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Addiction and Recovery

> As long as we are still wrestling with the problems of desire and gratification, the world will be perceived as not meeting our desire. If it doesn't have to "satisfy" us, then the more free we are to find the material world a gift. The more our desire is for God, the more we can allow the stuff of the world to be what it is as gift.
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> — A Ray of Darkness, *Rowan Williams, Archbishop of Canterbury*

Referred by his pastor, Thomas entered counselling after his wife discovered him viewing pornography on the Internet. Understandably he was embarrassed and felt a great deal of shame in talking with both his priest and his wife. His compulsive use of pornography had been with him since his teenage years. He was a shy man, not accustomed to sharing his feelings openly, and it was a challenge for him to work with a therapist. Through therapy he was able to look at his pattern of managing stress and avoiding his feelings, and to take seriously his compulsive use of pornography. He began to see how it distanced him from his wife and from a healthy sexual relationship in their marriage.

Jennie was a bright teenager whose marks became increasingly poor as she missed her morning classes and failed to complete her homework assignments. At fourteen she wore baggy clothes, was obsessed with her body image, and counted every calorie. She argued with her siblings and parents about

their weight, and refused to come to the dinner table for meals, insisting on eating alone in the kitchen on her own time, or in her room. One day her older sister found her vomiting in the bathroom and confronted her about being bulimic. Together with their mother, her sister persuaded Jennie to seek the help of a therapist. It was a long journey over many months, but Jennie slowly began to accept her body and to become aware of the "beauty culture" and its effect on women and girls.

Margaret was a member of her church choir. After several weeks of smelling alcohol on her breath and finding her hostile and non-cooperative in choir practice, the choir director became concerned and spoke to their minister. Aware that Margaret had been widowed a year earlier, the minister wasn't sure how to confront the situation. She spoke to a therapist to whom she regularly referred members of her congregation, and was encouraged to engage the help of Margaret's adult daughter in an intervention process. During this process it became obvious that Margaret was drinking alone most nights, and not eating well. The minister made contact with a treatment centre and helped to facilitate an intervention. Margaret became an outpatient and eventually entered a treatment program. Her daughter, a university student, joined Al-Anon and was given help to effectively deal with her mother's recovery.

How do addictions develop?

The addiction process in our culture appears to have both psychological and behavioural dimensions. It affects the way we think and feel and act. All addictions hold some characteristics in common and other characteristics specific to the particular addiction. An essential component of any addiction is that it keeps

us out of touch with our inner selves — our feelings, morality, and awareness. There are several recognized addictive processes:

- drug addiction and alcoholism;
- eating disorders;
- smoking;
- sexual addictions (including Internet pornography) ;
- compulsive spending;
- gambling;
- shoplifting;
- workaholism; and
- rage.

All of these processes lead people to develop certain ritualistic behaviours and thought patterns that may have devastating effects on interpersonal relationships. Although there are many kinds of addiction, every addicted person engages in a relationship with an *object* (which may include a substance) or an *event,* in order to produce a desired mood change. Those who treat addictions frequently find that there are common underlying causes such as mood disorders and un-grieved grief. For example, men who are addictively violent and have rages are often suffering from untreated depression [Terence Real, *I Don't Want to Talk About It: Overcoming the Secret Legacy of Male Depression*].

Within the *chemical dependency* field, an addiction is broadly considered to be the compulsive need for any substance outside the person. An addiction to an addictive substance, such as food or chemicals (alcohol and drugs), is often called an "ingestive addiction."

By comparison, an addiction to a way of living (which sometimes leads to an ingestive addiction) is called a "process addiction." For example, the "dry drunk" is a person who exhibits the behaviours, attitudes, and thinking associated with the active

disease of alcoholism, but does not actually use the chemical any longer. Such a person acts is if he or she is using the ingestive agent, even though not doing so. In this case not drinking does not constitute recovery.

For a person addicted to alcohol to become sober and maintain sobriety, she or he has to make major changes in lifestyle. This is true for the alcoholic and the drug and food addict as well. The Twelve Step program of Alcoholics Anonymous (AA) is a set of tools designed not only to help an addicted person move away from substance abuse, but also to bring about a change from the addictive process to healthy habits of thinking and living. The Twelve Steps are adaptable to any addiction, whether process or ingestive.

A Culture of Addiction

Our culture has been described as an addictive culture. Subway advertisements bombard us with pictures of ultra-thin semi-naked women as we rush to work; television commercials proclaim the wonders of beer and the "good life" that comes from drinking with one's buddies; lottery tickets and casinos encourage us to gamble as a normal part of life; and music videos confront teenagers with compelling images of sex, violence, and drugs. It has been estimated that a high percentage of all helping professionals (including clergy) are not themselves aware of factors leading to addiction, and hence at many levels, perpetuate and enable the addictive *process*. In addition, many professionals are themselves addicts — including the addiction of being workaholics.

There can be a complex overlapping of addictions and mental illness in families. Many addictions have an underlying cause in mood disorders, which may mask anxiety or depression or some

other psychiatric condition that needs treatment. Conversely, symptoms of depression or manic-depression (bipolar disorder) may arise from a family history of some readily identifiable chemical dependency. Frequently, to overcome the addiction, the underlying anxiety or depression must be treated.

People's emotional and intimacy needs are normally met through connections with other people, the community, themselves, or a spiritual power greater than themselves. However, addicted persons tend to form a substitute "relationship" with the addictive process or substance. There are many theories of why addictions develop. According to Craig Nakken (an addictionologist), addiction is a "pathological love and trust relationship with an object/substance or event" [Craig Nakken, *The Addictive Personality*, pp. 10–11].

So whenever a person acts in addictive ways, their behaviour forces them to withdraw, to become internally preoccupied, and to isolate themselves from others. The longer an addictive process progresses, the less a person feels the ability to have meaningful relationships with others. This further perpetuates the experience of loneliness and isolation, and may lead to further acting out — that is, engaging in more addictive behaviour.

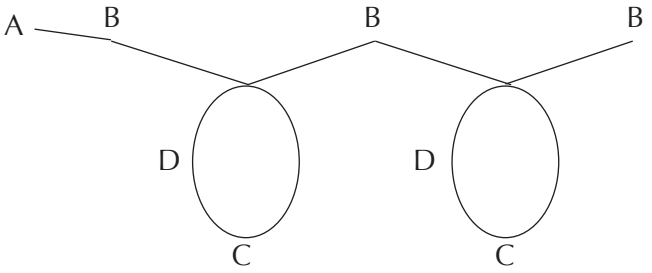
When pain creates an emotional need, an addict may turn to their specific addiction for relief, just as a non-addict may turn to a spouse, to a close friend, or to spiritual nourishment. Addicts learn to trust their addictively-created mood change because it is consistent and predictable. In its beginning stages the addiction process develops as an attempt to emotionally fulfill oneself, yet its long-term effect is to emotionally numb and to eventually deaden the self. As Nakken says, "Addicts trust they will experience a mood change if they perform certain behaviours.... And although finding emotional fulfillment through an object or event is an illusion, it is an illusion that ... helps to counteract the total sense of powerlessness and

unmanageability the addict is feeling on a deeper, more personal level" [Nakken, p. 14].

And so, addicted people may confuse the intensity of acting out their addiction with a kind of intimacy. Because they feel connected to the moment of intensity, they believe it is a moment of intimacy. In fact, it is nurturance through avoidance. For the addict, different objects and events (eating, gambling, pornography, drinking, chemicals, etc.) all have in common the ability to produce a positive and pleasurable mood change that is fundamentally rooted in emotional isolation, not in true relational connection. For example, men who rage, while feeling the initial release of discharging anger, later feel the anguish of shame, remorse, and often separation from their partner as a consequence of their pattern of violence.

The abuse cycle

The process of addiction involves movement, development, and change. As an addiction develops, it becomes a way of life, a life cycle. The diagram below illustrates this.

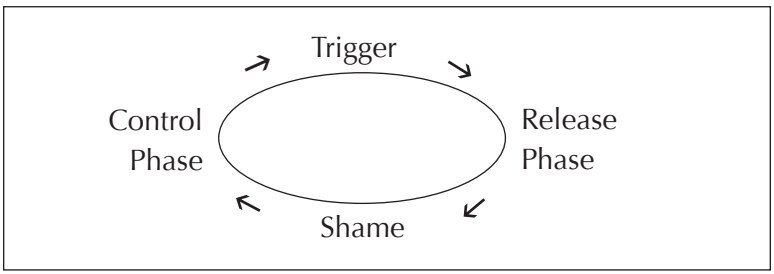


A = pain
B = feel the need to act out
C = act out; start to feel better
D = pain resulting from acting out

This cycle causes an emotional craving, resulting in a mental preoccupation, leading to a behavioural action, which leads back to the emotional hunger. For an addicted person, the feeling of discomfort becomes a signal to act out, not a signal to connect with others, with oneself, or with God.

The more a person seeks relief from inner emptiness and pain through addiction, the more *shame* they experience. As a result, they become shame-bound and lose self-respect, self-confidence, self-discipline, and self-love [John Bradshaw, *Healing the Shame that Binds You*]. The tragedy and ultimate lie of the addictive process is seen in the abuse cycle of the addict who, in seeking refuge from the pain of addiction, in fact moves further into the addictive process. "As the illness progresses, the delusional system will become more complex and have a quality of rigidity. The delusional system [of the addict] is commonly described as a wall surrounding the person" [Nakken, p. 34].

Rituals have been described as a language of behaviour, designed to give comfort at times of crisis or during times of conflict or stress. Religious worship uses ritual language and symbolism to express and evoke our relationship to God. But addicts use rituals and addictive rites to create a mood, to ease their tension or discomfort, and to produce a sense of release. The ritual of addiction has been described as an inner struggle between control and release; this struggle is characteristic of a person involved in an addictive process. And so, another way of describing the addictive cycle is as follows.



How can family members and churches help?

The family and the faith community both need to respond to the addicted person with a hope for healing. Historically the church has "walked by on the other side of the road" [Luke 10:25–37] from ignorance of the nature of addiction. Families have unwittingly enabled the addict by their failure to set limits, by denying and excusing and covering up for the addict's behaviour, and by increasing their own work load to compensate.

Since the mid-twentieth century, in the Twelve Step programs of AA and other groups, we've seen the concrete application of spiritual principles in the context of community. Such groups have become a fellowship of people in recovery — sharing instead of preaching, and calling forth the image of God in one another. John Bradshaw writes that, in his recovery from alcohol addiction, "the only way out of the shame (was) to embrace it.... When I came out of hiding, I discovered people who loved me for being just another stumbling human being" [John Bradshaw, "Our Families, Our Selves: The Shame of Toxic Shame," *Psychology Today,* July 1989].

For some people, defining addictive behaviour as a moral issue enables them to stop "cold turkey." For others, defining the addiction in terms of "morality" compounds the cycle of shame. The experience of withdrawal, of giving up the addictive substance or process, creates a big hole, an emptiness, which may have precipitated the numbing behaviour in the first place. If the addictive process is itself rooted in a compulsive acting out from feelings of emptiness, then the recovery process must help the addicted person to fill the emptiness in new ways that nurture the self. Moral proscriptions and judgemental attitudes on the part of family or friends will not encourage the addict to find life-affirming ways of behaving.

But unless a true recovery process is entered into, the addict may go from one addiction to another. For example, a compulsive smoker who stops smoking may develop an eating disorder. An alcoholic who stops drinking may develop a dependency on tranquilizers. Recovery is only truly possible if there is a rebuilding of the true self — the self made in the image of God. Frequently the addicted person has learned in childhood the survival strategy of disconnecting from his or her feelings as a means of adapting to a painful emotional reality. As a result, they feel an emotional emptiness that cries out to be filled. Their process of trying to fill the void becomes the addiction.

Because the addiction has served to disassociate the addict from his or her spiritual core, from the human journey of seeking integration between an event, a feeling, and the appropriate expression, it is not uncommon to hear someone in recovery say, "It took me two years in recovery before I could cry or even know I *could* cry," or "It took me two years to laugh!"

Thomas, Jennie, and Margaret all had supportive families and faith communities to help them in their healing journey. Overcoming addictive behaviours, thoughts, and processes took a combination of expert help, a support group, and the courageous commitment of each of these persons in their own

> O blessed Jesus, you ministered to all who came to you. Look with compassion upon all who through addiction have lost their health and freedom. Restore to them the assurance of your unfailing mercy; remove the fears that attack them; strengthen them in the work of their recovery; and to those who care for them, give patient understanding and persevering love; for your mercy's sake *[Occasional Prayers, For Those Suffering from Addiction,* Book of Alternative Services, *p. 682].*

recovery. The presence of loving family and friends contributed to their healing, and prayerfully supported the faltering steps of rebuilding, nurturing the fruits of love and patience and honest communication in all persons involved.

Suggestions for families

Addiction contributes to family disintegration, but families can begin their recovery process with or without the participation of the practising addict. When addiction in a parent develops, the children do not have the firm relational tie that provides them with the security to explore their world safely. Addicted persons are often erratic and inconsistent, and children learn that it is not safe to talk about problems in the family. Where a child or spouse is in danger from the addict's behaviour, separation is frequently important.

But if there is not a dangerous situation and the addict still wants to participate in the family, family members can learn to relate in healthier non-co-dependent ways, which do not accommodate the addiction. Family members can learn to share feelings and needs with each other honestly, and to take responsibility for their own happiness and life direction without blaming the addict, hiding, or becoming trapped in shame.

Families can seek the help of a professional. Family physicians are frequently trained to help effect an intervention in the life of the addict, since many addictions are life and health threatening. Family therapists and addiction therapists are also trained professionals who can facilitate the help needed for the family members, even if the addict refuses to seek healing.

Twelve Step groups exist in cities and towns across Canada. Meetings are free and confidentiality is guaranteed through the principle of anonymity. There are Twelve Step recovery programs

for the spouse and family members of the addict, as well as for the addict. In the Twelve Steps format, there is no judgement or condemnation. There are "sponsors" who will listen, who can help you cope, and will encourage you in making wise decisions.

Some strategies for coping with addictions

Here are some concrete steps families and churches can take to respond to addictions:

- Become informed: read books; visit open AA meetings.
- Seek professional help: clarify that you want someone trained in addictions.
- Be willing to see yourself as involved in the recovery process: the whole family needs to be involved in healing, which may begin through an intervention process.
- Be willing to take action.
- Be realistically hopeful.

Resources

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