



The Impact of the Christian Faith on Relapse Prevention and Long-Term Sobriety

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Abstract

Christian faith, including biblical beliefs, prayer, and active church participation, serves as a powerful protective factor in the recovery process from substance use disorders. However, these elements are often underexplored in clinical research and practice. This study investigates the role of Christian faith in preventing relapse and sustaining sobriety. Survey data suggests that practices such as prayer, scripture reading (bible), and participation in Christian fellowship help individuals manage life's challenges without resorting to substance use. These findings highlight the value of integrating Christian faith into treatment and counseling approaches to enhance long-term recovery outcomes.

Keywords: Christian Faith, Relapse Prevention, Faith-Based Recovery, Substance use Disorder, Prayer and Sobriety, Church Involvement, Addiction Treatment, Religious Coping, Biblical Healing

Introduction

The Christian faith has historically played a vital role in individual healing and community transformation, especially in the context of addiction and recovery. Rather than a general spiritual approach, this paper focuses specifically on the influence of Christian beliefs and practices—such as prayer, Scripture study, church fellowship, and discipleship—as protective factors against substance use relapse. Christian faith, rooted in a relationship with Jesus Christ, provides not only a moral framework but also deep hope, accountability, and inner transformation that support long-term sobriety.

Since the founding of Alcoholics Anonymous (AA) in 1935, the idea of a "higher power" has been central to the recovery journey. While AA is open to multiple spiritual interpretations, many Christian-based programs have emerged to offer a more explicit Christ-centered path to healing. Programs such as Celebrate Recovery and Youth

Challenge integrate core Christian doctrines, prayer, and church life into their treatment models. These programs reflect a conviction that genuine heart change, as taught in Scripture, is essential for lasting freedom from addiction.

Empirical research has shown that religious commitment, particularly within Christianity, is associated with lower rates of substance use, increased self-efficacy in resisting relapse, and a stronger sense of purpose. For example, studies have demonstrated that participants who actively engage in Christian faith practices are more likely to sustain sobriety and experience reduced cravings. Despite these findings, Christian-based residential programs remain under-researched in the behavioral health field. This study seeks to address that gap by examining how Christian faith influences relapse prevention at Youth Challenge, a faith-based residential treatment center in Hartford, Connecticut.

Literature Review and Background: The Role of Christian Faith in Addiction Recovery

The role of Christian faith in addiction recovery has garnered increased attention as practitioners and researchers recognize the importance of aligning treatment approaches with clients' core beliefs. Christian-based recovery emphasizes a personal relationship with Jesus Christ, accountability through Christian community, and transformation through biblical truth. These faith practices are often linked to decreased substance use, improved self-efficacy, and sustained abstinence.

While Alcoholics Anonymous (AA) introduced the concept of a "higher power," its open-ended definition allows for a broad interpretation that may lack theological clarity for Christian participants. Programs such as Celebrate Recovery and Knowing Your Higher Power were created in response to this, offering structured Christ-centered models that ground recovery in Scripture, prayer, repentance, and community.

Celebrate Recovery, for example, is a national Christian recovery ministry that utilizes a biblically grounded 12-step framework. Its “Step Study” curriculum integrates regular church attendance, Bible study, prayer, and testimonies, encouraging participants to surrender their addiction to God [1]. A study conducted by Brown et al. [2] found that participants in Celebrate Recovery who demonstrated a strong commitment to their Christian faith had significantly better long-term sobriety outcomes. Christian faith was the most significant predictor of sobriety, even more than demographic or situational factors such as age, ethnicity, income, or duration in recovery.

Other research supports the idea that Christian practices such as prayer and scripture engagement serve as protective factors. Puffer, Skalski, and Meade [3] highlighted the impact of religious coping in opioid recovery, demonstrating that those who relied on personal prayer, biblical promises, and community support through church attendance showed greater treatment adherence and reduced relapse. Though their study used broader spiritual language, similar outcomes have been found in explicitly Christian cohorts [4].

Christian recovery programs often view addiction as a spiritual battle as well as a psychological and physiological struggle. As such, programs rooted in biblical doctrine often seek to address the whole person—body, soul, and spirit. In the context of residential treatment, this holistic perspective includes daily devotions, pastoral counseling, participation in worship services, and accountability through Christian mentorship.

Youth Challenge of Connecticut, for example, offers a structured residential program rooted in Christian discipleship. Participants engage in prayer, Bible classes, church services, and community outreach. Anecdotally, program leaders and graduates report that active participation in the Christian life—prayer, repentance, and reliance on God’s strength—are key to their ongoing sobriety and restoration [5]. Yet, empirical studies examining relapse outcomes from such programs are limited.

Christian faith also plays a preventive role among at-risk populations. Kirk and Lewis [6] found that young adults who regularly attended church and prayed were significantly less likely to develop alcohol use disorders (AUDs). Among college students, increased prayer and church involvement were correlated with lower levels of alcohol use and higher overall life satisfaction. These findings emphasize the protective function of Christian practices, not only for those in recovery but for prevention as well.

Furthermore, studies show that the integration of faith and clinical care—sometimes referred to as “faith-based integrated care”—can result in improved recovery outcomes for those who identify with Christian beliefs [7]. When individuals are matched with treatment that aligns with their worldview, they report higher levels of motivation, resilience, and connection to their recovery goals.

Despite this growing body of literature, few studies have systematically evaluated outcomes from explicitly Christian residential treatment centers. There is a particular lack of empirical research on organizations that include mandatory church attendance, daily devotions, and pastoral discipleship as part of their treatment protocols. The current study aims to address this gap by exploring relapse rates and recovery outcomes for participants of Youth Challenge in Hartford, Connecticut.

Method

Study Design and Procedure

This study employed a cross-sectional design using self-administered paper-and-pencil surveys to examine the relationship between Christian faith practices and sustained sobriety. Surveys were distributed at community events in Hartford, Connecticut. The primary aim was to assess whether specific faith-based behaviors—such as prayer, church attendance, and Bible reading—alongside beliefs about God’s role in personal resilience, contribute to

long-term abstinence from substance use. Participants voluntarily completed the anonymous survey on-site, following informed consent procedures consistent with ethical standards.

Participants

A total of 107 adults participated in the study. Participants were recruited from the general community and were not limited to individuals currently in treatment, though many had experience with residential faith-based recovery programs. Inclusion criteria included being age 18 or older and self-identifying as having a history of substance use.

Measures

Substance Use History

Participants reported whether they had ever used any of the following substances: alcohol, tobacco, marijuana, sedatives, stimulants, hallucinogens, opioids, or inhalants. They also indicated whether they had ever attempted to reduce their use of these substances.

Resilience from Faith (RF) Scale

This three-item scale, developed for this study, assessed participants’ perceptions of how their Christian faith contributes to emotional and behavioral resilience. Items were rated on a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). Sample items include, “My faith in God gives me strength to keep going when I feel discouraged,” and “My faith in God gives me strength to make healthy choices.” The internal consistency of the RF scale was high (Cronbach’s $\alpha = .96$).

Spiritual Practices Supporting Sobriety (SPSS) Scale

The SPSS is a five-item measure, developed for this study, designed to assess the perceived impact of spiritual disciplines on maintaining sobriety. Respondents rated agreement with statements such as, “Reading the Bible helps me remain substance free,” and “Prayer helps me remain substance free,” using the same 4-point Likert scale. This scale demonstrated excellent reliability (Cronbach’s $\alpha = .98$).

Results

Of the 107 survey respondents, 54.2% ($n = 58$) identified as female. The majority of participants identified as Latino ($n = 40$, 42.6%) or African American ($n = 27$, 31.9%) while a smaller group identified as White or mixed-race. Most participants were between the ages of 25–44 years ($n = 43$, 40.2%) or 45–64 years ($n = 48$, 44.9%).

Additional analyses examining the relationship between engagement in faith practices and duration of abstinence from substances are ongoing and will be reported in subsequent sections.

Substance Use

The following tables provide information about the respondent’s substance use history.

Substance	<i>n</i>	Frequency
Alcohol	107	78.5
Tobacco	107	65.4
Marijuana	107	69.2
Sedatives	107	27.1
Stimulants	107	40.2
Hallucinogens	107	23.4
Opioids	107	39.3
Inhalants	107	11.2

Table 1. Percent of respondents that used each substance at least once

Table 1 shows the percentage of respondents that used each substance at least once in their life. While some used zero or one substance ($n=27$, 25.2%), most respondents used multiple substances. For example, 63% of respondents used at least three substances and

34.5% used five or more. With regards to current substance use, just under a quarter of the sample ($n=22$, 22.7%) reported that they are currently using substances. The remaining sample reports being substance-free. A sizable group reported being substance-free ($n=20$, 20.6%). Additionally, about one third reported being substance-free for 1-12 months ($n=30$, 30.9%) and another third reported being substance free for ten or more years ($n=28$, 28.9%).

Faith and Sobriety

A series of questions about faith and sobriety were asked to better understand the degree to which Christian faith and faith practices help people to remain substance free and are linked to resilience. Response choices ranged from 1 to 4, with higher scores indicating higher levels of agreement. Table 2 shows that most respondents indicated their faith helped them during life challenges and that faith practices helped them to remain substance free.

	M	SD	%
My faith in God gives me strength to keep going when I feel discouraged	3.44	1.00	85
My faith in God gives me hope when life is difficult.	3.42	1.00	86.8
My faith in God gives me strength to make healthy choices.	3.39	.967	82.9
It is important to me to remain substance free.	3.45	.934	82.7
My faith in God helps me to remain substance free.	3.32	1.05	78.3
Reading the Bible helps me remain substance free.	3.16	1.19	72.9
Knowing God loves me, helps me remain substance free.	3.28	1.08	78.8
Attending church helps me remain substance free.	3.25	1.08	76.4
Prayer helps me remain substance free.	3.34	1.08	78.3

Table 2. Percent of Participants that Agreed or Strongly Agreed with each Statement

Finally, ANOVAs were run to explore the differences in the degree to which people experience resilience as a result of their faith and differences in the degree to which faith practices help people maintain their sobriety for people currently using substances, people who had been substance free for less than one year and over one year.

First an ANOVA was run on three groups to explore mean differences on the Resilience from Faith Scale. There was a statistically significant difference between groups as determined by a one-way ANOVA ($F(2,94) = 4.31$, $p = .016$). A Tukey post hoc test revealed

that when compared to individuals actively using substances, the individuals who had been substance free for less than one year ($p = .033$) and over one year ($p = .005$) experienced higher levels of resilience as a result of their faith. There was no statistically significant difference between the intermediate and advanced groups ($p = .531$). This suggests that for many in this study faith is an important resource that helps them cope and maintain their sobriety when life is difficult. See Table 3.

Source	<i>df</i>	SS	MS	F	<i>p</i>
Between Groups	2	6.97	3.49	4.31	.016
Within Groups	94	75.98	.808		
Total	96	82.96			

Table 3. Mean differences between substance-using and substance-free individuals' level of resilience from faith

Similarly, Table 4 compares mean scores from the Spiritual Practices Supporting Sobriety subscale for the same three groups. There was a statistically significant difference between groups as determined by a one-way ANOVA ($F(2,94) = 9.41$, $p = .000$). A Tukey post hoc test revealed that when compared to individuals actively using substances, the individuals who had been substance

free for less than one year ($p = .004$) and over one year ($p = .000$) experienced higher levels of resilience as a result of their faith. There was no statistically significant difference between the intermediate and advanced groups ($p = .128$). This suggests that spiritual practices are an important tool for some people in maintaining their sobriety.

Source	<i>df</i>	SS	MS	F	<i>p</i>
Between Groups	2	6.07	9.41	10.51	.000
Within Groups	94	75.99	.90		
Total	96	82.96			

Table 4. Mean differences in the degree to which faith practices support sobriety for substance-using and substance-free individuals

Conclusion

While a growing body of literature supports the positive impact of spirituality and religiosity on long-term recovery, resilience, and coping, fewer studies have specifically examined the role of individual faith traditions. This study explored the role of the Christian faith as a protective factor against substance use relapse. It was hypothesized that Christian faith supports both resilience and sustained sobriety.

Consistent with broader findings on spirituality [8], the results suggest that Christian beliefs and practices significantly contributed to participants' resilience and ability to maintain sobriety. Overall, participants endorsed most items suggesting in general Christian faith and practices supported resilience and sobriety. Participants who were substance-free reported that their faith helped them cope with life's challenges, and that practices such as prayer and church attendance played a critical role in sustaining their recovery. This group reported a greater benefit from Christian practices and faith, those individuals who were currently using substances. This suggests, supports the hypothesis that Christian faith is a protective factor contributing to resilience and society.

These findings add to the growing literature advocating for faith integration into substance abuse treatments, highlighting its potential as a protective factor. Furthermore, such approaches may offer a contextually and culturally sensitive framework for individuals whose values and recovery journeys are closely tied to their religious beliefs.

Clinical Implications

The findings of this study underscore the significant role that Christian faith can play as a protective factor in the treatment and recovery process for individuals struggling with substance use disorders. The integration of faith into clinical practice not only aligns with the lived experiences of many clients but may also serve as a powerful source of resilience, identity, and hope. Based on these findings, several key clinical considerations emerge for practitioners working within faith-informed or spiritually integrative frameworks.

Integration of Faith-Based Practices in Treatment Planning

For clients who self-identify as Christian, integrating faith-based practices into treatment planning can be both clinically relevant and therapeutically beneficial. Interventions might include structured prayer, engagement with scripture, participation in worship services, or involvement in faith-based peer support groups. These practices can deepen the client's sense of purpose, reinforce positive identity constructs (e.g., being a "new creation" in Christ), and enhance motivation for sustained change. Clinicians are encouraged to assess each client's openness and preference for spiritual integration and to collaborate in tailoring interventions that reflect their individual faith journey. Evidence suggests that this personalized, spiritually attuned approach may increase treatment adherence, promote emotional healing, and support long-term recovery outcomes.

Support for Relapse Prevention

Given the demonstrated role of faith in fostering resilience, clinicians should consider incorporating spiritual coping strategies into clients' relapse prevention plans. These strategies may include prayer during moments of craving, meditative reflection on scripture passages related to strength and perseverance, or seeking guidance and support from pastoral counselors or faith mentors. By framing challenges such as grief, trauma, or interpersonal conflict within a spiritual context, clients may be better equipped to navigate triggers and high-risk situations without returning to substance use. Furthermore, encouraging clients to identify spiritual anchors—such as God's presence, divine purpose, or redemptive narratives—can serve as enduring motivators throughout the recovery journey.

Culturally and Spiritually Sensitive Care

The findings highlight the critical importance of providing culturally and spiritually sensitive care that honors the diverse religious and spiritual worldviews of clients. This involves more than passive acceptance; it requires active engagement with a client's beliefs, values, and practices in a way that promotes psychological safety and therapeutic alliance. Clinicians should be trained to conduct thorough spiritual assessments, inquire respectfully about the role of faith in clients' lives, and incorporate this information into case conceptualization and intervention. Developing competence in this area not only enhances treatment efficacy but also affirms the holistic nature of healing—addressing the physical, emotional, relational, and spiritual dimensions of wellness.

Collaboration with Faith Communities

A final implication involves the potential for enhanced collaboration between clinical providers and local faith communities. Churches, Christian recovery programs (e.g., Celebrate Recovery), and faith-based non-profits often provide valuable resources such as mentorship, sober social events, pastoral care, and spiritual education. By establishing partnerships with these organizations, treatment providers can expand the continuum of care and reinforce the recovery environment outside the clinical setting. These community-based supports can offer clients a sense of belonging, accountability, and ongoing encouragement, thereby reducing isolation and supporting sustained sobriety.

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