand the concept

of patience. It seems that the existence of the dynamic structure of the concept of patience that goes beyond the passive structure needed to be differentiated for the participants. In this direction, the participants were told what patience was and what it was not with examples from religious sources and the life of the Prophet, and it was brought to the agenda again in the process. It was observed that the participants made some progress, albeit partially, in displaying an attitude of patience in accordance with the religious literature.

We mentioned earlier that the participants were confused about the concept of patience. When we considered the concept of patience in practice, as could be seen from the examples of *patience* shown by the participants not to use addictive substances, the participants developed an awareness of the distinction between patience and endurance during the *MTBD Model* interviews and that they gradually incorporated patience into their lives primarily not to use addictive substances.

Worship

In the interviews carried out with the participants, it was determined that all of the participants had worship (Step 6) experiences. As stated before, all of the participants are male. It was understood that the obligation of Friday prayer in Islamic religious teachings was known by all of the participants, and it was determined that all of them had experienced Friday prayer more than once before starting the *MTBD Model*. Apart from this, it was determined that the vast majority of the participants (Salih, 48; Fuat, 33; Onur, 44; Kerem, 39; Tamer, 36; Özgür, 24; Arda, 56; Barış, 27) performed five daily prayers at least once in their lives. In addition, it was determined that almost all of the participants continued the Friday prayer from time to time during the interviews, and they tried to perform the daily prayers even if it was not performed five times a day. Some participants (Salih, 48; Fuat 33) regretted that they felt guilty because they could not perform the five daily prayers regularly and that they started to pray five times a day, but then they could not maintainthe practice.

Each of the participants of our study stated that they cared about prayer and that they had more or less prayer practices in every period of their lives. At the same time, in each step of the *MTBD Model,* various assignments such as prayer, dhikr, and worship were provided to the participants. It was understood from the statements of the participants that they paid special attention to prayer and took into account the assignments given. Another point is that the participants acknowledged that they stayed away from addictive substances with prayer and dhikr practices. The results of the study conducted by Johnsen (1993) on the participants of Alcoholics Anonymous' twelve-stage recovery program support our findings. In Johnsen's study, it was reported that participants who prayed more frequently than participants who had repeated relapses avoided using addictive substances. Another study supporting

our findings is Shuler, Gelberg, and Brown's (1994) study examining the relationship between spiritual/religious practices, mental health, and substance abuse. According to this research, the ritual of prayer was found to be associated with less alcohol or substance use and less anxiety and depressive symptoms.

Altruism

Although the participants initially exhibited a conceptual unfamiliarity with what *altruism* (Step 7) means, it was understood from the statements of all of them that they valued behaviors that could be considered within the scope of altruism such as helping, assisting, cooperating, and supporting.As it can be understood from the statements of the participants, it was seen that they were sensitive to attitudes and behaviors that might be evaluated within the scope of altruism in life. It can be said that the participants in the remission period have the potential to transfer their experience of getting rid of addiction to others. This method is carried out professionally in AA. In the context of the principle of universality, it is good for the addicts who are alone in the society to share about addiction in the group or with a person who is experiencing the addiction process (Yalom & Leszcz, 2018). It is possible to say that this method is one of the important factors that support the individual in the fight against addiction.

Conclusion

At the end of the steps, all of the participants expressed their satisfaction with the program and demonstrated the necessity to have a counseling program that integrated religious and spiritual resources. The participants stated that there were not many people around them to talk to about religious and spiritual issues, and thus they had difficulties in solving the problems they experienced on these issues. On the other hand, when they shared their views and thoughts on religious and spiritual issues, and they stated that they were not respected and even judged because of their addiction situation. For this reason, they stated that they could not talk about these issues with anyone, and therefore they were deprived of the support that religious and spiritual resources would provide them.

It is possible to interpret the participants' attendance to the program as the simplest indirect expression of both making a significant effort to get rid of addiction and thinking positively about the program. As seen above, some of the participants clearly stated that "I would have left it somewhere if it did not have effects" (Kerem, 39) and "I would not have come if it did not feel good"(Barış, 27). Therefore, it is possible to say that the fact that they completed the interviews gives an idea about the applicability and effectiveness of the model even though some of them sometimes skipped the interviews with or without informing.

One of the most important stages in the fight against addiction is the addict's recognition that addiction is a problematic behavior and acceptance of the situation. In this sense, it has been observed that all of the participants have an awareness of getting rid of addiction, and they are willing to make a transformation in their lives.

As a result, the quantitative findings revealed that the participants experienced a slow but steady improvement in the MTBD model with slight fluctuations during the period from the pre-interview step to the final interview altruism step. In the qualitative findings, it was seen that in the first steps of the model, the participants developed an awareness of how addiction affected them psycho-socially and spiritually. Moreover in the next steps, this awareness was significantly effective in transforming their lives. It has been understood that the model is a motivational element that reinforces the basic treatment and rehabilitation processes in the struggle to get rid of addiction and successfully adds religious and spiritual meaning to the recovery process.

Acknowledgments

Compliance with Ethical Standards

The research was conducted with the permission of Marmara University, Institute of Social Sciences Ethics Committee, dated 20.10.2021 and numbered 2021-93. All the steps in the research were conducted according to the ethical standards.

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