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Article

Reconstructing Sikh Spirituality in Recovery from Alcohol Addiction

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Abstract: This paper situates Sikh identity, spirituality, and recovery from alcohol addiction within a nexus of complex social, psychological, and cultural factors. The way in which affected people in Sikh communities in Britain are able to locate and utilize unofficial recovery trajectories, often successfully alleviating suffering, presents both academic research and service provision with potential puzzles. While Sikh communities have been long settled in the UK, there is still a dearth of extensive, multi-method, and analytically rich research investigating the role of spirituality and Sikh identity. We present existing models of recovery process and locate them against an individual psychological and sociological backdrop, so that through the use of spirituality, recovery along this route is interpreted as having both otherworldly as well as materially grounded formations. It is this duality, we argue, that is prominent socially, culturally, and psychologically as important in the recovery from addiction. The multi-factorial nature of this mechanism of change raises important questions for not only addiction recovery, but also notions of continuity and change in Sikh identity. We aim to contribute to this growing body of work in order to re-situate the role of spirituality and identity in alcohol addiction recovery.

Keywords: alcohol addiction; recovery; religion; spirituality; Sikh identity

1. Introduction

In this paper we aim to outline the significance of Sikh religious and spiritual frameworks used by Sikh communities in recovery from alcohol addiction. In doing so we draw on a number of studies carried out in the last decade, which also point towards a relative dearth of focused research in the area. One of the authors carried out in-depth qualitative research [1] and this paper resituates that research within the context of broader discussions of Sikh identity in spiritual frameworks. The importance of this is salient in a multicultural mental health care context as exists in the UK, but also because how various minority communities perceive, manage, and sustain alcohol addiction becomes an emergent issue in the context of the changing landscape of mental health care in “austerity” Britain. As health, mental health, and social welfare services undergo substantial impacts on a national level, there appears to be a space for academics, practitioners, and those involved in planning and commissioning services that deal with addiction in these communities. While specific biomedical and psychological mainstream services have fairly explicit and obvious profiles, there are a range of “unofficial” alcohol addiction services that are maintained by communities themselves, through which so called “spontaneous” recovery takes place.

These recoveries are, of course [1,2], anything but spontaneous, and involve a wide range of religious, social, and cultural facilities, all of which are mediated by Sikh spirituality. It is this range of parallel “services” that was the focus of the original research [1], and that continues to be an arena requiring more research and policy-led intervention. The role of spirituality in Sikh alcohol recovery then becomes an extremely interesting but also potentially crucial health service planning issue, especially if, amongst others, Sikh communities mobilize their own resources to deal with the issues involved.

In this paper we draw on the original research [1] but also re-contextualize the role of spirituality in Sikhism in order to pose some questions concerning Sikh identity and spirituality in alcohol addiction management. Such questions deal with Sikh identity; the way in which spirituality and religion are far from unitary mechanisms of change; the manner in which spiritual frameworks are deployed as a modality of social and community engagement; and the utilization of structure and agency simultaneously, rather than being seen as a solely individualistic psychological/religious phenomenon. Such complex renditions of psycho-social ethno-religious identities may pave the way for a more nuanced and experientially rich analysis of Sikh identity formulations.

We firstly provide a brief, descriptive outline of both the development of Sikhism and the diaspora, before going on to provide an overview of the extent of alcohol use in Sikh communities. We then go on to outline a model proposed by Morjaria-Keval [1] in order to develop the discussion of Sikh identity as it emerges changed and modified through the recovery process. Such re-engagement with the model and the notion of multifaceted Sikh spiritual identity allows us to ask questions such as: What precisely is the psycho-social and cultural role of spirituality in these recovery scenarios? How are spirituality and the complexity of sociocultural worlds managed by people? How can the complicated yet constantly accomplished task of recovery through Sikh spirituality be taken by providers as a starting point to either integration or development of separate services? Some of these questions, of course, potentially yield answers far too wide-ranging to be dealt with in the scope of this paper, but we believe they are questions that still need asking, especially given the fact of multicultural health care in the UK. Our ultimate aim is to both build on the extant work in the area, and also

contribute an analytical platform for situating Sikh alcohol addiction recovery within a more rounded, multi-factorial, psycho-social, cultural, and ethno-religious nexus.

2. What Is Sikhism?

Sikhism combines aspects of Islam and Hinduism and was founded by Guru Nanak. Born a high-caste Hindu himself, Guru Nanak rejected the notion of the caste system and also challenged the dogmatic practices of Islam [3]. Sikhism is a monotheistic faith with a belief in the Oneness of God [4]. In this paper Punjabi Sikh is the term used to define a group of people who are from the northern province of India, the Punjab, and from a particular religious group that has its origins in this region. Sikhism was founded between 1469 and 1708 by the Ten Gurus, the first being Guru Nanak and the tenth Guru Gobind Singh, who created the “Universal Brotherhood of Khalsa” (the Pure ones) in 1699 [5]. This involved the initiation of five volunteers (the Panj Pyare, *i.e.*, the five beloved ones [5]) who were willing to sacrifice themselves for the Sikh religion. They were anointed with “Amrit” or “Amrit Sanskar”, *i.e.*, “the nectar of immortality” ([5], p. 62). The “Khalsa” code of conduct forbids the removal of bodily hair; use of tobacco, drugs, and alcohol; consumption of flesh including eggs, meat, and fish; and refraining from sexual relations outside of marriage. Sikhs are reminded of these rules in the form of the five Kakars, the religious uniform of the Sikhs [3,5].

The “Five K’s” [3,5] comprise: Kesh, the unshorn hair that is covered with a turban to protect the head, keep the hair clean, and symbolize remaining unchanged as God has created human beings; Kangha, the comb worn in the Kesh, a symbol of cleanliness and tidiness that signifies leading a simple and organized life (it is also a reminder of the importance of looking after one’s body—which is the vehicle towards salvation and liberation); Kachha, shorts that are worn under trousers, symbolic of moral restraint and leading a modest life; Kirpan, the sword representing the protection of Sikh dignity and justice and a willingness to fight against the oppressor, carried on oneself at all times; Kara, the bangle worn on the right wrist, a reminder of one’s unity with God and a symbol of spiritual allegiance to the Sikh panth (community) and to the Guru Granth Sahib (GGS), the holy scriptures of Sikhism [3,5]. As suggested by Keegan [6], adhering to these five articles of faith constitutes the “Khalsa identity”, which becomes personified through the action of taking *amrit*. Furthermore, it has been suggested that the articles worn by a “pure” Sikh are directly connected to health promotion and wellbeing [7].

In a discussion of the main elements of Sikh theology, McCormack [8] highlighted that the essence of Sikh teachings is to love God, desire a union with Him, and be of service to humankind. Sikhs believe that ultimate salvation and peace can be gained through the genuine remembrance of God’s name by constant repetition. According to Guru Nanak, the purpose of life is to realize one’s connection with the Eternal Spirit and to facilitate one’s reunion with this Spirit. When people come to realize this, they receive God’s grace, are released from the cycle of birth and death, and come together with God. McCormack [8] states that Sikhism teaches suffering is due to one of two reasons. The first is that forgetting the existence of God causes suffering and the second is that when the mind lacks control a person becomes susceptible to indulgence in worldly pleasures, which they do at the risk of forsaking God. Therefore, to seek union with God one must live according to certain moral principles laid down in the GGS to live according to the will of God. These scriptures are a permanent

guide to Sikhism and carry the status of a living guru/teacher. In the scriptures the path to salvation is defined as two-fold—the path of love and the path of *sewa* (unpaid work viewed as one's religious duty to God).

These commitments required of adherents to the faith form a series of bonds that are enacted in the daily lives of Sikh people; such commitments are common to many religions. However, in this case we are interested in the ways in which Sikh belief systems in particular are mobilized in the service of initiating recovery. As already detailed by Sandhu [9], there is a great deal of complexity involved in the intersection of Sikh ethno-religious and cultural formulations, especially when one considers the breadth of time and geographical space of the diasporic network. Constructions and maintenance of cultural identity are of course context-specific, but also subject to various continuities. As Jaspal [10] has shown, the experiences of British Sikhs may well be different to other diasporic networks precisely because of these specifics. However, the continuities and negotiated symbolic and practical order of Sikh identity, as it emerges in the spiritual framework, are of interest here. They tell us something important about the complex psychological and social milieu in which often difficult experiences are dealt with and managed, all the time renegotiating the shifting ground of identities. These cultural negotiations [11] provide the architecture for managing the tensions of religious and faith-based belonging, within a perhaps secular, modern, western post-industrial society. The theological, personal, spiritual, contemporary lived experience, as well as the quest for both a healthier body and a healthier soul, are woven into this arena of Sikh identity reformulation.

3. The Sikh Diaspora

Sikh migration to the UK is part of a wider story of postwar immigration from South Asia, one which includes Indian, African, and East African South Asians, amongst others [12]. Rather than a homogenous single phase migratory entity, the contemporary landscape of what Ali, Kalra, and Sayyid [13] called “BrAsians” is multifaceted, complex, and diverse. However, the history of Britain's relationship with South Asian settlers certainly frames a common experience for people arriving in the UK at a time of labor shortage and a growing British economy [12]. A significant number of Sikhs migrated to the UK in the 1950s following the end of WW2 and, as a response to the economic recovery, recruitment of unskilled manual labor from the former colonies was encouraged. A further migration wave followed in the early 1970s with the expulsion of Ugandan Asians under Idi Amin's regime. Sikhs also migrated to the U.S. and Canada in substantial numbers, settling and developing established networks [10].

4. Alcohol Use and Misuse in Punjabi Sikh Communities

Alcohol consumption among Sikhs is thought to be higher than in any other South Asian group. In a community survey of Sikh, Hindu, Muslim, and white men, Cochrane and Bal [14] found that Sikhs were the most regular drinkers and reported more alcohol-related problems than with the white men and Hindu men who were regular drinkers, although similar levels of alcohol consumption were noted for Sikhs and white men. Research has also suggested that Sikh men drink on average more spirits than any other ethnic group [15] and that they are more likely to drink alone and at home [14]. A large community survey examining drinking in second and subsequent generation black and South Asian communities in the English Midlands [16] reinforce the results reported a decade earlier by Cochrane

and Bal [14]. High levels of abstinence were generally reported among younger Asian people with the exception of Sikh men—who had the second highest levels of heavy drinking.

Research on the drinking habits of different South Asian religious groups suggests that it is generally more acceptable and commonplace for Sikh men to drink than any other South Asian religious group [17] and that of these groups Sikhs are the most regular drinkers (three times or more a week) [14,18]. A community survey in Glasgow [19] suggested that alcohol consumption may be increasing among Black and Minority Ethnic (BME) communities. A recent exploratory study of the Punjabi Sikh community in Birmingham points to anecdotal and practice-based evidence indicating that increasing numbers of Sikh men are presenting with alcohol-related liver disease resulting in hospital admissions [20].

There have been a number of explanations put forth for the relative higher rates of drinking among Sikh men, including that alcohol helps a man to work harder and longer and that social drinking forms part of the Punjabi male bonding culture—a cultural practice that has transmigrated from the Punjab to the diaspora [14]. Hurcombe *et al.* [21] provide an extensive review of the literature on the association between acculturation to the host country and the increased rates of alcohol use among migrant communities including Punjabi Canadians. Sandhu [9] suggests that the acculturation stress that Punjabis experience in the diaspora exacerbates the use of alcohol as a coping mechanism. Another body of research has consistently pointed to the inverse relationship between religious and spiritual involvement and the use/abuse of alcohol and drugs [22,23], suggesting that religious and spiritual involvement acts as a protective factor against developing addictions.

Given these usage trends, we can identify the majority of heavy drinkers as undergoing “spontaneous recovery” (*i.e.*, recovery outside of formal treatment) [24]; BME communities are poorly served by alcohol treatment services [25], and religious involvement serves as a protective factor from alcohol misuse [22,23]. This therefore raises a question about the nature of religious and spiritual mechanisms of change that are being utilized by South Asian drinkers [1].

5. Addiction and Recovery within Sikhism

Within Sikhism, people are permitted to enjoy the rightful pleasures of life provided that they do not overindulge in these things, because only non-attachment to worldly things and trust in God will lead to contentment. Sikhism highlights five primary sins: lust, anger, greed, pride, and attachment. To be free of these sins, one must absorb oneself in the name of God and develop an attitude of humility and selflessness [8]. Within this framework, excessive drinking could also be viewed as an attachment that is morally wrong because it causes suffering and leads to the separation of oneself from God. In the following four sections we have drawn selectively on Morjaria-Keval’s original research [1] to further contextualize salient features of the Sikh model of addiction and recovery and develop an understanding of the transformative processes that appear to take place. These processes, while having continued relevance in the sphere of psychological services for addiction recovery, also become embedded within the enduring complexities of identity formation in Sikh diasporas. In the 2006 research study [1], of a total sample of 18 South Asian men, 10 Sikh men ranging from 25 to 60 years of age who had successfully changed their drinking behavior (and were abstinent) for a minimum period of five months to 18 years were interviewed on the change process. Participants were recruited

from the English Midlands over a six-month period. Participants were recruited from a wide range of sources, including counseling services and gurdwaras (Sikh temples). One of the participants had also accessed counseling services for support in managing his drinking problem, as well as utilizing spiritual and religious mechanisms of change. Semi-structured interview guides consisting of open-ended questions were used for generating data. This method seemed most suitable for gaining detailed personal accounts of participants' experiences, beliefs, and views relating to their recovery. A grounded theory approach [26] was used to develop a local contextual theory with the aim of reflecting participants' own experienced realities.

The trigger or catalyst for change in participants' lives occurred with the realization that one had a drinking problem that needed to change [1]. This occurred within the context of assessing the potential losses and perceived gains from changing one's drinking behavior. This included a re-evaluation of the consequences of excessive drinking upon health, family, work and economic factors, and social status. The "cognitive re-appraisal" [27] led participants to make a commitment towards actively making changes in their lives, resulting in a process very much embedded within a cultural, religious, and spiritual framework of meaning-making. Critical events or experiences in life compelled participants to re-visit their meaning-making frameworks present from childhood. It was through the "*re-membering*" (interpreted here as cognitive recall and reconstitution as a group member) and re-construction of these familiar cultural, religious, and spiritual frameworks that the meaning-making process became activated as a mechanism for coping [1]. Through this iterative process, change was facilitated within physical/personal, social, occupational, geographical, religious, and spiritual realms. The physical changes involved an internal and external embodiment of a Sikh identity, including the wearing of the Sikh uniform, attending to personal cleanliness, and, internally, replacing "impure" thoughts with the word of God. Social changes involved spending social and recreational time in "drink-free" surroundings. Actively avoiding pubs and off licences and disassociating from old drinking friends was a feature of this. Replacing this with social activities based around the religious community and developing friendships with people who were abstinent or practicing Sikhs featured as part of this. On an occupational level, some Sikhs also took on work (both paid and voluntary) or changed their job completely to avoid association with people who consumed alcohol. On a geographical level, physically removing oneself from the town or city associated with past drinking behavior and locating oneself in a drink-free "society" strengthened the capacity to change. These levels evidently demonstrated a "commitment to change" and enabled a re-affirmation with one's Sikh identity. They highlighted the manner in which many of the interrelated mechanisms in recovery processes are spiritually and religiously embedded within the affected individuals' lives. Undergoing this type of transformation led participants to embrace a lifestyle within which there was little, if any, room for them to engage in drinking or drink-related activities. It also appeared to enable them to discover more "meaning" in life, through experiencing greater satisfaction with their lives and in many cases finding their "true purpose" [1].

5.1. The Intricacies of Recovery and the Importance of Amrit

Removing oneself from a drink-embedded culture to a Sikh-embedded one began with seeking assistance from the gurdwara and increasing involvement within this religious community [1]. These initial rehabilitative steps involved engaging with the support of the Sikh community over a period of

time to gradually being active members. For several Sikh men in the research [1], this involved taking vows to become a baptized Sikh and undergoing the initiation rite of *amrit*, which was believed to have curative properties as it took away the craving for alcohol and was effective as a relapse prevention strategy.

Taking *amrit* is an initiation rite akin to a baptism that precedes becoming a fully practicing Sikh (see above for origins) and leading a pure and pious existence. The ceremony is prepared by an initiated Sikh of certain social standing and is witnessed by five other initiated Sikhs. The *amrit*, or “nectar of immortality”, is a mixture of sugar and water—the water signifies the universal source of life and is a representative symbol for God and the sugar represents the intense love of God, sweetness, and humility. This is stirred with a two-edged sword while reciting certain passages of the scriptures. The initiate takes the vows of the Sikh faith, drinks the *amrit*, and has some sprinkled onto his eyes and hair five times. Being initiated in this way means that one becomes a true devotee of the Guru and is required to abide by the set laws and guidelines laid down. These laws include being abstinent from alcohol and drugs. A person who takes the *amrit* is referred to as an “*amritdhari*”, *i.e.*, a baptized Sikh who must adhere to the Five K’s [5]. The Five K’s are significant in activating and maintaining change because they serve as physical reminders of the religious boundaries that one needed to adhere to. Taking *amrit* was recognized as a radical and necessary undertaking for change to occur and be maintained [1].

This process was described as a critical transformation: from “*amli*” to “*amritdhari*” (from a “drunk” to a “baptized Sikh”) [1]. This transformation involved renewal of one self at a critical juncture in one’s life and comprised three key components: “religious adherence”, “seeking redemption”, and “undergoing purification”. The complex dynamic interactions occurring between these elements and the process of cultural, religious, and spiritual meaning-making formed the core religious and spiritual processes involved in recovery. Rather than being transitory, this change process was life-long, requiring effort and discipline.

In the original research [1], some participants found that taking *amrit* represented an unmanageable commitment. Instead, an alternative in the form of an annual abstinence pledge was more feasible as it enabled individuals to not renounce other aspects of life that they might not have any desire to change. These participants instead made a more informal, private commitment to obey *some* rules of Sikhism, *i.e.*, refrain from alcohol use for a whole year. When the year was over they could renew the pledge for another year. The taking of an abstinence pledge is still a common practice in many cultures, including Mexican [28] and Irish communities [29].

5.2. Religious Adherence and Seva

While taking *amrit* denoted a commitment to relatively high level of religious adherence, this was strengthened through the ongoing process of recovery [1]. This essentially meant embracing and maintaining a lifestyle that promotes physical, mental, and spiritual wellbeing within a Sikh framework. The belief in the power of this ritual was tremendous as it inferred that the change mechanism was embedded within the ritual. Some Sikhs in the original study [1] firmly held the belief that God had saved them and that there was spiritual power in the GGS. However, together with this, an adherent needed to maintain this with personal willpower and determination. Tools assisting in this

were the undertaking of *sewa*—unpaid voluntary or charitable work that Sikhs carry out as part of their religious service to God. *Seva* served both an occupational purpose by filling one's time and engaging the individual in often incompatible activities that conflicted with a drinking lifestyle, and a metaphysical purpose in its redemptive qualities of cleansing the soul of past sins and repaying a debt to God for being saved from one's "false" self [1]. This identification of "false" identity is an important feature of the multifaceted recovery process. It highlights the way in which taking the *amrit* facilitates the construction of what we term "authentic" or pure Sikh identity. Of course we do not use these terms in a reified, unproblematized fashion, but rather refer to the ways in which adherents to the Sikh framework experience the increased intensity of feeling and commitment through taking this pathway to recovery. Such indications provide research in this area with multiple layers of nuance and detail to work with when considering addiction recovery in Sikh communities.

5.3. Purification and Redemption for the Self

The process of purification involved a physical, mental, and spiritual catharsis [1]. Giving up alcohol, drugs, and meat was one part of this but physical cleansing of the body and mental cleansing of impure thoughts through recitation of prayer and hymns were equally important. On a spiritual level, seeking salvation and redemption for the soul by engaging in prayer and asking for God's forgiveness for past sins was essential. As highlighted in the original research [1], the inter-connectedness between religious adherence, purification, and redemption was self-evident. Religious adherence constituted regular worship and performance of *sewa*, which together facilitated purification of the self, repayment of one's karmic debt, and liberation of the soul. Through this a sense of purity and newness akin to rebirth and emancipation of the former self was achieved. The goals of this pathway to recovery were increased fulfillment and purpose in life. Participants reported that this included greater peace of mind, a sense of hope and optimism about life, and the discovery of new meaning [1].

Above we have outlined some prominent features of a model proposed by existing research [1]. While the features of the model are clearly derived from the grounded theory data generation process of that research, there is a demonstrable relevance for wider contexts. There is clearly a growing body of evidence that further work both within communities and in addiction service provision is required. However, there is also an urgent requirement that such research and practice needs to take into account how models of recovery and intervention also need to acknowledge the various levels of identity (re)formation that occur. These have impacts on individuals and communities, as well as external perceptions of such groups. As such, it appears important to explore some Sikh spiritual interpretations of the notion of intoxication that are embedded within the recovery situation.

5.4. The Pathway to Recovery: From Mansukh to Gurmukh

Sandhu [9] provides an illuminating account of alcohol and drug use from a Sikh perspective. This paper will be drawing on his ideas as it helps to contextualize the experiences of Sikh men in Morjaria-Keval's research [1]. Sandhu [9] points to specific sections of sacred Sikh scriptures, the *Sikh Reht Maryada* and the *Rehtnama Bhai Chaupa Singh*, which clearly prohibit the use of intoxicants. This particular segment by Guru Amar Das is expressive of the notion of intoxication:

By drinking, one forgets the Beloved, and is punished in the heavenly court. If it is in your power do not consume the false intoxicant. Nanak: The one who meets the True Guru, attains the Eternal intoxicant ([9], p. 28).

We argue that the GGS highlights the use of intoxicants as a form of idolatry and presents us with an interesting dialectical relationship. Here intoxication can be interpreted as derived from both alcohol consumption but, interestingly, also from a pure dedication to the cause of Sikh spiritual salvation. This, in turn, can be linked to the two pathways of existence. Sandhu's [9] account of the path of the Manmukh and the path of the Gurmukh draws upon Sikh theology, which can support a framework for understanding addiction from the Sikh perspective. The path of the Manmukh concerns the existential nature of human suffering and the path of the Gurmukh relates to the alleviation of this suffering. The Manmukh is the "ego-orientated person" ([9], p. 29) who is driven by the need for worldly pleasures. These include security, love, respect, and freedom as the ego strives towards them via pursuit of worldly materialism and attachment. Blocking the ego's path towards satisfaction of these needs results in a state of unrest and the awakening of lust, anger, greed, and attachment (known as the five thieves, including the ego), which rob the conscious mind (*Surti*) of awareness of the soul (*the atma*) [8,9]. The alternative pathway, the path of the Gurmukh, provides a different way in which the human being can devote the self to both striving for unity with God—or, as Sandhu indicates, the primordial essence named "EkOnkar" ([9], p. 30)—and dedicating himself to purification of mind and body.

6. Discussion

The frameworks of recovery presented here provide a set of analytical starting points for both academic research and service provision use. They allow a formulation of not only a problem, but a series of individual and community-embedded solution building processes underwritten by religious, spiritual, and social contracts. As this paper and others in this special edition illustrate, religious involvement not only acts as a protective factor against developing addictions but can also aid recovery from an addiction. While the nuances of the Sikh model exist, parallels can be noted with other religious frameworks of change, highlighted in this special edition and put forward by other theorists. There are, for example, a growing number of spirituality-based "Twelve Step" informed pathways to sobriety such as Narcotics Anonymous [30] and "Free N-One", a drug and alcohol Black Christian support group in the U.S. [31]. These pathways, however, are not limited to the 12-step process, as shown in the Sikh spiritual framework; there are also through groups such as Women for Sobriety [32], characterized by a 13-statement "New Life" program for change. These developments point to existing and constantly developing awareness and understanding of how what might be defined as "official" health resources, as well as "unofficial" help and support centers, are utilizing spiritual components within pathways to recovery.

The presence of social support advocating abstinence or moderation; engagement with activities that are incompatible with drug use; and the promotion of a drug-free lifestyle through religious involvement as part of pro-social values are inherently central to the process of change [23,33–35].

Various processes or mechanisms of change have been identified in different scholarly arenas, using a variety of discipline-specific nomenclature. Of course, within each sphere of specialty, there are

analytical specifics that have relevance therein. For example, within the Alcoholics Anonymous philosophy, “conversion experiences” would more aptly describe the process of change while within Sikh spiritual frameworks, “intensification” is more apposite. The concept of “intensification” [36] is especially relevant to participants’ conversion-type experiences in this study. Intensification involves “a revitalized commitment to the religion in which one was raised or in which one has been only a nominal member” ([36], p. 277). Within the AA framework, members have experienced some feelings of ambivalence in relation to “traditional” religious/spiritual values, especially those within a Christian framework prior to undergoing conversion [2]. This can contrast with a Sikh spiritual framework, which is more akin to re-affirmation with one’s existing faith. Another difference between these two frameworks relates to perceptions of recovery. The majority of Sikhs in this study [1] felt that they were cured from their drinking problem, whereas AA participants believed (as stated in the AA philosophy) that they would always remain alcoholics, even after having maintained abstinence for a number of years.

However, whether you call these conversion experiences—educational [37] or dramatic [38], —“spiritual emergencies” involving ego death and rebirth as a result of a profound transformational crisis [39] or “intensification”, that is, “a revitalized commitment to the religion in which one was raised” ([36], p. 277), appears to be a moot point. Certainly there appear to be some core parallels between Sikh frameworks and AA recovery experiences, for example the notion of “spiritual awakening” [40]. What seems to be important is that experiences of suffering and alleviation of suffering (and recovery) are neither solely psychological, spiritual, or cultural; they are many different things at once, for each individual and each group.

6.1. The Dialectical Tensions of Spirituality in Materially Located Recovery

The question therefore does not concern the efficacy of spiritual frameworks for managing addiction recovery. As Miller ([41], p. 144) concedes, “spiritual development is characteristically a lifelong process”, contextualizing change and recovery as processual rather than static, and perhaps not occurring immediately or even in the short term. A more pertinent question might be: What are the constellations of connections that facilitate recovery, and how do Sikh identities become part of this fabric? A variety of other writers have already established both the impact and efficacy of people’s adherence to spiritual frameworks, usually citing the impact of a “higher power”. However, within what we can loosely call the Sikh spiritual framework for addiction recovery, one can identify a way in which this very same spirituality is firmly grounded in social and community affairs. In other words, as “otherworldly” as it presents itself to both insiders and outsiders to the faith, it remains, through various embedded mechanisms of sociality, very much “this-worldly”. Such dialectics are not new when discussing identities, as Reed [42] shows in her work with British Asian mothers. Layers of identity overlap, conflict, inter-relate, and shift according to the requirements of specific situations. We raise this as is an important issue because the invocation of terms such as “spirituality” and “higher power” may have the effect of mis-situating the socially embedded nature of Sikh paradigms of recovery. Such mis-location can be construed both at the service provision and at a discursive level, such that people’s experiences of alcohol addiction and the way in which they navigate this complex area might be misrepresented or misunderstood. As Booth and Martin [43] argue, the recovering

“patient” (their term) can find social support and locate new communities where their needs can be met. Borrás *et al.* [44] extend this “social” context, stating that those communities that facilitate positive change and adherence to prescribed and addiction-specific restraint might also be as equally and independently effective as spiritual or religious entities.

What this points to is the way in which collectivities of social actors who engage in communal activities based around a faith or spiritual belief system are also, through the social and communal nature of these phenomena, highly effective at mobilizing recovery routines. Such directions are not new, and are part of the established understanding of spirituality’s importance in facilitating and maintaining positive change. As Borrás *et al.* [44] explain, there is a widely recognized protective role attributed to religion and spirituality. However, these communal, social, and collective actions that facilitate recovery are neither incidental nor. In other words, spirituality, religious faith, and recovery do not occur separately from the social, collective action that happens within a faith or religious network.

In a sense, for the individual who has taken *amrit*, the commitment is not just to the self, or the body, but to a higher power whose embodied artifacts exist on the earthly plain. Therefore, to be a part of this particular recovery process requires a commitment to the recovery of self, but this cannot happen without a commitment to the social good, such as *sewa*, through the Gurdwara. Hence the taking of *amrit* provides both an alcohol recovery trajectory, but also a social and community role recovery, in a sense repairing any symbolic and/or practical disturbance that may have occurred due to the individual’s behavior. The *amrit* in Sikh alcohol recovery frameworks becomes a bridging mechanism between “otherworldly” spiritual and religious entities, which cannot be fully known, and “this-worldly”, everyday practicalities of normal life. They exist in a mutually exclusive relationship, and form a social and spiritual contract for the individual to agree on. Such interdependencies, while not uncommon in religious formulations of support within communities, are starkly brought into relief within the Sikh faith, because of the explicit nature of these connections.

One can observe similar models in many world religions, where seeking higher spiritual planes necessarily involves helping other people. However, we seek to make a more specific point in our discussion of Sikhism. As noted above, the critical transformation process usually involves a series of critical incidents or, at the very least, recognition of such a threat. These can be both threats to the embodied self, via failing health, or threats to one’s mental health status. Importantly, there may be also be a related breakdown in the individual’s social, cultural, and familial ties, which exacerbates isolation and exclusion from positive communal exchanges. Spirituality as a component in recovery, then, is far from a one-dimensional process, but involves a necessary re-embedding of oneself into the heart of a community, and the performance of *sewa*. Thus the recovery that takes place outside of conventional alcohol addiction services, and that may be attributed to a general label of “spirituality”, is actually part of a transformative use of the multifaceted processes the *amrit* provides. The process (detailed above), which derives its character from the original Sikh scriptures, is located both in the historical development of Sikhism, as well as in the ongoing project of self-improvement demonstrated in the officially sanctioned religious doctrine of *amrit*.

6.2. Sikhism, Spirituality, and Cultural Identity

As demonstrated by participants in the original study [1], Sikhs who engaged with the spiritual route to addiction recovery are actively narrating new versions of their selves. This sense of rebirth is far from notional or abstract, but actually performs the function of being stripped of the former, “faulty” self and being re-clad with the layering of new forms of self. Here there are obvious parallels with how many other religious frameworks allow rebirth and facilitate reintroduction into a community. However, the *amrit* calls upon the individual to abandon the psychological, emotional, and social ties that helped to fabricate the former, addicted life, and attempt to rebuild the new life, a new self. This layering of new identities involves a variety of roles, but ultimately the commitment to serving the community becomes paramount. Of course the physical location of that duty, and the routine exchanges and interactions that a new community of members automatically creates, makes for a network more conducive to recovery. However, as noted earlier, the spiritual is also the social, since in this case one cannot achieve the ultimate breakthrough (release from karmic repetition) without social and community embeddedness.

People use their Sikh identities, which themselves are multifaceted, to locate themselves psychologically, emotionally, socially, and biographically. The use of spiritual frameworks then becomes a powerful structure of relevance [45], such that the use of faith in the service of recovery remolds Sikh identity as the engagement with *amrit* takes hold. To be on the path to spiritual enlightenment through alcohol addiction recovery also involves a range of re-engagements with personal and social identities.

6.3. Rebirth or Re-imagining through “Authenticity”

One of the aims of this paper was to explore and make sense of the identity-making process in Sikh spiritual frameworks used for recovery. This in itself entails a rather broad spectrum of ideas and theoretical formulations, certainly encompassing a multidisciplinary range of approaches, such as social psychology [46], anthropology [47], and sociology [48]. For the purposes of this paper, we aimed to show that the recovery process Sikh groups go through is a multifaceted, sociocultural, and psychological negotiation.

As a contingent bio-social and cultural process that calls upon existing belief systems, the spirituality framework is not guaranteed to succeed, and in a sense it is this that shows it to be all the more grounded in the everyday vicissitudes of social action. There may be instances where Sikh men in the midst of severe alcohol addiction are turned away from the possibility of help from the religious community [20]; in other cases, help and support could be conditional on belonging to specific castes within the Sikh religion, in itself appearing contradictory to the conventional understandings of Sikhism as a revolutionary resistance to the injustices of the Hindu caste system. Certainly recent research indicates that caste discrimination within Sikh communities in the UK is far from rare [49]. This contingency in being helped by a grounded, materially located support system is paralleled by the certainty of the rebirth of the individual Sikh. Once the individual is recruited as a candidate for help, the path of *amrit* does not necessarily begin a new process of identity formation, but rather fortifies and redevelops older, pre-existing notions of what it means to be a Sikh. The rebirth is perhaps

a re-imagining of Sikhism, calling upon the more traditional, “origin”-based understandings of the Sikh scriptures and teachings.

Drawing on existing ideas of being a Sikh enables individuals to re-narrate a form of conceptual rebirth that is not limited to the spiritual realm. For example, when participants in the original study [1] talked about how their lives were before the *amrit*, they express a sense of fragmented belonging, with partial commitment and belonging to the community and the religion. Through the *amrit*, which mobilizes an embodied, social, and psychological engagement with an authentic, originally sourced sense of Sikhism, individuals are narratively reconstructing both personal biographical identity as well as their emergent spiritual identity. We use the term “authentic” here not to invoke a mythical, contrived, and reified notion [50,51] of belonging, but rather a fluid sense of conceptualizing faith and history. In this range of multiple factors, the social embeddedness of their critical life change, again not uncommon in these forms of recovery model, maintains a series of moral and ethical obligations.

7. Future Directions for Research and Service Provision

While the 2006 study yielded much data and findings that potentially could reflect a variety of service provision contexts, those discussions are beyond the scope of this paper. However, given the complexity of the recovery process and its connection with spirituality, it is important that a number of salient features be signposted.

The particular attention paid to developing more culturally appropriate addiction services may require a nuanced appreciation of these often-neglected aspects—including religious and spiritual elements. Informing alcohol services of the use of culturally embedded mechanisms by particular South Asian communities can help to foster a more holistic and person-centered approach. For example, assessing a client’s religious and spiritual beliefs may help in the exploration of potential uses of clients’ own positive spiritual elements into the therapy. In addition, gurdwaras, as this study has confirmed, often perform a central role in the facilitation of recovery. Further research and service provision possibilities should explore the ways in which gurdwaras could be part of participatory networks where recovery routes might be explored collaboratively. The role of counselors working within a Sikh life-stress model in Canada [52] provides a basis from which to develop these possibilities in the UK. Spiritual orientation is demonstrably a potentially important aspect of recovery [35] and should be addressed in assessing suitability for specific addiction interventions.

8. Conclusions

How people think about their cultural and religious identity in the context of who they think they *were* and who they are *now* is mediated by the newfound component of their identity, authentic Sikhism. Through this embodied and spiritual narrative, people can make sense of the past, the present, and the newly formulated possibilities of the future. This is shown clearly in the data generated in the original study made reference to in this paper [1].

We make these arguments because Sikh identity cannot, as many authors have already established [53–55], be reduced to a caricatured single dimension. It is multifaceted in its origins, and recent development as a diasporic form, revealing socioeconomic, caste, and geographical divergences in the makeup of the diaspora. Such heterogeneity needs to inform how we think about the models of

recovery that exist outside of the official provision of health care agencies. The use of spiritual frameworks therefore need to be viewed not as unitary, religious acts of doctrine following, but rather dynamic, ethno-religious, cultural, and social reformulations of identity. Health care providers in the addiction and substance abuse arena will be familiar with the way in which addiction affects both the individual as well as the constellation of other human actors in their lives. They should therefore be aware of and engage with the similar contingent and dynamic tensions involved in how Sikh identities also undergo transformation as people attempt to negotiate the complex landscape of recovery using spirituality.

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Author Contributions

Asesha Morjaria-Keval conducted the original doctoral research and analysis. This paper was jointly written by the two listed authors.

Conflicts of Interest

The authors declare no conflict of interest.

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