Religion and Recovery Among Individuals Experiencing Homelessness

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Abstract

Faith-based organizations provide essential recovery services to individuals experiencing homelessness. Research suggests that religion and spirituality aid recovery from alcohol and drug addiction, although less is known about these factors in homeless populations. This study used qualitative interviews to explore the role of religion in recovery from addiction in a sample of 14 adults with a history of homelessness. Analysis of emergent themes revealed that religion provided participants with a range of personal and social benefits, many which addressed personal, social, and tangible losses and crises associated with substance use and homelessness. Understanding the specific benefits religion may provide during recovery can guide research and help providers improve programs for this vulnerable population.

Keywords Religion–spirituality · Substance use · Recovery · Homelessness · Qualitative research

Introduction

People experiencing homelessness have far higher rates of drug and alcohol abuse than the general population (Baggett et al. 2015; Fazel et al. 2008; Rhoades et al. 2011; Wenzel et al. 2009). Services that help people who are homeless reduce their substance use and recover from addiction can pave the way for healthier living, employment, and housing stability. Many of these recovery programs also provide shelter or temporary housing while people are adapting to ways of living that do not involve substance use. The supportive services that homeless populations have access to—including shelter beds, transitional housing, and addiction recovery programs—come largely from faith-based organizations (Bass 2009; Johnson et al. 2017). Bass (2009) argues that faith-based providers are especially crucial in the US

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for providing wrap-around services for individuals experiencing chronic homelessness and reducing the enormous societal costs that homelessness would otherwise incur. Many of the recovery programs available to individuals who are homeless incorporate Christian theology in their approaches or encourage or require attendance at Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings. These 12-step programs (AA and NA) provide free, peer-based recovery support in both community and treatment settings, and articulate surrender to a higher power and spiritual awakening as tenets of the recovery process (Kelly 2017).

Although there is some research assessing the outcomes of faith-based recovery programs, less is known about the role of religion and spirituality in the recovery process and the reasons such programs can be effective (Borras et al. 2010; Kelly 2017; Park et al. 2017). Even less is known about these issues among people experiencing both homelessness and recovery from addiction. The goal of this study was to better understand how people currently or recently homeless and participating in residential recovery programs think about how religion has contributed to their recovery process. To avoid limitations of using specific and circumscribed measures to operationalize religion, this research used qualitative interviews. In this way, participants were able to discuss whatever aspects of religion or spirituality were salient to them, and to identify a range of processes or factors that might shed light on their recovery process.

The existing literature on links between substance use disorders and religion is complex because of the many ways variables are conceptualized and measured (Montagne 2010). Additionally, most research on religion and recovery is descriptive or correlational rather than experimental, and reviews suggest that findings differ depending on the nature of the sample and the types of measures (Chitwood et al. 2008; Walton-Moss et al. 2013). Despite this complexity, a considerable amount of research suggests a negative correlation between religiosity/spirituality and substance use disorders and a positive role of religion and spirituality in recovery (Dermatis and Galanter 2016; Park et al. 2017; Walton-Moss et al. 2013). Studies of individuals in recovery from addiction who were not necessarily homeless suggest the positive role of variables including spiritual growth (Tonigan et al. 1996), positive religious coping (Puffer et al. 2012), spiritual and personal forgiveness (Lyons et al. 2011; Turner et al. 1999), and communication with God (Timmons 2012). Findings from qualitative interviews with staff members in residential faith-based recovery programs suggest that recovery in these programs involves helping people to fill a spiritual void through salvation, a relationship with God, and Christian fellowship (McCoy et al. 2004). A descriptive study of men in a recovery-oriented transitional shelter program that required AA attendance found that most of the men agreed with survey items suggesting that spirituality was an important part of their lives (Brush and McGee 2000), and a study of Canadian men and women experiencing homelessness found that more frequent attendance at religious events or services was related to lower alcohol and drug use (Torchalla et al. 2014).

Several theoretical ideas arising from the literature guided the creation of our interview protocol. Research suggests that religious beliefs can affect how people understand and make sense of crises in their lives (Timmons 2012), and this led us to ask participants about their substance use history and what led to their recovery.

Among individuals experiencing both homelessness and addiction, we anticipated that these crises might involve practical losses such as loss of housing or employment, personal or psychological crises such as loss of self-worth or self-control, and/or social crises such as loss of relationships. We were interested in how people's narratives about religion and spirituality in recovery might relate to their experiences of such crises while they were actively using.

Other research suggests that religion and spirituality might aid recovery by strengthening personal resources such as self-esteem, self-control, and sense of purpose. Pardini et al. (2000) found that among adults in recovery, higher religious faith and spirituality predicted indicators of mental health such as lower anxiety and higher optimism. Church attendance is linked to higher self-esteem and self-forgiveness (Sherkat and Reed 1992), and people who feel forgiven and accepted by God tend to have greater feelings of self-worth (Krause 2017). A review by McCullough and Willoughby (2009) found links between religiosity and self-control, but few or no studies in their review involved adults in recovery or who were homeless. In a study of college students, Carter et al. (2012) found that religiosity predicted greater self-monitoring of one's goals, which in turn predicted higher self-control. They also found that students who were more religious felt more strongly that they were being monitored by God, which predicted higher self-monitoring. Brown et al. (2013) found that participants in religious recovery programs who scored higher on a measure of spirituality reported greater self-efficacy in the form of confidence in their ability to resist substance use. DeWall et al. (2014) identified self-control as a mediator between religiosity and substance use in adolescents and adults, although participants did not identify as having addiction or being in recovery. Finally, Galek et al. (2014) found that religious commitment in a large sample of adults was inversely related to a belief that life lacks meaning. These findings together suggest that religious beliefs may promote abstinence during and after treatment by improving one's sense of self-regard, self-control, and purpose in life.

Faith-based recovery programs, and religious communities more generally, may also aid recovery by providing social support, a sense of belonging, norms that promote abstinence, and models of positive strategies for coping with stress (Moos 2007). Bond et al. (2003) found that at both 1 year and 3 years after intake, individuals participating in an AA program were more likely to be abstinent if they had fewer heavy drinkers in their social network, more social contacts encouraging alcohol reduction, and support for abstinence from a contact within AA. Studies of both women experiencing homelessness (Wenzel et al. 2009) and men experiencing homelessness (Rhoades et al. 2011) found that higher alcohol and drug use was associated with having more substance users and less people not connected with substance use in one's social network. A study of formerly homeless individuals in a residential recovery program showed that relapse rates decreased after the initiation of a peer support community program (Boisvert et al. 2008). Being part of a religious community can also provide opportunities for people to fill their time with social activities that are not compatible with substance use (Morjaria and Orford 2002).

In this study, we invited individuals with a history of homelessness and currently in recovery from addiction to talk about their substance use and recovery experiences,

their religious beliefs, the role of religion in their recovery, sources of community and social support, and the nature of personal change in recovery. Participants came from two sites: a residential faith-based recovery program and a transitional housing program that required tenants to participate in AA or NA. Our research methods used a grounded theory approach (Glaser and Strauss 1967) involving an inductive process in which guiding interests related to social and individual aspects of religion acted as points of departure for developing open-ended interview questions (Charmaz 1996). These interviews yielded a rich set of data about participants' experiences and beliefs. Although our primary focus was the role of spirituality and religion in recovery, we also asked about aspects of recovery that were not necessarily religious in nature. Our data, therefore, allowed us to identify a wide variety of participants' ideas about their recovery process and to look for similarities and differences in themes that were and were not related explicitly to religion.

Methods

Sample

The sample consisted of 14 individuals (nine men, five women) recruited from two residential recovery programs catering specifically to people experiencing homelessness. Twelve participants were part of an 8-to-12 month live-in program that utilized the Genesis Process, a ten-step Christian process based on Biblical principles. Two other participants were living in a clean and sober transitional housing program that required participation in AA or NA for tenants with previous substance use problems. Individuals were invited to participate based on recommendations from program staff. To qualify for the study, volunteers needed to be at least 18 years of age, identify as being or having been recently homeless, and be in recovery from addiction. Recovery was defined as not having used any substance that they were or had been addicted to (other than tobacco) for at least 30 days.

Participants ranged in age from 23 to 64 years old (median age = 34.5 years). They identified as White, non-Hispanic (86%); Pacific Islander (7%); and Latino (7%). Ten participants reported a history of addiction related to polysubstance use, and four reported a history of addiction related only to alcohol use. Length of participant sobriety ranged from 8 weeks to 3 years (median = 11 months). The length of time that most participants had been in their current program ranged from 8 weeks to 11 months. Two participants had completed the Christian-based program and continued living on-site, acting as peer mentors for current participants. One of these participants had been in the program for 1.5 years, and the other had been in the program for 2.5 years.

Data Collection

Procedures for this study were approved by the University of Puget Sound Institutional Review Board. The primary author interviewed all 14 participants in a private or semi-private area in the residential setting. Once staff identified potential participants, they

were screened by the interviewer for meeting inclusion criteria and informed of steps to ensure their confidentiality and rights as a research participant. All 14 participants consented to having their interviews audio recorded. Interview recordings were transcribed by the primary author with identifying information removed, and all audio files were later destroyed.

Interviews generally lasted 45–70 min and consisted of open-ended questions asking participants about their substance use history, experiences of recovery, religious beliefs and practices, recovery community, and ideas of self (see interview script in "Appendix"). Follow-up prompts asked participants to clarify or elaborate on their responses. While the interviewer utilized an interview script, conversations often did not follow the script exactly, as the participants led the discussion. At the beginning of the interview, participants were also asked about demographics including age, race and ethnicity, and gender identity.

Data Analysis

Transcript analysis followed Glaser and Strauss' (1967) grounded theory approach in which themes were coded as they emerged in the data rather than being dictated by an a priori hypothesis. The primary author conducted the preliminary thematic analysis of interview transcriptions using NVivo qualitative analysis software. After coding all interviews by sentence, the author grouped similar emerging themes in such a way as to create a preliminary thematic framework with three global areas and multiple themes and subtheme codes within each global area.

After the author created the initial codebook, two additional raters read a sample of the interviews and discussed and refined codes. The final codebook consisted of three global thematic areas, 13 themes, and 50 subtheme codes. The interviews were then assigned so that two of the three raters read and coded each interview transcript. Because of the complexity of the transcripts and coding scheme, coding was done by transcript rather than by sentence. Raters marked whether or not each subtheme code was present in each interview and identified examples of where in the interview that subtheme was present. Coders discussed discrepancies in coding, and discrepancies that could not be settled between the two were discussed with the third rater until consensus was reached.

For 44 out of the 50 subtheme codes, agreement between raters was greater than 90%. Only one code (decision making) had below 80% agreement (79%). For each subtheme code, the maximum possible frequency across participants was 14, which would indicate that the subtheme was present for every participant. The frequency of subtheme codes ranged from 2 to 11, with a mean of 6.72 and a median of 7. Frequencies for themes also had a maximum of 14 indicating that all participants mentioned at least one subtheme associated with that theme.

Results

The sections below describe themes and subthemes within each of the three global areas, information about frequencies, and illustrative quotes. The three global themes are substance use history, positive faith-based factors in recovery, and positive general factors in recovery. Coders also identified instances where participants described relationships among themes within and across global areas, and we highlight some of these connections as well. For example, participants often discussed how benefits of their religious beliefs or community addressed crises related to their substance use history.

Global Theme: Substance Use History

When describing their substance use history, participants revealed themes that provided context for their recovery processes. Nearly all participants discussed the following five themes: *losing resources, predictors of use, ideas of self, continued use,* and *motivation for change*. Figure 1 shows each of these themes with their associated subtheme codes and frequencies.
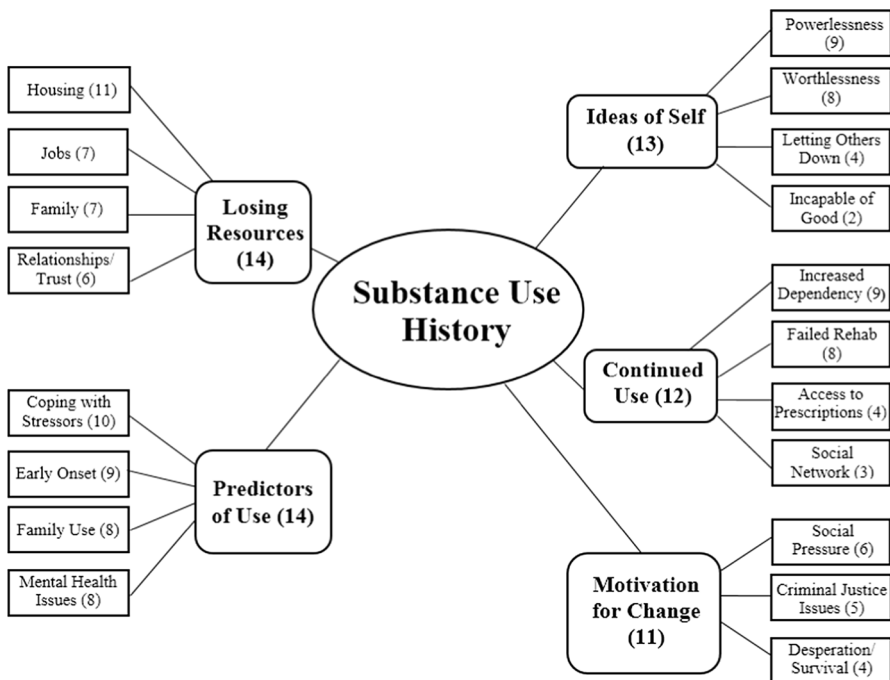
Fig. 1 Themes and subthemes within the global area of substance use history. Frequencies in parentheses indicate the number of participants out of 14 who mentioned that theme or subtheme

Losing Resources

Responses coded as *losing resources* dealt with resources that individuals lost as a result of substance use. Physical resources included housing and jobs, and relational resources included family (such as relationships with parents or children) and romantic relationships (including loss of trust between partners). Housing was the most frequent lost resource participants mentioned, which was to be expected considering that all participants had a history of homelessness. Losing housing was rarely discussed in isolation, though, and often overlapped either with losing jobs or relationships with family. For example, one participant recounted the cycle of loss that they experienced:

> Safe to say, like, if you can't hold down a job, and if you don't have a family or other people that are holding it down or enabling you, you're going to be homeless… You don't try to, but it all comes back full circle. You lose all that stuff, and then you're homeless.

Predictors of Use

Responses coded as *predictors of use* described factors related to the onset of heavy substance use and included using substances to cope with stressors, young age at onset of use, family substance use, and using substances to cope with mental health issues. Family use and early onset use frequently occurred together, as many participants who used at a young age were introduced to substances by family members. Individuals most frequently reported using substances to cope with life stressors, such as the death of a loved one or divorce. For example, one participant recounted:

> … my ex-wife asked me for a divorce…And once she did that I lost it. I went berserk, and that's when the alcohol, the drugs, the…Anything I could get my hands on just to be numb was in effect.

Ideas of Self

Responses coded as *ideas of self* referred to individuals' self-conceptions during the time that they were actively using substances. Participants frequently referred to the idea of powerlessness—that the drugs to which they were addicted took their autonomy and agency from them. Most also reported feeling worthless while actively using, and a smaller number reported letting others down and being incapable of doing good. One participant described the connection between feelings of worthlessness and drug use:

> And then drugs were like…you're lower than low. And I was just like, "Aw, really drugs?" I believed them…They made me feel real, real, real low. And I had no self-esteem.

Continued Use

Responses coded as *continued use* dealt with factors that perpetuated individuals' substance use, and subthemes included increased physical or psychological dependency, failed rehab attempts, access to prescription drugs, and social networks that used. Participants most frequently referred to increased dependency as the reason why they continued to use, with a psychological dependency being more common than a physical dependency. These comments typically took on the nature of needing to use to "just keep going" and because using was familiar to them. When discussing failed rehab attempts, many participants referred to this idea of using out of habit and also to the cyclical nature of sobriety and relapse. For example, participants mentioned that financial success after a prolonged period of sobriety prompted relapse. One participant said:

> And I went for like 6 months without using drugs…And then I got comfortable cause I had a job…And then I would dabble here and there with some drugs. And, um…I did all that stuff I was telling you about, like a month and a half cycle.

Motivation for Change

Finally, responses coded as *motivation for change* referred to factors that encouraged or forced participants to seek recovery including social pressures, criminal justice issues, and seeking recovery out of feelings of desperation or a need to survive. Participants mentioned social pressures most commonly, and this included getting sober for someone else, such as a child, or having friends or family pushing them toward recovery programs. One participant described social pressures related to having a newborn:

> I was using meth almost every day. And my little sister was in this program. And I had just had a baby not too long before coming to the program. So I had to get clean, straighten up.

Global Theme: Positive Faith-Based Factors in Recovery

All 14 participants discussed the role of faith in their recovery in a positive light. Therefore, themes regarding the role of faith in recovery largely refer to the parts of a faith belief or religious practice that individuals found to be beneficial to their recovery process. In discussing faith-based aspects of recovery, most participants mentioned the following themes: *new ideas of self, religious community and relationships, religious coping, and tangible and intangible benefits*. Figure 2 shows frequencies of themes and subthemes within the area of positive faith-based factors in recovery.
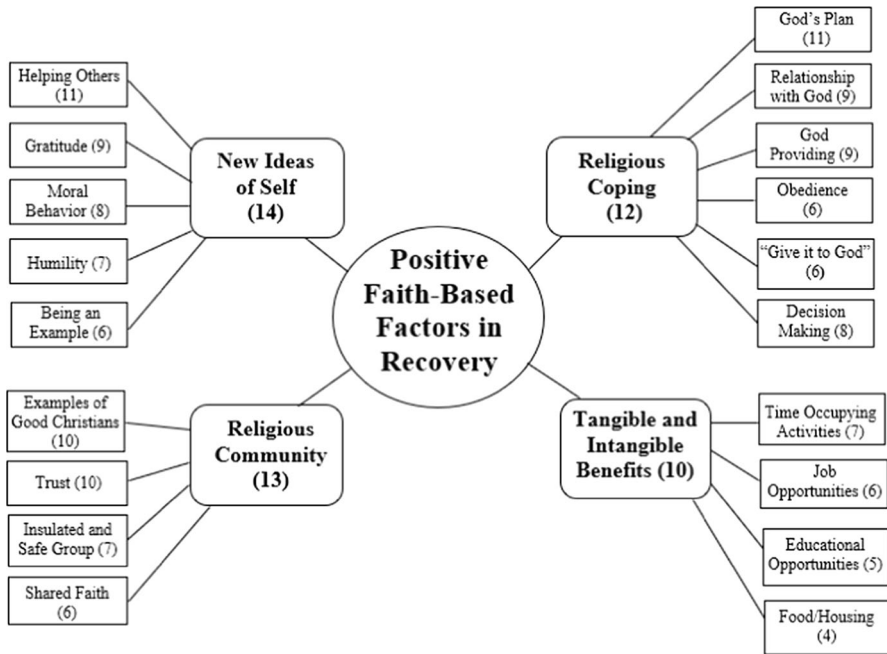
Fig. 2 Themes and subthemes within the global area of positive faith-based factors in recovery. Frequencies in parentheses indicate the number of participants out of 14 who mentioned that theme or subtheme

New Ideas of Self

In responses coded as *new ideas of self*, participants described new ideas or aspects of self that related to religious beliefs, values, or practices. Many of these themes connected with participants' narratives about negative aspects of self-concept related to their substance use history, such as feeling powerless and worthless. Subthemes within this theme included helping others, having a new perspective of gratitude, exhibiting moral behavior, feeling humble, and being an example to others. Most individuals reported that their faith allowed them to help other people, particularly others experiencing similar struggles, which they said gave them a greater sense of purpose and more positive sense of self. For example, one participant said:

> So my thing is, just using the Bible and what God has done in my life to try to help these other guys out. That's my role.

Participants also reported that religious beliefs and practices provided them values of humility and morality which improved their self-esteem. One said:

> The feelings you get from working a spiritual program and doing the things that comes with it…The humility, like…It's nice. You can give yourself a pat on the back and not tell anybody about it.

Religious Community and Relationships

Responses coded as *religious community and relationships* dealt with both posi-tive aspects of a faith community and the benefits that a faith community pro-vided during recovery. Subthemes included having examples of good Christians to follow, opportunities to cultivate trust in others, belonging to a group that was insolated and safe, and sharing faith with others. Individuals talked about the positive impact of religious mentors who provide spiritual guidance and serve as examples of sober and moral living. One participant described their mentor:

> Her as a mentor is a lot different than I've ever had…She just has all the answers almost. Like, when I come to her, she has just the right thing to say. And she is one reason why I trust God so much…Because telling her my past and stuff, and then her praying with me.

Participants said that belonging to a religious or spiritual community allowed them to cultivate trust lost during their addiction, and referred to the safety of being in a group of individuals with common goals and beliefs. One person reported:

> People here are more trustworthy…They're seeking something better than just recovery. It's like, to make their life better. Not just to stop drinking… We're learning to have a relationship with God.

New Religious Coping

Responses coded as *new religious coping* reflected the idea that religion provided participants with new coping skills for dealing with life stressors that, in the past, they might have coped with by using. Subthemes included having faith that God had a plan for their lives, experiencing a direct relationship with God, believing that God would provide for them, practicing obedience to God, "give it to God", and using religion as a tool for decision making. As with the theme of new ideas of self, religious forms of coping allowed people to experience a sense of pur-pose, control, and hope in their lives. For example, one participant stated:

> Actually believing that, possibly, God has a plan. And my plan's not to be a junkie for the rest of my life. He had an original plan for me, and I veered off on my own choices. And now I'm getting back to the original design.

Other participants described how religion or Bible verses helped them make day-to-day decisions by providing a set of criteria and values to follow. For exam-ple, one participant said:

> It's talking about how do you know if something's godly? Or if it's within God's will. And it says if it's righteous, if it's pure, if it's unselfish, praise-worthy, and it has a bunch of words that…It's like, ask yourself anytime you make a decision, is this righteous, is it praise-worthy, is it loving, caring?

Tangible and Intangible Benefits

Responses coded as *tangible and intangible benefits* dealt with the practical benefits of religious participation in recovery. Subthemes included time-occupying activities, job opportunities, educational opportunities, and housing or food. The most frequently mentioned benefit was that of time-occupying activities incompatible with substance use. Participants reported their faith encouraging them to maintain a busy schedule through attending church services, volunteering with religious organizations, and devotion or prayer time. A common experience for individuals in faith-based programs was the opportunity for employment within the faith community or basic educational classes that were integrated into the faith-based program. For example, one participant recounted:

> They're (the participant's program) starting 3 different businesses and they're going to have me be one of the leads for the businesses. And I'm getting a lot of working in the kitchen and getting to serve God's people.

Global Theme: Positive General Factors in Recovery

While participants reported many aspects of their faith that benefitted their recovery, they also discussed factors that positively influenced their recovery that were not directly related to religion. Some of these themes, such as community support and time-occupying activities, mirrored those that were linked to religious communities or practices. Most participants mentioned the following general factors in recovery: *sober community, external motivators, keeping busy,* and *self-reflection.* Figure 3 shows the frequencies of themes and subthemes within this area.
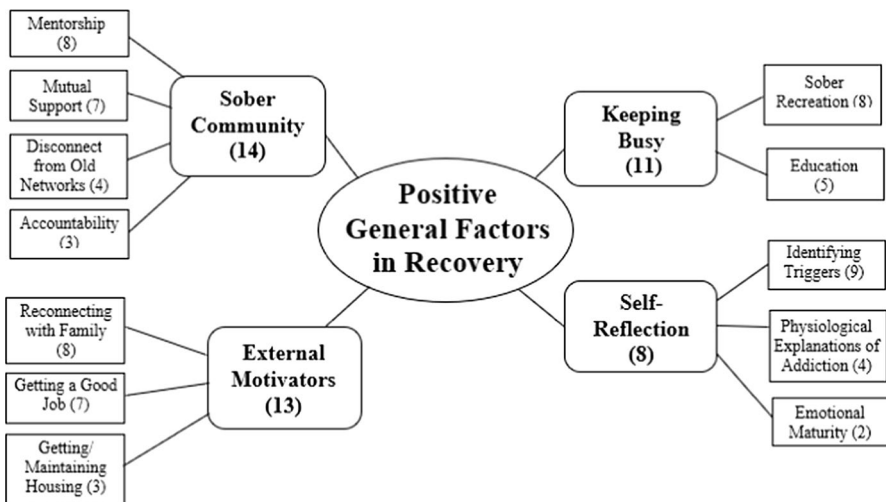
Fig. 3 Themes and subthemes within the global area of positive general factors in recovery. Frequencies in parentheses indicate the number of participants out of 14 who mentioned that theme

Sober Community

All 14 participants mentioned having a *sober community* as a beneficial part of recovery, and subthemes included having sober mentors, mutual support, encouragement to disconnect from old networks, and greater accountability. Mutual support refers to the idea of receiving help from other individuals who are going through similar struggles—in this case, other individuals recovering from addiction. This theme tended to overlap with both accountability and sober mentorship, as individuals familiar with the recovery process could also recognize behaviors surrounding relapse and provide valuable peer mentorship. One participant described the mutual support within her community:

> You do feel like you have family. Anything, you can talk to them about anything. And we don't judge, 'cause we've all done some crazy stuff. And it's nice to know that you're not the only one, so you don't feel like an outcast.

External Motivators

Responses coded as *external motivators* dealt with material and relational rewards or goals that kept individuals moving toward sobriety. These motivators were often connected to resources lost during periods of active use and included reconnecting with family, getting a good job, and getting or maintaining housing. More participants mentioned employment than housing as an incentive to stay sober, which may be due to the fact that most were currently working toward the goal of getting a job as part of their program. Most participants mentioned being motivated to reconnect with family. One participant stated:

> It's so important. Like I said, better than any drug. Knowing that my daughter loves me, and my grandson…I get to watch him grow up and stuff. Be a part of his life.

Keeping Busy

Responses coded as *keeping busy* were similar to the time-occupying activities provided by religion, but outside of the context of faith. Participants frequently discussed participating in sober recreation, such as outdoor recreation and cooking, as a means of keeping busy during recovery, and they also felt the activities increased morale and group cohesion within the program. Participants also talked about education as something that occupied time and provided a sense of purpose and connection to a sober future. For example, one participant stated:

> I just go to school here with the classes we have. Digital literacy, history, and math and English…A lot of them are just kind of helping you build up to college level classes. But they prepare you to take the…Like get you to a place where you can go back to college.

Self-reflection

Responses coded as *self-reflection* dealt with opportunities that individuals had throughout recovery to look inward and gain understanding about their addiction. Subthemes included identify triggers for substance use, learning about physiological explanations of addiction, and gaining emotional maturity. One participant discussed the significance of identifying triggers for preventing relapse:

> It teaches you how to capture your thoughts and also teaches you your own triggers for relapse. And so you can identify it way ahead of time, that you're on the way to relapse.

Discussion

This study utilized in-depth interviews to explore the role that religion and spirituality play in the process of addiction recovery for men and women who have experienced homelessness and are in residential recovery settings. Our participants were generally positive about ways that religion and spirituality supported recovery, and they identified many personal and social benefits related to religion. Participants also described ways that their religious beliefs, activities, and communities helped them address practical and psychological losses associated with their substance use. This pattern is consistent with research suggesting that people use spirituality in response to crises (Timmons 2012).

Specifically, participants described positive changes in feelings of self-worth, control, gratitude, and optimism related to being part of a religious community where they could help others, practice behaviors consistent with faith-based expectations, and build positive relationships with other people and God. All 14 participants reported viewing themselves negatively while using, largely in terms of feeling powerless and worthless; all participants likewise reported having developed new, positive ideas of themselves as a result of religious or spiritual involvement during recovery. These changes in self-image are consistent with Krause's (2017) findings linking spiritual support to increased self-esteem and self-forgiveness, although our participants did not discuss forgiveness directly. Consistent with studies on religion and self-control (Brown et al. 2013; Carter et al. 2012; DeWall et al. 2014; McCullough and Willoughby 2009), participants reported confidence in being able to resist relapse and help others do the same by abiding by their religion's set of morals and leading by example.

Our participants also reported learning or using strategies of religious coping to deal with life stressors that in the past would have led them to substance use. Coping skills included faith in and obedience to God as resources for future planning, decision making, and emotional support. Engaging in religious coping in recovery may be protective for individuals with a homelessness history by providing future-focused ways of thinking and enhancing an individual's sense of optimism and control that they may have lost as a result of addiction and homelessness. The idea that

religious faith is protective is consistent with research by Puffer et al. (2012) showing that increases in positive religious coping (believing in a loving and supportive God or Higher Power) during a detox program for opioid dependence predicted higher levels of AA attendance after discharge.

Consistent with studies on the value of communities with abstinence-oriented norms (Bond et al. 2003; Rhoades et al. 2011; Wenzel et al. 2009), participants discussed community as being protective in recovery, both within and outside of the context of faith. They particularly valued support from other individuals in recovery, consistent with other research on the positive role of peer support (Boisvert et al. 2008). Participants also indicated that religious and recovery communities provided the benefits of positive role models, a sense of safety and shared beliefs, and being able to cultivate a renewed sense of interpersonal trust.

Participants described other factors that aided their recovery. For example, most indicated that it was helpful to be engaged in time-consuming religious and non-religious activities incompatible with substance use. Many said that they were motivated to be abstinent to improve relationships with family or get a good job. Some noted the value of learning about triggers for using, and of benefiting from tangible resources, employment opportunities, and education provided by recovery programs.

Our findings add to the literature on religion and recovery by examining rich narratives from individuals who experienced both homelessness and addiction. These individuals typically have histories involving multiple and severe forms of loss and trauma—as was true of the individuals in our sample. Many supportive services that are available to individuals experiencing homelessness are faith-based or have spiritual principles as central components of their treatment (Bass 2009; Johnson et al. 2017; Kelly 2017). The themes we identified may guide interventions and future research addressing ways to support vulnerable individuals pursuing recovery from addiction from a faith-based perspective.

Limitations

This study had limitations related to our sample and methods. First, the sample was small, and a larger sample could have allowed the topic to be explored to "saturation," a term within the grounded theory method indicating the point where no new themes emerge from further interviews (Glaser and Strauss 1967). Second, most of our participants came from one Christian faith-based program serving men and women, and only two came from a less faith-based program that served only males. Results were generally similar for participants at the two sites, however, giving us some confidence in their generalizability at least across these settings. We did find that the two respondents in the less faith-based program were somewhat more negative about aspects of religious community (such as lack of privacy or feelings of being restricted) than those in the faith-based program, which could reflect differences in the programs, in program participants, or in their willingness to openly critique religious aspects of their recovery community.

Additionally, participants were nominated by staff members rather than being randomly selected and needed to be abstinent for at least 30 days, so results may not

generalize to people who do not engage with these types of programs or who are less successful at maintaining sobriety in these settings. Our sample was also limited demographically, as participants were disproportionately White (86%) with the other two identifying as Pacific Islander and Latinx. SAMHSA reported in (2015) that 17.8% of individuals admitted to publicly funded addiction treatment programs were African–American, and this is an important group that was not included in our study.

Additionally, our small sample did not allow comparisons related to differences in housing histories or current housing situations, and we did not include a comparison group of individuals without a history of homelessness. The two programs we recruited from provided temporary or transitional housing for individuals experiencing homelessness, and therefore, our sample does not contain either individuals without a stable place to stay (such as those staying on the street or in an emergency shelter) or individuals in stable permanent housing. As a result, our findings may not generalize to either individuals trying to maintain recovery without stable shelter, or individuals without a history of homelessness in similar 12-step or religion-based programs. Future research should examine these groups, for example, to explore the role of religion and spirituality in coping with loss, developing self-worth, and gaining access to social support and practical resources.

This study also relied on self-reports, and participants may not have accurately recalled or shared information. Moreover, although the interviewer attempted to let participants lead the conversation, her behavior may have inadvertently influenced participants' responses. Finally, we did not collect detailed or longitudinal information about substance use, and participants beliefs about the factors that supported their recovery may or may not predict their abstinence, so caution is needed in drawing causal conclusions.

Conclusion

Religion and spirituality played a meaningful role in recovery from addiction among individuals in our study who experienced homelessness. Analysis of participant interviews revealed that religion and spirituality provided both individual and social benefits such as improved self-image, healthier coping skills, time-occupying activities, and a community of peer support for abstinence. In the United Sates, faith-based programs are currently the most accessible recovery services for individuals experiencing homelessness. Knowing more about specific ways that religious beliefs and practices impact recovery can help these programs increase their effectiveness. These insights can also guide future research to improve both secular and non-secular recovery programs.

Compliance with Ethical Standards

Conflict of interest Kayla L. Lovett declares that she has no conflict of interest. Carolyn Weisz declares that she has no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of University of Puget Sound IRB and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.

Informed Consent Informed consent was obtained from all individual participants included in the study.

Appendix

Interview Questions

- To start off, please tell me a little bit about your substance use history and what led you to recovery.
- Have you been in other recovery or treatment programs before?
- How has your recovery experience been so far? What has been the nature of your treatment (has it been faith-based or non-faith-based)?
- What are your beliefs concerning religion and how have those been impacted during recovery?
- Describe your community. Who is involved? How often do you interact with members of your religious community and what is the nature of your relationship with others in the community?
- What has been the most valuable part of your religious belief?
- Has your idea of yourself changed throughout your recovery process? How has it changed?
- Who has been your biggest influence or inspiration throughout your process of recovery?

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