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Who is in Control? How Women in a Halfway House Use Faith to Recover from Drug Addiction

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Abstract: Religious adherents from most major faith traditions struggle in balancing their individual agency with divine leadership. While this issue of individual *versus* divine control is complex for those in free society, it becomes even more so when applied to those in correctional and treatment settings. For those attempting to recover from drug addiction, a common conclusion is that drugs have taken control of their lives, thus it is necessary for them to reclaim control. Via a narrative analysis of semi-structured interviews with 30 former drug addicts residing in a faith-based halfway house for women, we explore how the women make sense of losing control of their lives due to their drug use, but then being taught to regain control by surrendering to a higher power. We find strong evidence of Deferring and Collaborative religious coping styles and these coping styles structure how the women discuss the future and their strategies for success.

Keywords: religiosity; religious coping; correctional treatment; halfway houses; transitional centers

1. Introduction and Theological Background

Religious adherents from most major faith traditions struggle in balancing their individual agency with divine leadership. For those from Christian faith backgrounds, God's role in their lives has been

the subject of much discussion among theologians, ministers, and lay members. The overarching question appears to be how God and the individual coexist to direct attitudes and behaviors. On the one hand, there is a clear Scriptural mandate to have a short-term and God-dependent mindset. This lengthy passage from Matthew's Gospel often is quoted among those who adopt this God-driven approach to life:

Therefore I tell you, do not worry about your life, what you will eat or drink; or about your body, what you will wear. Is not life more than food, and the body more than clothes? Look at the birds of the air; they do not sow or reap or store away in barns, and yet your heavenly Father feeds them. Are you not much more valuable than they? Can any one of you by worrying add a single hour to your life? And why do you worry about clothes? See how the flowers of the field grow. They do not labor or spin. Yet I tell you that not even Solomon in all his splendor was dressed like one of these. If that is how God clothes the grass of the field, which is here today and tomorrow is thrown into the fire, will he not much more clothe you—you of little faith? So do not worry, saying, "What shall we eat?" or "What shall we drink?" or "What shall we wear?" For the pagans run after all these things, and your heavenly Father knows that you need them. But seek first his kingdom and his righteousness, and all these things will be given to you as well. Therefore do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own. (Matthew 6: 25–34, New International Version).

On the other hand, there is a clear imperative for people of faith to work hard, to be responsible, and to be focused. The Apostle Paul, for example, details the importance of adherents "running the race" and working diligently in all activities to the best of their abilities. Perhaps the exemplar in Paul's epistles of the need for individual agency among believers is found here:

Do you not know that in a race all the runners run, but only one gets the prize? Run in such a way as to get the prize. Everyone who competes in the games goes into strict training. They do it to get a crown that will not last, but we do it to get a crown that will last forever. Therefore I do not run like someone running aimlessly; I do not fight like a boxer beating the air. No, I strike a blow to my body and make it my slave so that after I have preached to others, I myself will not be disqualified for the prize. (I Corinthians 9: 24–27, New International Version).

If this issue of individual *versus* divine control is complex for those in free society, it becomes even more so when applied to those in correctional and treatment settings. For those attempting to recover from drug addiction, a common conclusion is that drugs have taken control of their lives, thus it is necessary for them to reclaim control. The exact method for reclaiming control may vary by treatment program, but the end goal typically is for individuals to transition from external control (*i.e.*, drugs) to internal control (self). Well-known drug treatment programs often emphasize reclamation of self and individual control of life [1]. However, adding the additional complexity of turning control over to God may create conflict and confusion among those attempting to recover from drug addiction.

2. Conceptual and Theoretical Background

The difference between internal and external locus of control was first distinguished by Rotter [2], who conceptualized internal control as perceiving an event to have occurred due to personal behavior or characteristics, while external control is attributed to luck, chance, fate, others, or other unpredictable and complex forces. Levenson [3] then separated the concept of external control into two categories: attribution of events to powerful others and attribution of events to chance. Because attribution to a higher power was not included in previous work, Welton and colleagues [4] added a new dimension they called the “God locus of control”.

To explore the issue of how recovering drug addicts make sense of external and internal control of their lives in light of a divine other, first we review social scientific studies of how religion can be used to cope with difficult life circumstances. In this literature, researchers find consistently that religiosity, which is the cognitive and behavioral commitment to religion, often operates as a social force to increase prosocial behaviors and to decrease negative ones. Religiosity often has a significant impact on prosocial outcomes among those in free society, such as psychological well-being, health and wellness, and marital happiness [5–8]. Researchers report also that in prison environments, religiosity may decrease the likelihood of arguments, fights, assaults, and other deviant behaviors among inmates [9–13].

Religious coping in the context of drug treatment remains a somewhat controversial topic because an internal locus of control may be seen as preferable for recovery. Indeed, well-known drug treatment programs tend to emphasize a stronger internal locus of control [1]. Programs with faith-based components, such as Alcoholics Anonymous (AA), have been criticized on the basis that participants are more likely to develop external loci of control as opposed to other programs focused only on recovery [14]. However, spirituality has been found to increase confidence in recovering drug users [1] and to decrease external attributions for past drug use or future relapses [15]. Welton [4] classified a God locus of control as being neither exclusively internal nor external in nature, and thus not inherently disadvantageous. He found that advantages in coping skills were associated with either internal or God loci of control, hypothesizing that having both would provide the greatest benefit.

Pargament [16] agreed that religious coping was neither exclusively internal nor external in nature and provided strong empirical evidence that religion may serve as a positive coping mechanism for individuals dealing with a wide range of deleterious life circumstances, including divorce, unemployment, depression, illness, loss of loved ones, and war service [17–21]. In addition to highlighting the salutary benefits of religious coping, Pargament and colleagues [16,19] created a typology of three distinctive styles of religious coping and problem-solving: (1) *collaborative*, (2) *deferring*, and (3) *self-directing*. First, the collaborative coping style is one in which God and the individual are in partnership (*i.e.*, internal locus of control and God locus of control). This approach was found by Pargament *et al.* [16] to be the most common religious coping style. Second, in the deferring coping style, the individual defers the responsibility of problem-solving to God (*i.e.*, God locus control and external locus of control). The individual holds a passive role, while God takes an active role. Third, the self-directing style is one in which individuals take an active role, while God plays a passive role. As one participant interviewed by Pargament *et al.* [19] explained: “God put me here on this earth and gave me the skills and strengths to solve my own problems.” With this coping strategy, the individual exhibits an internal locus of control, while also forgoing a God locus of control.

Regardless of the specific style used or the problem to be solved, religious coping at its core implies that individuals have ceded some level of control of their lives to a higher power. In the United States this could be a significant challenge given the cultural focus on autonomy, self-support, independence, and hard work. A drug recovery strategy centered on regaining control of one's life by ceding control to a higher power may seem counter-intuitive; however, there appears to be a clear basis in Scriptures for such a strategy. In Matthew's Gospel (16: 24–25), for example, he recounts a puzzling admonition from Jesus to his disciples: "Whoever wants to be my disciple must deny themselves and take up their cross and follow me. For whoever wants to save their life will lose it, but whoever loses their life for me will find it." Matthew reports another conversation in which Jesus said, "Whoever finds their life will lose it, and whoever loses their life for my sake will find it" (10:39). Thus, in this paper we explore how former drug addicts residing in a faith-based halfway house make sense of losing control of their lives due to their drug use, and then being taught to regain control by surrendering to a higher power.

3. Data and Methods

To address the key issues described above, we conducted semi-structured interviews with residents of a faith-based halfway house for women (hereafter called The Center). The facility was located in the Southern United States, and housed over 400 women who were on "supervised release" from prison, on court-ordered probation for drug offenses, or who admitted themselves voluntarily. Our research team members worked with staff members at the facility to solicit volunteers for the study. Staff members at The Center posted notices that volunteers were sought who were willing to discuss their drug addictions. Our study criteria were that volunteers had a history of illicit drug addiction and were at least 19 years old, which is the minimum age for adult status in that state.

In compliance with Institutional Review Board protocol, we informed all participants that the interviews would be conducted with a researcher not affiliated with a prison or state department of corrections and would be voluntary and confidential. The interviews were semi-structured to allow the women to speak openly using their own terminology and so that the researchers could ask relevant follow-up questions as needed. Participants received \$20 upon completion of the interview. This amount was chosen because it was enough to encourage participation, but not so much as to create undue influence for participation. It is also consistent with remunerations in similar types of research [22–24].

We interviewed a total of 30 residents of The Center. Most interviews lasted 40–60 min and were audio-recorded with the permission of each participant. Trained personnel transcribed all interviews and replaced identifying information with aliases, which we use in this paper to maintain confidentiality of the interviewees. To ensure inter-coder reliability, all investigators read each transcript to identify common themes. Our team then convened to identify emergent themes and were careful to move forward only with those themes articulated by the participants and agreed upon by the team. We completed the analysis by reading the text for each category and, for each one, we created subcategories that captured distinctions recognized as important by the participants.

The median age of participants was 39.5 years, and the age range was 19 to 56. The racial composition for the women was 7 African American, 22 White/Caucasian, and 1 Native American/American Indian. Seventy percent of the women had a high school degree or higher, and among those about one quarter

had some college credit or beyond. Just over half worked full- or part-time jobs prior to admission, and their average income was under \$20,000. In terms of criminal history, on average, interviewees reported four misdemeanor arrests, one felony arrest, and one felony conviction. Among those with felony arrests, drug offenses by far comprised the largest category. Although the demographics of our sample are similar to those for all residents of The Center, generalization to the entire population is not advisable given the non-probabilistic sample.

All but two of the women in our sample reported former abuse or addiction of drugs or alcohol. This is representative of the Center, in which about 85–90 percent of residents have a history of drug addiction. The most commonly abused drugs were methamphetamine (8 out of 30), crack or powder cocaine (10 out of 30), or opiates, typically in pill form (10 out of 30). In the past, the women reported feeling “out of control” due to their drug use. The women attributed their past struggles either to external factors (e.g., drug addiction, the influence of others, or negative situations) or to internal factors (e.g., selfishness or poor decisions), which indicated differences in their loci of control. The women most commonly attributed their drug addiction to external factors. This drug addiction, as well as the influence of others and bad situations, was thought to have taken control of their lives and was to blame for most of their problems. However, this was their account of their past lives. Their current loci of control certainly had changed during their experience at the faith-based halfway house.

4. Introduction to Thematic Sections

Prior to entering The Center, the interviewees described how external forces—namely drug addiction, the influence of others, and socioeconomic disadvantage—controlled their lives. Particularly in the case of drug addicts, it was difficult for them to establish an internal locus of control or any sense of autonomy. Now working to reclaim their lives in The Center, most of the interviewees believed they would not go back to the same “out of control” lifestyles they had before their arrival.

The women used common narratives to explain their transition, and, typically, the women gave several reasons for their transformation. Most of the women described a feeling of being ready for or wanting to change. Oftentimes the women described hitting “rock bottom” and realizing that they could not fall any lower. Occasionally, others had an influence on the women’s decision to change, either through seeing the successful lives of other recovered addicts or wanting to change for others (e.g., children and family members). As Jasmine explained, “if we were able to get clean for ourselves, we would’ve never damaged our health like we did... So doing it for somebody, to me... it makes it more worthwhile.” Yet, the most commonly used reason for their transition out of drug addiction was not a relationship with others, but with God. Indeed, God was credited for the transition away from drugs for 25 of the 30 interviewees.

Nearly all of the interviewees considered themselves Christian converts, although some did not believe in God before coming to The Center. A few still doubted the existence of God, but the Center undoubtedly had an effect on the women’s religious beliefs. Residents attended mandatory daily devotions and religious services, as well as classes on religion. Even in The Center’s educational classes, staff members used a faith-based approach to the study of parenting, child rearing, employment, drug addiction, and crime.

The interviewees used their Christian belief system, newfound for many of the women, as their key approach for framing the problems and temptations they would face after release. The temptation to go back to their old lifestyles of crime and drug use was great, and it was important for the women to have some basis for resisting temptations and for solving problems. In short, the women claimed that they needed a way to prevent being “out of control on drugs” once again after release from the halfway house.

Yet, rather than being taught to take control of their own lives, the women instead were taught to cede control to a loving God. What appears to happen, then, is that women in the faith-based halfway house are taught to transition from control by one external force (drugs) to control by another external force (God). This manifested itself in different religious coping styles utilized by the women in our sample. We found evidence for two of Pargament’s [16,19] styles of religious coping (deferring and collaborative). The women held differing views about surrendering control to God *versus* relying on one’s own actions and autonomy. In addition, several of the women seemed to still be transitioning to or in conflict with these views. These women, whom we refer to as conflicted or as “wrestling with God”, did not employ a collaborative or deferring view.

In what follows we describe the deferring, collaborative, and conflicted religious coping styles identified in our interviews. We illustrate each coping style with a narrative example, and then present an analysis of emergent themes among participants with each style. Our format is consistent with other narrative work in criminology [25], and a narrative approach has been identified as valuable when studying the meaning of religious experience [26].

5. Deferring to God

Thirteen of the 30 interviews articulated a religious coping style generally consistent with Pargament *et al.*’s [16,19] deferring style. For these women, the relationship between God and themselves was not a partnership. Rather, the women conceived of a God who was all-powerful and had complete control over their lives. These women saw themselves as playing a passive role in controlling their lives, while God took an active role. Topanga explained the deferring style this way: “I just sit there and do, not what Topanga wants to do, but do what God wants [me] to do.” Similarly, Sierra commented, “The only way I’m gonna live life in the fast lane is with God driving cause life in the fast lane didn’t get me anywhere. Got me a lot of fines to pay, a lot of bail money. It got me nowhere. But this time, Jesus got the wheel.”

Such a perception of God shaped the way that the deferring women made sense of their recovery. The recovery narratives described by these women all took a similar structure and reflected the submissive nature of their relationship with God. Like the other interviewees, the deferring women had a clear internal locus of control (controlled by selfishness or sin) or external locus of control (controlled by their addiction, others, or situations) prior to coming to The Center. However, these women viewed themselves fundamentally as selfish during the time of their drug addiction, before surrendering themselves to God. When describing her past self and her addiction, Kyrie stated, “It’s a sin problem. It’s a selfishness problem.” For her, focusing on God instead of self was key to overcoming addiction. She elaborated, “[I am] letting go and letting God, because it’s all in his hands. He already has everything planned out for you and all you got to do is walk it out. ... I’m letting God lead.”

5.1. Tabitha: A Narrative of Deferring to God

Tabitha provided what was perhaps the most comprehensive narrative on using a deferring coping style to overcome her addiction. Tabitha found herself in The Center as a result of manufacturing methamphetamine. She served only four years of a ten-year prison sentence, but then violated probation and was court-ordered to The Center. Although a meth manufacturing charge led her to The Center, the real addiction with which Tabitha struggled was alcohol. When describing how her alcoholism took form, she explained, “My marriage fell apart, I had a 21-year marriage with two children, and my husband and I were having some difficulty, and I just started drinking. ... But within two years I was a raging alcoholic and had lost everything, including my two children.”

Tabitha and her husband were caught driving under the influence of alcohol, and they lost custody of their children. Although she realized the need to end her excessive drinking, she described having felt consumed by alcoholism, seeing it as a force that had control of her:

I couldn't quit. And I didn't drink because I wanted to, I drank because I had to, my body got to the point, my tolerance level got so high so quickly, I mean I would literally have to drink to function each day. You know, I'd get sick from shaking, and that sort of thing. ... [I had] probably a pint, sometimes more, of vodka per day, straight, not even bothering to get a cup. I mean, it was bad.

Tabitha then recalled the period in which she felt she had “hit rock bottom”:

When my husband divorced me and took my kids from me, I thought that was bottom. We were very wealthy, I was a corporate executive for a Fortune 500 company for many years, I made a lot of money, we had a big house, nice community, two children. So when I lost all that I thought I had hit rock bottom, but oh no. I had farther to go. I had to hit a personal level of low, because it's not just your possessions, when you lose them, that makes people hit bottom.

From there she went to a transitional home and attempted to overcome her addiction. Just like The Center, that facility was faith-based, and Tabitha attempted to draw on her faith to “get clean”. She commented, “I dedicated my life to the Lord, you know, stayed in my Bible, and I really wanted to get well.” Yet, despite her effort, Tabitha admitted that it was not the “right” relationship with God and was unable to maintain a life of sobriety. She elaborated:

At that point in time I still wanted to do it Tabitha's way, so I was like “Okay, I'm gonna get my life back. Come on, God.” So it wasn't “Father you lead me and I'll go.” So when I came back it was like two years later and I tried to get things squared away, and I couldn't do it. I couldn't do it on my own.

Because of what she claimed was an inability to fully give herself to God, Tabitha fell back into her old drinking habits, got remarried, and was again sent to prison. She described more negative experiences that represented her “true rock bottom”. Feeling hopeless, she believed she had nothing to live for and desperately turned to God again:

I tried to die for two years. I tried to commit suicide several times, and the Lord would not let me die. So when I got to the point that I lost everything, I lost everyone, the Lord would not let me die. Satan wouldn't come get me like I kept calling out for him to do... I had nothing else, so I fully surrendered my will, and said "Show me why I'm here." And the Lord started showing me from that day forward. He really started speaking to me at that point in time. I could have been in prison for 20 years and been happy, because I had never been happy like that in my life, it was just a joy for me inside.

In that critical moment, Tabitha described relinquishing total control over her life to God, and completely submitting herself to God's control. She saw this transition in control as transforming her entire life. She said that at this point she was no longer consumed by alcohol and commented that, "Jesus Christ is the only one that can deliver someone from their addictions." She was released from prison soon after this religious epiphany.

Tabitha claimed that she lived her life with God in the forefront. She described allowing God's will to guide her in every aspect of life:

I'm in love with the Father. It's a wonder I don't ask him each morning what I should wear. You walk in disobedience for a while, it's not pleasant. I would rather break the law than disobey God. But I'm always learning and always questioning and learn to follow him anywhere.

Tabitha said her relationship with God "increases every day", and she emphasized, "The more I seek Him, the more I find Him. It's true, just like it says in the Bible. It allows me to develop that personal relationship with Him." When asked if she faced any difficulties following her religious change, she said "Really none for me, honest to God, but I know a lot of people don't like their loss of freedom. But, that's a part of it."

Because she believed she had submitted herself fully to God's will, Tabitha did not describe any active plans for maintaining sobriety in the future. She conveyed confidence in her ability to remain sober simply because of her active relationship with God. She explained, "I have no cravings for [alcohol] at all. The Lord delivered me from that two years ago. I've been around it since then. I have friends outside that drink and I lived with my husband who was back to doing bad things but I was around it without doing it, but I just moved out." For Tabitha, strategies for success involved focusing on the power of God and reminding herself of her lack of control. She emphasized the importance of putting her life in God's control and not worrying about the future, "You have to be a firm believer that the Lord delivered you from that and He's not gonna allow you to be tested more than you can bear." She focused on keeping God at the forefront of her daily life, which also meant keeping Godly people around her.

Tabitha listed many disparate goals for her future, but emphasized that her achieving these goals would be up to God. She explained, "It's all up to the Lord though. When I plan, my plans fail so I don't plan anything above tomorrow. I let Him dictate where I go and what I do." In Tabitha's view, pursuing her own goals was pointless, as she believed her fate was ultimately in the hands of God. She elaborated:

If I plan to go to my hometown next weekend, if I don't ask, something will come up that will prohibit me from going. I am so much happier that way... If you look to the Lord, it clears our self, it supplies all our needs, you can hear the Lord's voice. I was just reading, in like Isaiah 26, I think during lunch time. It said, "When you make plans without me I'll thwart them," and that may not be the exact words, but it's true. Why make plans that are not approved by the Lord? That only tends to walking in disobedience. You'll eventually go off the path if you don't consult the Lord which way to go.

5.2. *The Deferring Perspective*

Overall, the deferring women all described particularly powerful turning points when they accepted God's all-encompassing control, and turned themselves over to his will. These turning points were depicted as times when deferring women were able to transition from an internal or external locus of control to a locus of control focused entirely on God. The deferring women described this moment as a life transformation where they were finally able to overcome their addictions. In fact, the majority of deferring women believed their addictions were "cured" at this point. For instance, when describing the critical moment when she deferred to God's control, Sierra commented:

I'm cured. As long as I keep God in my life and I keep doing what I'm supposed to be doing in his word, then my disease is taken from me. ... You give your life to God and you turn your whole self around. God, he took all that from me. It's gone, it's taken. So, I don't have that disease anymore.

Sierra, like many deferring women, described a moment when she "gave her life to God", which she described as curing her "disease". Believing they were now cured, these women had optimistic views of their addiction.

After this transformative experience, the deferring women credited all positive life outcomes to God and to their faith in God. This included reinterpreting their past according to their new outlook. When discussing the events that led her to The Center, Ally recalled:

I couldn't see it then, I realize that God had brought me up here and answered my prayer and kept me and my baby safe, which is way more than anything I could have imagined three and four months ago. I didn't see it then. I was mad because I had to come back to rehab. But now, looking back, I see that he was looking out for me. God did not want me to have my baby in prison, he wanted the same thing I wanted, and he made it happen for me.

They were also likely to depict themselves as selfish during the point in their lives where they had struggled with addiction. This view was likely a way of interpreting the moments where they had yet not fully relinquished control to God. They often recounted their failed experiences to get clean in light of this selfishness.

Likely as a result of their often extremely optimistic views, deferring women did not give much thought to developing strategies for maintaining sobriety after they left The Center. Instead, deferring women typically articulated that God would keep them clean, and described very weak or no concrete strategies for resisting temptation. Talia explained, "I'm just trying to get through this and yeah, I'm

not trying to think a whole lot into the future ... day-by-day.” Those who did have strategies primarily described working on their relationship with God. As Kelsey detailed:

I’m going to stand firm on the word of God, and I know that if I use it, use the word of God then that’s the only offense weapon there is, the rest are defense weapons. I know the sword of the spirit is the word of God and I know that if I use that to fight these principalities and darkness and all this kind of stuff, I’ll overcome.

Deferring women saw their future as “out of their hands” and for this reason, were not compelled to devise concrete strategies for their success.

6. Collaborating with God

Rather than exclusively seeing themselves as deferring to God’s control, twelve of the 30 women in our sample had a more collaborative view. According to Pargament [16], those with a collaborative coping style consider God to be their partner, with mutual control over their situations. For those coming from a Christian faith tradition, a collaborative relationship with God involves following God and doing what God says is right as expressed through Scriptures and through internal promptings of the Holy Spirit. Although God strengthens, helps, and works through individuals, they must maintain an active role to solve problems [16]. As Shelby explains, “You, me and you, got to help our own self first before anybody can help us. So, it’s not The Center, it’s not them, it’s them and God, that’s how I feel about it.”

Although the connection with God was described universally as strong by the women, the nature of that interaction did vary. Many women were like Jasmine, who said “I’m not Moses... I don’t hear Him or nothing, but we communicate.” Others were like Cameron, who explained:

I’ve always heard God speak to me and guide me through my spirit. At times that I should’ve listened, I didn’t, and let’s just say I was in the wrong place at the wrong time and consequences happened and now I’m more aware of that conscience. When the Spirit tells me, “don’t do that” I pay more attention to it. I listen to it because I know there are major consequences. He’s been calling me for a long time and I listened this time. I had to follow that.

Through prayer, worship, reading Scriptures, and feeling the guidance of God through the Holy Spirit, the women with a collaborative coping style felt a strong partnership with God. This partnership allowed them to act in quasi-autonomous manner, but while perceiving the power and presence of God with them.

6.1. Sarah: A Narrative of Collaborating with God

Sarah was court-ordered to stay one year at The Center after being released from jail. Like many others, this was not her first time in a rehabilitation center. She first began using drugs when she was 18 and reported that her use worsened when she began nursing school. She then spiraled out of control after failing to complete the program. Sarah was a drug user for 15 years, primarily having used opiates and methamphetamine. Upon her release, Sarah felt tempted to use again:

I did not use after I got out of jail the second time... The only reason I didn't use right when I got out of jail was because my mom and them kept a real tight rope on me... I'm sure if I would've gotten out of jail and not had that family support that I would've been right back where I was... This time, I told the judge that I needed to go away for a little while where I could get it together. I needed this.

A week after arriving at The Center, Sarah claimed that her outlook on herself and her addiction had changed after she read a book and started a class on addiction. She credited this transformation to God and The Center's religious teachings. Before she took this class, she said she had no relationship with God, and no hope that she would overcome addiction. She explained, "I thought I was just screwed for life. I was going to be an addict for the rest of my life... Then, when I got here, that's when I realized that there was hope again. I can overcome this because there's something greater than me." She described her transition in very strong terms:

I didn't think I was a bad person when I had a "disease". When I had a disease it was like cancer, it was incurable. I was always going to be like this and I was probably going to die an addict because I have this disease. But now I've learned that I was a bad person that made bad choices and that's okay because God's saved me from that ... Now I feel like I don't have a disease because God has set me free from it and I'm cured. I have a choice to go back to that... You got hooked on it, but you can let it go. God can take all that away, and that's when I realized that there was hope for me.

Now, with a new outlook on life, Sarah considered herself more adept at making decisions. She described her relationship with God this way:

I know that God and the Holy Spirit guide me and my choice, and I know that He is there to help me when my decision-making process is going haywire... Now I have that conscience saying, "That's not what God would do. That's not what Jesus would want you to do. He honestly loves and cares for you and He doesn't want to see you go down like that."

Sarah decided that she no longer wanted a life controlled by drugs and the people that consume them. However, she still experienced major temptations while visiting home on weekend passes. Here, Sarah details one such experience:

Well, the last time I was at home, I went to a pool party and yes, there was drugs there. And I prayed and I just said, "God, take the temptation away from me and help me to be strong and walk away from this situation", and I was able to walk away from the situation. I picked up the phone and called somebody and said, "I'm ready to be home. I don't want to be here." I feel like God had his hand in that.

After this experience, Sarah made new plans to help her succeed. She explained, "The future plan is to not be associated with people that have it [drugs]. I mean, that was just a stupid decision that I made to go over there... The next time I will be thinking rationally and I'll be able to make better decisions." Even as she planned for the future with her newfound faith, she also made it clear that she would have to make the tough decisions. Sarah decided not move back home, especially since her family has easy access to drugs: "My mom's a nurse practitioner and my sister just got her doctorate in nursing. I

mean, I just know that there would be some major temptations there. I'm not going to put myself in the devils playground like that."

Armed with her new faith in God and outlook on life, Sarah made some plans for the future to help her succeed and feels encouraged by others at The Center:

Well, I'm ready to start school back. I've got 164 credits. I've got to do something so I'm getting ready to start school back and get a job. I'm not going to move back home because that's too close to my old playing field ... [Others] have taught me not to give up, that I should go for what I want to do, and not to be ashamed of my past and get hung up on my failures and staying down... I can ask God to show me, close the doors that he doesn't want me to go down... I know that he's going to guide me in the directions that I need to go.

Overall, Sarah believed The Center and God helped greatly on her path to recovery. In fact, she did not believe that she could be clean without having this religious faith. She described the transition as complete, no longer considering herself an addict, "This has just filled a void in my heart... Now I have happiness, I have joy. Before this, I didn't have those. I'm proud to say that I'm sober now and I'm proud to say that I'm not an addict." She now viewed herself as being in a partnership with God.

6.2. *The Collaborative Perspective*

Overall, the women with collaborative viewpoints transitioned from feeling controlled by drugs to feeling that, through God, they possessed the power to change their lives. They no longer saw addiction to drugs as a disease outside of their control, as Sarah described above. Instead, they felt they could overcome their addiction through God, which was articulated as a very freeing and empowering realization by Anastasia: "They teach you at other rehabs that you're an addict. Here I'm not an addict. I struggle with addiction. ... This place taught me that I don't have to be that anymore. I can be different." Although the women actively resisted the temptation to use drugs, they saw the strength to do so as coming from God. Celeste, in talking about her upcoming release, explained "I just got to keep pressing on and keep believing and keep asking him to keep me strong. And He will, if I sincerely mean it."

Not only do they see God as giving them strength to overcome their addiction now, but also they believe that they must continue to work with God towards a successful future. God is seen as in the passenger seat directing individuals where to go and the routes to take. The individuals, in turn, must listen to and complete the steps necessary to reach their goals. The belief that God will assist them and keep them strong does not mean that they take a passive role in their own future, and, as such, they develop many strategies for their future success, much like Sarah's future plans. Although one such strategy is to rely on their relationship with God, the presence of many other strategies suggests that the women still think about and plan for the future.

These strategies include avoiding people, situations, and places that are seen as barriers to success, developing goals for a successful future, and relying on others to help them or motivate them to succeed. Sarah's decision to stay away from her home, situations, and others that tempt her to use drugs is an example of an avoidance strategy. Likewise, her desire to get a job and take additional college courses reveals that she has active goals for success. Her family's assistance and the things she

has learned from others at the Center reflect some reliance on others to help her succeed. Yet, Sarah's most important strategy for success, like most other women with a collaborative style, is reliance on her relationship with God. They report that God, seen as far from a passive participant, is the foundation from which they draw the power to utilize the other strategies for success. Sally embodies the collaborative ideals when she says this, which is a reference to a New Testament scripture:

I think that I have the real tools now to do what it takes, and a lot more understanding. I know a lot of times I will fail and make wrong decisions. In life you make mistakes constantly, but I feel like I'll be less likely to make as many, and especially some of the worst ones that destroy our lives. I feel like I can do all things through Christ, and He strengthens me.

7. Conflicted Relationship with God

As with any typology, there are times in which a case may not fit precisely into a certain category. We categorized 25 of the 30 women as using a predominately deferring or collaborative religious coping style. We did not find any women who used a predominantly self-directing style, but five women used some combination of the three styles. That is, five of the women in our sample described problem-solving styles that were not exclusively collaborative, deferring, or self-directing. Being an amalgam of multiple styles, we called this style "conflicted".

All of the conflicted women showed some evidence of Pargament's [16,19] self-directing style of religious coping. In the self-directing style, God is not relied upon for problem-solving, although His existence is acknowledged. Instead, the primary responsibility for resolving problems lies in the hands of the individual. According to this style, God has given individuals resources and abilities necessary to allow autonomous direction of their own lives. Yet, none of these women quite fit into the self-directing category. It seemed instead that these women struggled to balance The Center's mandate to surrender their lives to God with their own uncertainty about God and divine leadership. The conflicted women were hesitant to rely on God either because they did not believe in God, reported being angry at God in the past, or disliked the fact that religion was "forced on them" at The Center.

7.1. Jessa: Narrative of Conflicted Relationship with God

Jessa reported using many drugs, but her drug of choice was methamphetamine, which she used since age 12. She became pregnant with her first child at 13. She now had two children, both of which she lost custody of due to her drug use and criminal history. Although Jessa said she had "never seen [herself] as an addict", she described the dangers of an addictive personality: "When you're an addict, you have your personality, your person that you are, you have to have something. For me, even when I was popping pills when I was 10, 11, I had to have something, it was never enough." She described struggling with this urge:

There's still going to be that urge to do something different, to want more... I'm not saying that I'll never get out of it, that I'll never be delivered completely from it. That's what I hope and pray for every day, it's just, I know the reality. That there's only one way to do it and that's through God, honestly. And that's not because I'm here, that's because of what I

know. I mean you have to really, you have to really, really believe in something, and He's a wonderful thing to believe in. And that's going to be about the only thing... because there's no doubt in my mind that if I was at home right now that I would get high.

Jessa was sentenced to The Center for manufacturing methamphetamine. She chose the facility instead of probation out of fear she would end up in jail if she did not keep herself away from the influence of drugs. She reported needing "something different... job experience. I needed to be able to get my feet on the ground". It was the job experience that drew her to The Center, and not the religious focus. She did not believe in God before she came to The Center, although that changed:

The only other things were 28 day programs... They basically said I could get job training, that I'd be able to get work here. [That's] really the only thing that attracted me to here. Because before I came here, I was shooting up and I didn't even really believe in God. I mean I had lost a lot of, most of my faith in anything. So, that's not really what appealed to me. But I mean... when it comes to that I'm glad that I came here because my relationship with God has been renewed.

Although she described a newfound belief in God, she still struggled with feelings of inadequacy, stagnation, and self-governance. She described past friction in her relationship with God:

I was the first to go, well, I don't deserve God, so I'm going to do whatever I want. And that was my excuse... I don't deserve God, so I can do whatever I want to do... I don't need God. I don't deserve Him. He don't deserve me. I'm going to stay away from Him. Cause I just hurt Him. But God's gonna love me regardless.

In accordance with this attitude, Jessa described as instance in which she would have relapsed if not for others. Back at home on a weekend pass, Jessa described going out with friends to a local bar:

I was there dancing with this guy...and we were just having so much fun... and then out of nowhere he was like, "let's go shoot up! Let's do a shot." And it was like a big bear right in front of you. It was scary. Cause I knew I was that close and I knew that there wasn't going to be no going back... So my friends piled me into the car and buckled me down and took me back home... I was all, "I wanna get high, I wanna get high." As long as it's between us and not The Center, I was drinking that night. They was like no, my friends was like, not gonna happen. So, they took me back to the room, and I passed out, and that was over with.

Although Jessa reported many instances when she was reprimanded for behaviors deemed inappropriate at The Center, she did not feel that there was anything she could do to change her situation, and she concluded: "If it's God's will for me to go to prison, that sucks, but there's a reason for it. There's gotta be a reason." Her fatalistic view of the conflict was expressed this way:

My motto is "it don't matter." You can do the best out of the best out of the best, and it don't matter... People will argue that with you. I just, it don't matter. You can believe and you can love unconditionally and you can give, you can hope, and pray and pray and pray, and if it's not... Now I believe if it's not God's will, then I believe it if ain't going to happen, it just ain't going to happen. Now I know that it's not God's will... I always said when I do my best I come out worse than if I hadn't tried at all.

Jessa reported that God and her fiancé would help her maintain sobriety and optimism in the future. She claimed that since God has already done so much for her, “it would hurt God so much for me to backslide.” Although she described finding it hard to be hopeful, she said “I only am [optimistic] because my fiancé makes me be.” Otherwise, Jessa did not describe many strategies for success and did not think The Center had prepared her well. She explained, “I don’t think faith-based is the way to go for... people like us who are so good at screwing up.” She did not see herself as abstaining from drugs in the future, especially in the case of marijuana. She did not seem to consider herself as having experienced positive change, although she expressed hope that she would change in the future:

You can usually tell a person [who won’t make it], and apparently, from the way people are talking, I’m one of these people... There’s people that walk around here, that you can tell there’s a change in their lives. I don’t feel like that. I haven’t gave up on myself. But there’s people that you see that just don’t, that aren’t ready. People who haven’t hit bottom yet.

7.2. The Conflicted Perspective

Jessa described not believing in God before coming to the Center. Other conflicted women shared this sentiment, were angry at God, or both. For instance, Caitlyn said, “I was like mad at God... I was like, where was God when I was going through this? ... I know now that there is a God... I am still struggling with that part too, to be honest, but I know now that he has always been there and I am the one that left Him. He didn’t leave me.” Through Jessa’s use of language (*i.e.*, there’s *gotta* be a reason, you *have to* believe in something), she conveyed that she felt obligated to believe in God. She was not completely convinced, however, nor did she consider herself completely recovered.

For the five conflicted women, their limited faith in God, distrust in the Center, and stagnant circumstances led them to feel helpless, instead of helped. They did not trust that they had a strong relationship with God, that God would help them, or that God would give them the power to help themselves. Moreover, they did not trust that the Center would assist them in this process. This response was echoed by women with conflicted coping styles. Some showed a clear preference, seeming to be in the process of transitioning to the Center’s beliefs or surrendering to God, albeit still struggling with the change. Others did not believe this faith-centered approach to rehabilitation was right for them and may have been simply repeating the lessons and “mantras” taught to them at The Center in acknowledging God’s power.

Due to the divergent nature of their problem-solving styles, the women did not form many, if any, strategies to ensure success—like Jacie, who asserted “I’ve gotta do myself right now”, and “I’ve got to focus on me”, when asked about God’s role in her future. Unsure who to put their hope in, the women did not seem to place it either in themselves or in God, landing somewhere in between self-reliance and surrender. This led them to generally paint a very pessimistic view of their future.

The ultimate reason the women did not fit into either a collaborative or deferring viewpoint is unclear. Perhaps the emphasis on religion at The Center caused these women to refrain from a coping style that was self-directing. Another viewpoint is that the women were simply not ready to change or that they were in the process of changing, thus experiencing a clear conflict between their former beliefs and the beliefs being taught at The Center.

8. Discussion

Most women in our sample articulated a clear transition from their former coping styles and loci of control to a new, God-centered way to solve their problems. As they explained their transitions to sobriety, the women referenced factors such as hitting rock bottom, being inspired by others to succeed, finally wanting to change, and most prominently, a renewed commitment to faith. The women claimed that God was in control of their lives, which was consistent with what they learned in faith-based classes at The Center. Importantly, however, the women differed in discussing where God's leadership for their lives ended and where their own leadership began.

Pargament's [16,19] typology of religious coping/problem solving styles proved to be useful in how we categorized the narratives of our interviewees. The deferring and collaborative coping styles revealed that the women held differing views of surrendering control to God *versus* relying on their own agency and autonomy. Specifically, the women with a deferring style believed that, while God had an active role in their lives, their role was passive. Conversely, the women with a collaborative style believed that they and God shared an active role in their lives, including determining their future success. The conflicted women, in contrast with the majority of the participants from The Center, showed evidence of self-directing and nonreligious coping styles. Their narratives were underscored by the larger issues of experiencing conflict and "wrestling with God" in regards to surrendering control of their lives to a higher power.

As with any study, ours is not without limitations. First, because we used a non-probabilistic sample of women in a faith-based halfway house, we cannot make generalizations about our findings to all women drug users or to all women residents of halfway houses. Because in-depth interviews with drug addicts in recovery were the only reasonable methodological choice, this was not a major consideration. Second, because all of our participants were completing a faith-based recovery program at the time of the interview, it was unlikely that we would find strong evidence of all three religious coping styles identified by Pargament [16,19]. While there was ample evidence of the deferring and collaborative styles, we found no evidence of women who exclusively used the self-directing style. Because those who work at The Center typically consider autonomy, self-direction, and self-efficacy as major factors in drug addiction in the first place, interviewees had been conditioned to avoid a self-directing coping style. Instead, The Center teaches a Scriptural view of God as a powerful participant, a view that can be seen as either collaborative or deferring depending on the women's interpretations of self as active or passive in solving their problems. We cannot speculate on whether the self-directing coping style is relatively rare in The Center, or if some residents simply may not feel comfortable with its articulation.

Also noteworthy from our analysis of collaborative and deferring coping styles is the relationship between coping style and plans for the future. Future planning has been identified as an important element of rehabilitation [27], and many of the women in our sample claimed that they avoided dangerous people and situations, bonded with Godly others, worked on their relationship with God, and developed plans for a successful future. Yet, we find that formerly addicted women with a deferring coping style may be unlikely to form future strategies for success or form only vague ones. While the deferring style may be preferred among those who work at The Center, it may have the unintended consequence of discouraging autonomous action in the future. Failure to make plans for sustaining

sobriety may leave the deferring women unprepared to cope with future events, which, in turn, could lead to returning to former lifestyles and patterns of destructive behavior [27]. Thus, it seems that not all religious coping styles produce similar outcomes, which may have important implications for faith-based programs. Program organizers and staff should be aware of differences in religious coping styles and their potential influence on readiness for the future as they develop their curriculum.

Our findings are also in concert with Kerley's [28] recent discussion of active and passive resistance among religious inmates and those in recovery settings. He identified active resistance strategies, which mirror the strategies for success observed among the collaborative women in our interviews. This active resistance included plans to avoid crime and crime-inducing people, places, and situations. Passive resistance, in contrast, was found among individuals who internalized the concept of "one day at a time", and thus, did not make preparations for the future. Such a classification is consistent with the limited strategies for success used by the deferring women in the current study.

9. Conclusions

To conclude, we note that our findings, as well as those of Pargament and others, support the idea that the deferring religious coping style may pose risks for individuals dealing with difficult life circumstances (e.g., drug addiction). The nuanced distinctions between (1) a Scriptural worldview in which autonomous action is necessary and (2) a Scriptural worldview that encourages faith in God's control without action, create practical differences in the way individuals approach their futures. The identification of positive benefits from a collaborative coping style leads us to conclude that religious coping for drug addicts is not only acceptable, but also may be beneficial to individuals' problem-solving skills. Due to having both a God locus of control and an internal locus of control, the collaborative style of religious coping allowed the interviewees to plan for the future while perceiving the strength of God as with them, and as such, gave them greater hope for maintaining sobriety after release. Our hope is that the findings presented here catalyze additional social scientific research on the nuanced relationship between faith and coping among the free and the incarcerated.

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Author Contributions

The authors jointly conceptualized, analyzed data, and produced this manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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