Introduction

For decades, the bio-psycho-social (BPS) model has been the dominant framework for understanding addiction, mental health, and physical well-being. By examining the biological, psychological, and social factors contributing to disease and recovery, the BPS model provides a holistic approach that has



guided countless treatment programs. However, a growing number of practitioners, researchers, and individuals in recovery argue that the model remains incomplete without a fourth pillar: spirituality. This expanded bio-psycho-social-spiritual (BPSS) model accounts for the role of faith, meaning, and existential purpose in healing—a perspective embraced by many in the recovery community, yet controversial in academic and medical circles.

At the heart of this debate lies a fundamental question: Is spirituality an essential component of addiction recovery, or is it an unnecessary and unscientific addition to an otherwise evidence-based model? Critics argue that spirituality is inherently subjective, difficult to measure, and already accounted for within psychological and social domains. Supporters counter that spirituality offers something uniquely transformative—providing meaning, hope, and moral alignment in a way that psychology and social support alone may not.

This discussion is not just about addiction; it extends to nearly every area of mental and physical health. From chronic illness management to trauma recovery, the question of whether spirituality should be formally recognized as a factor in well-being has profound implications for treatment models, research funding, and patient care. Does the absence of spirituality make scientific models more rigorous—or does it make them incomplete?

This article will explore both sides of the argument, presenting the strongest cases for and against the inclusion of spirituality in modern addiction treatment and recovery. The outcome of this debate shapes not only the way we understand addiction but also how we define the human experience of healing itself.

WHY SPIRITUALITY SHOULD BE EXCLUDED FROM THE BIO-PSYCHO-SOCIAL MODEL

While spirituality is a deeply personal and meaningful aspect of many people's lives, its role in addiction treatment remains controversial. Critics of the bio-psycho-social-spiritual (BPSS) model argue that spirituality lacks empirical validation, is already accounted for within psychological and social factors, and risks introducing bias and exclusion into treatment models. From a purely scientific perspective, a strong addiction framework should be based on measurable, testable factors—not subjective beliefs or faith-based constructs. Additionally, given the historical tensions between religion, science, and addiction treatment, opponents of the BPSS model argue that including spirituality could distract from evidence-based interventions and reinforce outdated or unscientific approaches. The following points outline the case for why spirituality should be left out of addiction models.

1. The Lack of Empirical Evidence for Spirituality's Impact on Recovery

One of the primary arguments against including spirituality in addiction models is that it does not meet the same scientific rigor as biological, psychological, and social factors. While spirituality is personally meaningful to many, it does not have a standardized, measurable effect across populations in the way that neurochemistry, cognitive-behavioral processes, or social determinants do.

- Scientific models require falsifiability—a concept must be empirically testable and verifiable through controlled studies. Spirituality, by its nature, is subjective and individualized, making it difficult to quantify or operationalize in a way that meets the standards of empirical science.
- Studies on spirituality's impact often suffer from self-selection bias—individuals who already believe in spirituality report benefits, but this does not mean spirituality is a necessary or universal component of recovery.

2. The Risk of Conceptual Redundancy & Confounding Variables

The "spiritual" component is often argued to be redundant because its effects can be explained through existing categories:

• Psychological factors: Feelings of hope, purpose, and moral alignment can be understood through cognitive-behavioral processes and positive psychology without needing a spiritual dimension.

• Social factors: The sense of belonging that people gain from religious communities can be accounted for in the "social" aspect of the bio-psycho-social model.

By including spirituality, critics argue that the BPSS model inflates variables unnecessarily, making it harder to isolate and study specific mechanisms of addiction and recovery.

3. The Potential for Exclusion and Ethical Issues

Including spirituality as an essential element risks alienating individuals who are nonreligious, secular, atheist, or agnostic. This could:

- Implicitly suggest that recovery is less accessible to those who do not subscribe to a spiritual belief system.
- Reinforce the idea that faith-based approaches (such as 12-step programs) are superior, even though many secular approaches (e.g., SMART Recovery, cognitive-behavioral therapy) are equally or more effective for certain populations.
- Create an ethical problem where individuals feel pressured to engage in spiritual practices in recovery settings where they might not otherwise do so.

4. The Historical Problem of Spirituality & Pseudoscience in Addiction Treatment

Critics argue that addiction research has historically suffered from a lack of scientific rigor due to spiritual and moral frameworks that framed addiction as a sin or moral failing.

- The long-standing disease vs. moral failing debate shows how spiritual interpretations have sometimes obstructed scientific progress in addiction studies.
- Spiritual models have been weaponized against harm reduction, reinforcing abstinence-only approaches that do not always align with evidence-based practices.

For example, some 12-step models discourage medication-assisted treatment (MAT) because they emphasize surrendering to a higher power rather than leveraging pharmacological interventions. This tension between faith-based recovery and scientific medicine fuels skepticism toward including spirituality in formal models of addiction.

5. A Model Should Be Universal, Not Culturally or Religiously Specific

Finally, addiction is a global issue, and a comprehensive model should be inclusive of all cultural backgrounds and belief systems.

- A bio-psycho-social model is value-neutral—it applies to any human population regardless of religious or cultural beliefs.
- Including spirituality implicitly prioritizes religious perspectives, even if it's framed broadly.
- A secular model does not prevent individuals from incorporating spirituality into their own recovery—it simply does not assume it as a core component.

Conclusion: Keep the Science, Let Individuals Add Their Own Beliefs

From a purely scientific standpoint, removing spirituality from addiction models makes sense because:

- 1. It lacks strong empirical validation.
- 2. Its effects can be explained through existing bio-psycho-social factors.
- 3. It risks exclusionary bias.
- 4. It has historically contributed to unscientific approaches in addiction treatment.
- 5. A secular model is more universally applicable, allowing for individual agency in incorporating spirituality if desired.

Summary: While spirituality may offer personal value, critics argue that it lacks empirical validation, is already captured within psychological and social dimensions, and risks introducing bias into addiction treatment models. From a scientific standpoint, excluding spirituality keeps the framework neutral, evidence-based, and universally applicable— allowing individuals to incorporate their own beliefs without making spirituality a formal component of treatment.

WHY SPIRITUALITY SHOULD BE INCLUDED IN THE BIO-PSYCHO-SOCIAL MODEL

Despite skepticism from some researchers and clinicians, spirituality plays a vital role in addiction recovery for many individuals—often providing a sense of meaning, purpose, and transformation that psychology and social support alone may not fully address.

Supporters of the bio-psycho-social-spiritual (BPSS) model argue that addiction is not just a behavioral disorder or neurochemical imbalance, but often an existential crisis—one that requires a deeper exploration of identity, purpose, and connection. Beyond religious faith, spirituality can encompass mindfulness, personal values, and the pursuit of something greater than oneself—all of which are well-documented as beneficial in resilience and recovery. The following points present the strongest arguments for why spirituality deserves formal recognition in addiction treatment models.

1. Spirituality Has a Measurable Impact on Recovery Outcomes

While spirituality is often criticized as subjective, numerous studies indicate that it plays a measurable role in addiction recovery.

- Research on 12-step programs (AA, NA) consistently shows that individuals who actively engage in the spiritual components of the program (e.g., surrender to a higher power, prayer, meditation) have higher abstinence rates and longer-term recovery success.
- Studies in positive psychology link meaning, purpose, and transcendence—all key aspects of spirituality—to greater resilience, improved mental health, and lower relapse rates.

If something repeatedly shows effectiveness in real-world settings, it warrants inclusion in addiction models, even if its mechanisms are not fully understood.

2. Spirituality Is Distinct from Psychology and Social Support

Critics argue that spirituality is just a subset of psychology or social influence, but spirituality has unique characteristics that neither fully explain:

• Psychological resilience and transformation: Many individuals report that spiritual awakening leads to a profound shift in identity, which is crucial in breaking addiction cycles. This is distinct from CBT-style cognitive restructuring because it involves a larger existential framework beyond individual cognition.

- A moral compass for decision-making: Spirituality often provides a sense of moral responsibility, helping individuals align their behavior with deeply held values—a process not fully accounted for in psychology.
- Hope and transcendence: A unique feature of spirituality is the idea that change is possible even when all else seems lost. Faith-based recovery movements leverage this belief in ways that secular interventions often struggle to replicate.

Psychology and social connections alone do not account for the uniquely transformative and meaning-making aspects of spirituality.

3. The Spiritual Dimension Is Already Recognized in Healthcare and Psychology

Even within secular academic settings, spirituality is acknowledged as a critical factor in health and well-being:

- The World Health Organization (WHO) defines health as including spiritual wellbeing alongside physical and mental well-being.
- Psychologists study spirituality as an independent construct, recognizing its distinct role in resilience, coping, and personal growth (e.g., Viktor Frankl's work in existential psychology).
- Holistic medicine and palliative care integrate spirituality as a fundamental part of treatment.

If spirituality is valid in medical and psychological frameworks, excluding it from addiction models is inconsistent.

4. Addiction Often Involves Existential and Spiritual Crises

Addiction is more than just a behavioral or neurochemical disorder—it is often an existential crisis where individuals struggle with deep questions about meaning, purpose, and suffering:

- Many people with addictions describe a "soul sickness"—a sense of deep emptiness or brokenness that cannot be fully addressed through therapy or social support alone.
- Recovery frequently involves identity reconstruction, where individuals redefine who they are beyond their addiction. Spirituality plays a critical role in this transformation, providing a higher-order sense of meaning and purpose.

If addiction is often an existential crisis, models that omit spirituality fail to address a major underlying issue.

5. The Role of Spirituality in Human Nature and Cultural Universality

- Across cultures and throughout history, spirituality has been a fundamental aspect of human existence. Even in secular societies, individuals seek meaning, transcendence, and purpose.
- Studies on neurotheology suggest that spiritual experiences activate unique brain regions associated with self-transcendence, moral reasoning, and emotional regulation.

A universal addiction model should reflect the universal nature of spirituality as a human experience.

6. Spirituality Supports Recovery Even for Non-Religious Individuals

One of the biggest misconceptions is that spirituality = religion. However, spirituality in the BPSS model does not require belief in a deity. It includes:

- Mindfulness and meditation (widely used in secular psychology).
- Personal meaning-making and existential inquiry.
- A sense of connectedness to something greater (which can be nature, humanity, or even a personal philosophy).

Even atheists and agnostics can experience the benefits of spirituality in a broad, non-religious sense.

7. Eliminating Spirituality Is a Philosophical Bias, Not Scientific Neutrality

Critics of spirituality often argue for a purely scientific approach, but:

- Science does not require rejecting spirituality—it simply requires acknowledging where spirituality has measurable impact.
- Removing spirituality from addiction models is itself a philosophical choice, reflecting materialist biases rather than scientific neutrality.
- An inclusive model is more scientifically honest because it accounts for all observable factors affecting recovery, including those that do not fit neatly into empirical paradigms.

The best addiction models do not exclude factors just because they challenge traditional scientific frameworks.

Conclusion: Spirituality Is an Essential Recovery Factor

- 1. It has measurable positive effects on recovery outcomes.
- 2. It provides a unique transformative framework distinct from psychology or social support.
- 3. It is recognized in healthcare and psychology as a legitimate factor in well-being.
- 4. It addresses the existential dimensions of addiction.
- 5. It is a fundamental part of human experience, even for non-religious individuals.
- 6. Omitting it is a philosophical choice, not an objective one.

The bio-psycho-social model is incomplete without spirituality.

Summary: Supporters of the BPSS model argue that spirituality plays a crucial role in addiction recovery, offering a sense of purpose, hope, and transformation that cannot be fully explained by psychology or social support alone. With measurable benefits, recognition in healthcare and psychology, and cultural universality, proponents maintain that excluding spirituality leaves a gap in our understanding of addiction and human healing.

ENGAGEMENT QUESTIONS

- Is excluding spirituality from addiction models a sign of scientific rigor, or does it make the model incomplete?
- Do you believe addiction recovery models should include spirituality, or is a secular approach sufficient?
- How has spirituality or the absence of it shaped your own understanding of recovery?

I would love to hear your insights! Whether you're a clinician, researcher, or someone with lived experience, your perspective matters. Share your thoughts in the post comments or email me at steveb@NarrativesCoaching.com.