

Addictions take a huge toll on families and communities. How can vocation directors assess the impact of a candidate's history with an addiction?

What every vocation director should know about addictions

by Kevin P. McClone

I am grateful to respond to the invitation to offer some critical reflections on the topic of addictions and what vocation directors need to know. In this article I will highlight several important aspects of addiction so vocation directors can better understand, assess and intervene with candidates to priesthood and religious life.

At the outset, it is critical to realize that ***addictions constitute one of the most widespread and costly problems of contemporary society.*** Indeed it is a rare person or family whose life has not been impacted directly or indirectly by some addiction. For example, statistics from the National Council on Alcoholism and Drug dependence states that alcohol and drug dependence is the ***nation's number one health problem.*** Substance abuse crosses all societal boundaries; it affects both genders, every ethnic group and culture. More than half of all adults have a family history of alcoholism or problem drinking. One quarter of all emergency room admissions, one third of all suicides and more than half of all homicides are alcohol related. Heavy drinking contributes to illness in each of the three top causes of death: heart disease, cancer and stroke. Almost half of all traffic fatalities are alcohol related. Fetal alcohol syndrome is the leading cause of

known mental retardation. Every adult American pays nearly \$1000 per year for the damages of addiction.

Vocation directors may benefit from realizing that the variety of compulsions and addictions indeed seems to be expanding, and often includes what is referred to as behavioral or process addictions (sometimes called activity addictions) centering on the misuse of sex, work, relationships, food, money, and power. Howard Clinebell in his book *Understanding and Counseling Persons with Alcohol, Drug, and Behavioral Addictions*, captures this devastating impact of addictions by quoting these words from Patrick Carnes:

Addiction taps into the most fundamental human processes. Whether the need to be high, to be sexual, to eat, or even to work—the addictive process can turn creative, life-giving energy into a destructive and demoralizing compulsivity. The central loss is the addict's values and relationships.

Internet and cybersex addictions

One of the fastest growing addictions today is Internet addiction, including cybersex addiction, and this is a growing concern, estimated to impact millions of men and women. Some of the best estimates suggest there are nearly 250 million users who sign on regularly to the Internet (Nielsen Net ratings, September, 2003). The Internet has become a way of life for younger generations, and you can literally access any type of fantasy on the Web—from chat rooms, to online gaming to Internet pornography of all types. Cybersex is a growing problem for many that is often underestimated. Cyber-sexual activity can take many different forms, from downloading explicit sexual pictures, to engaging in sexually explicit pornographic sites, sexually explicit chatrooms, phone sex, or sharing other

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sexual fantasies. Cybersex is an isolating activity that requires no social skills and may further isolate those already predisposed to problems establishing healthy peer relationships.

Just what are the vulnerabilities that seem to predispose persons to develop a cybersex addiction? Many addiction treatment professionals, like David Delmonico and Elizabeth Griffin, indicate that vulnerable religious and clergy are those with shame-based histories and feelings of low self-worth. According to Rene Molenkamp and Louisa Saffiotti, in their article "The Cybersexual Addiction," the religious candidates who are most vulnerable to cybersex issues are those with poor relational skills who may use cybersex as a way to avoid socializing with peers. They also highlight

If your drinking or behavior has caused you serious problems, and you are still drinking or doing the same behavior, you are addicted, or at least you have a significant abuse problem.

that vulnerable persons are those with unresolved sexual difficulties, such as sexual identity issues or lack of integration, those with some degree of depression or dysthymia (a low-grade depression lasting two years or more) and candidates with an impoverished spiritual life.

Similar to alcoholics, the cybersex addict struggles with efforts to control his or her behavior, with often extreme despair over consistent failures and a chronic distrust of others. Some key indicators of the possible presence of sexual addiction can be found in patterns of secrecy, intense mood shifts, and past histories of emotional abuse, often involving sexual abuse as well.

Who is vulnerable to addiction?

One person who has researched the area of alcohol and drug addiction extensively is Alan Marlatt, who describes addiction as a "complex progressive behavioral pattern having psychological, sociological, and behavioral components. Individuals become overwhelmingly and pathologically involved with and attached to a particular addiction with a subjective compulsion to

continue it, and a diminished ability to exert control over it." Another more simple way to assess whether a behavior may be becoming an addictive pattern is the 3 C's. Is there increasing Compulsive behavior, increasing loss of Control, and Continued use of the substance and or behavior despite adverse consequences?

A variety of family-of-origin factors may pre-dispose people to a greater vulnerability to addictions. Research indicates that those with *shame-based histories*, often marked by *heavy-handed authoritarianism* are more vulnerable. Many alcoholics grew up in households where shame was part of the picture. Another key factor is family history of alcoholism, especially for males. In several research studies, it has been demonstrated that growing up in an alcoholic family (i.e. where one or another parent is alcoholic) increases one's chances of becoming addicted. Statistics published by the National Association for Children of Alcoholics indicate that children of alcoholics are four times more likely to develop alcoholism, have more symptoms of anxiety, depression and perfectionism than those from non-alcoholic families.

Vocation directors may also benefit by awareness of the sociological and cultural causes that lead to different rates of addiction. For example, there is a much lower rate of alcohol addiction among Jews than among Protestant and Roman Catholic Christians. This is true despite the fact that a considerably higher percentage of Jews use alcohol than do those of the other two major faith groups. Being Irish and drinking often go together, and in fact the music, ballads and songs of Irish lore often glorify the drink.

Warning signs

While it is hard to say for certain, there are some clues that people may have addictions. Does the person's use of alcohol, drugs, Internet, etc. interfere in destructive ways with one or more areas of the person's life, such as family, community, ministry, job, physical or mental health, social relationships or spirituality? Some twelve step group members use the following working definition: If your drinking or behavior has caused you serious problems, and you are still drinking or doing the same behavior, you are addicted or at least you have a significant abuse problem.

In addiction circles, the **CAGE** formula is a quick assessment tool. **C** stands for: have you tried to Cut down on drinking? Many alcoholics in recovery report numerous attempts to quit drinking, "go on the wagon"

or switch from wine to beer, or drink only on weekends or after 5 p.m., etc. **A** = has anyone Annoyed you by criticizing your drinking? It's difficult to develop a problem with alcohol without coming to the attention of others. However some people can successfully hide for years if they drink alone or are more isolative persons. **G**= Have you felt Guilty about your drinking? And finally **E**= Eye-opener, that is, have you ever had a drink the first thing in the morning to steady your nerves or get rid of a hangover? While there are many other questionnaires—shorter and longer—vocation directors who are concerned about a candidate's alcohol or drug use would best consult a professional who has certified training in addiction.

Dynamics of addiction and recovery

All these tactics for recognizing an addiction point to a reality that is vast, deep and sometimes mysterious. Various psychological theories break down the patterns of addiction and recovery—each emphasizing different aspects. In my own view, each theory has some measure of truth. Drawing from different theories and my own experience in working with addicts, here is a synthesis of some of the key dynamics involved in the processes of addiction and recovery.

A. From lack of conscious awareness to spiritual awakening and conscious living in the present

One of the great spiritual truths is that awareness of

the present moment allows us a glimpse of eternity. We can race through life or seek refuge in all sorts of false comforts, but ultimately some of life's deepest treasures are found in being present to life, whether a sunset, a friend's support, or the play of a child. Most of these gifts can be lost, not because they don't exist, but because we fail to notice them. I recall one recovering person telling me, "It's amazing how I can just enjoy the little things of life today." This person went on to describe how these miracles were always there,

The individual addict uses substances or behaviors to numb or narcotize internal pain and attempts to force his or her will on the universe.

but he was blinded by the restless anxiety of his compulsive drinking and unable to see what was always so near. The drink, drug, or sexual behavior is used by the alcoholic or addict to numb the pain and distort reality. Often it is the addict's preoccupation with either past hurts and resentments or future fears and worries that blocks healthy awareness in the present moment. Living consciously allows us to actively and creatively participate in the beauty and sorrows of life without the cloud of substances that would dull our experience.

B. From self-deception and control to humility and letting go

Control is often rooted in my inability to accept myself as I am, and the more insecure I feel, the more I need to control my world. Patrick Carnes, in his research on sexual addiction, notes that one of the primary beliefs of the sexual addict is that no one could possibly love me for who I am. Rather than confront these feelings of shame and self loathing, the addict instead engages in a spiraling-down cycle of preoccupation, with his addictive behavior that only leads to further shame and low self worth. Denial and self-centeredness are two hallmarks of the addictive process. For the addict this often leads to a double life, or a Jekyll and Hyde existence, and a world surrounded in fear and hiding from the light of truth.

Being honest is one of the most difficult things for a life built on denial. These psychological defenses, whether denial, rationalization or projection, are aimed at protecting underlying feelings of inferiority, fear,

Twelve step recovery programs and related programs

- Alcoholics Anonymous
- Narcotics Anonymous
- Overeaters Anonymous
- Sexaholics Anonymous
- Sex Addicts Anonymous
- Sexual Compulsives Anonymous
- Gamblers Anonymous

Groups for family members and friends of alcoholics/addicts

- Al-Anon—for family members of alcoholics
- Adult Children of Alcoholics—Adult children who grew up in alcoholic families
- S-Anon—for friends and family of those with sexual addiction

fear, guilt and shame. The individual addict uses substances or behaviors to numb or narcotize internal pain and attempts to force his or her will on the universe. The individual, focused on self-centered needs, wants what he wants when he wants it.

Psychospiritual recovery involves bringing the light of truth to shine on the mask, persona and false-self behind which the addict hides. The acceptance one feels in twelve step recovery groups often provides such an opportunity. Early in recovery the addict's resistance to the recovery process is often at its peak. That is why most relapses occur within the first six months of sobriety. But gradually, through asking for help and attending twelve step meetings, the recovering person realizes he or she does not need to go it alone and finds it easier to surrender control.

Recovery involves gradually coming to face both one's fears and life on life's terms. In other words, the addict must recognize that to be human is to live embracing one's fears but without despair.

C. From fear to trust

What often keeps addicts from seeking help is not necessarily that they feel life is going well, although denial may allow such masking for awhile. The deeper reality may be that it is frightening to imagine life without the addiction of choice. For those struggling with compulsions and addictions, fear and anxiety are intolerable states that must be avoided rather than normal realities of life. The alcohol, drug, work, food, gambling, addictive relationship, or Internet addiction all tend to numb our awareness of anxieties.

What is missing is the courage to face fears openly. Recovery involves gradually coming to face both one's fears and life on life's terms. In other words, the addict must recognize that to be human is to live embracing one's fears but without despair.

D. Immediate gratification versus healthy asceticism

Fulfillment paradoxically comes through healthy asceticism, sacrifice, and surrender. It comes not from seeking more but by being at peace and content with

less. The more we fill ourselves, the more we take, the more empty we become. Discipline is feared by the person struggling with an addiction. Self-centeredness and impulsive behaviors are often seen as hallmarks of the addictive process.

Psychospiritual recovery involves a radical shift in perception that begins to see self-discipline and healthy asceticism as essential on the road to lasting peace and serenity. This spiritual message is at the heart of the world's great religious and spiritual traditions.

E. Perfectionism versus acceptance of limits

What has eluded the addict is that false notions of perfection have led to hard inner judgments, shame and a sense of never feeling good enough. Lewis Presnall in his classic book, *The Search for Serenity*, states, "No one can be at home in his own heaven until he has learned to be at home in his own hell." The full appreciation of inner serenity is achieved only after having to come to terms with one's own weakness, limitations and shortcomings. Indeed the sixth and seventh steps of the twelve steps of AA deal precisely with the psychospiritual process of owning one's shortcomings and humbly asking God to remove them.

F. From never enough to gratitude

Lee Jampolsky in his article, *Healing the Addictive Mind*, notes that scarcity is a predominant belief in American society. This addictive philosophy of "not enough" leads us into endless pursuits to fill this perceived void. Much of our emotional pain comes from what we feel we lack; we search for endless relationships to fill the void. The media reflects this idea to us in countless commercials that tell us what product will help fill the emptiness and make us whole. One of the tell-tale signs of early recovery from addiction is when the addict begins to speak more from a heart of gratitude than scarcity. Gratitude is a fundamental awareness that one has received a gift. This radical change in perception is a filter that begins to shape one's experiences in later recovery. One person in recovery for years puts it this way, "If it never gets any better than this, I will take it."

G. From isolation to community

One member of a twelve step group reported to me that his recovery meant an end to what he described as a life of isolation. He was isolated from himself, others, and God. He lived in his own world. Recovery has been a long and at times painful process for many, but one which has gradually led to the awareness that real

joy in living comes in and through real communion. Seeking recovery from addictions is a crisis that forces one out of hiding and into the light of truth. What makes this recovery possible is the hope that is born out of the twelve step community. One person in recovery for several years put it this way, "I'm glad there is a place I can go and share how I feel and not feel judged."

Addiction is a shame-bound disease. It hides and avoids the light of truth. God's action in our lives calls us to face the darkness without fear—to come into the light and experience forgiveness and transformation.

Is the problem under control?

The journey of facing one's addiction and moving toward health takes tremendous psychic and spiritual energy. In one sense, it takes a lifetime. But at a pragmatic level, many who battle addictions do come to a point where their lives are cohesive, functioning and relatively healthy. How can vocation ministers know whether a "recovering" alcoholic or addict has the problem under control? A key question often asked is, how do I know someone is really recovering? The proof is in the pudding. Look at the behavior. Hopefully, the longer the person is in recovery, the more emotional balance and growth there will be. In the first year of recovery, the person is still quite fragile, generally speaking. In fact statistics show that most relapses take place within the first six months to one year of sobriety. There are buffering factors that help to support longer term recovery such as a supportive environment, a regular twelve step group, and a sound relationship with a higher power.

My own recommendation to vocation ministers would be to avoid accepting anyone into a formation program until he or she has had at least one and preferably two years of continuous sobriety, including active involvement in a twelve step recovery program of some kind. Treatment and recovery *are* time consuming, which means that in the early stages of recovery, a person won't be able to contribute much to the religious community. It is quite common to become very absorbed in AA early on. In fact the prevailing message is to go to at least 90 meetings in the first 90 days of sobriety. Each person eventually discovers the rhythm that works best for them. My belief is that active twelve step group recovery generally leads to a person being more available and authentic in relationships and within his or her religious community.

Denial is important to understand

Recovery is very much a process, and the beginning is often tortuously delayed because of the strength of denial. One cannot really understand the dynamics of addiction without looking closely at the powerful role

The Twelve Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought, through prayer and meditations, to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

that denial and self-deception play in the addict's behavior. Denial is the inability to accurately see the nature of the problem. The *Big Book of Alcoholics Anonymous* describes this dynamic of denial in these words: "Our drinking careers have been characterized by countless vain attempts to prove we could drink like other people. The idea that somehow, someday he will control and enjoy his drinking is the great obsession of every abnormal drinker." By every form of self-deception and experimentation, alcoholics will try to prove themselves exceptions to the rule, therefore, non-alcoholic, such as drinking only beer, limiting drinks, not drinking alone or in the morning, only at parties, on weekends, after work hours, reading more, praying harder, taking the pledge, more physical exercise, etc. Careful to hide the addictive pattern, they may mask their troubled lives quite well for awhile. I recall one seminarian who was seen as the ideal stu-

Children of alcoholics grew up realizing the three don'ts: "don't talk, don't trust and don't feel."

dent who was tormented by an addictive pattern and really led a double-life existence. His community was unaware as he learned how to mask his feelings well.

Family issues

Vocation directors may be helped by realizing that for every addicted person there are another four persons impacted by the illness. In fact there are numerous candidates to religious life, as well as professed religious, who come from addicted families of origin. Many of them grew up realizing the three don'ts: "don't talk, don't trust, and don't feel."

Vocation directors can learn more about the impact of growing up playing characteristic roles in the alcoholic family system such as the roles of scapegoat, mascot, lost child and hero. These also get played out in religious life and ministry. For example, there may be issues with perfectionism where some respond in religious community by becoming super achievers to overcome high expectations and fear of judgment or shame that is internalized. Others may present with

problems in dealing with authority in healthy ways, by being either over-reactive or fearful with authority figures. Still others may be either over-responsible or under-responsible or fluctuate between the two. Approval needs may get acted out in boundary violations, workaholicism, perfectionism, poor self care or burn out from caretaking.

Whether vocation directors encounter a substance abuser, the child of a substance abuser, they can be instruments of healing by simply adopting a particular posture. They can recognize their basic kinship with those who struggle with addictions, fostering a less judgmental and moralistic environment, more conducive to healthy recovery. Vocation directors can promote spiritual growth by preaching tolerance, mercy and forgiveness. Healthy and holistic spirituality challenges cultural attitudes that enslave people to possessions, substances, and attachments and fosters spiritual reliance and relationship with God. These attitudes, grounded in the Gospel, are fundamental not only to recovery from addictions but to vocation ministry and to religious life itself. +

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Signs and symptoms of alcoholism

Spotting the signs and symptoms of alcoholism is not always easy. While daily drinking, drinking-related arrests or job loss can be signs of alcoholism, they tend to happen late in the disease. Many signs occur earlier, yet are harder to detect. These signs include:

- An increasing tolerance to the effects of alcohol. You may have heard the expression that someone can "hold their liquor." This is not seen as a sign that this person will *not* have problems with alcohol. In fact, this may be an early sign of the disease.
- A growing preoccupation or interest in drinking, drinking alone or drinking before an activity with drinking. It may seem as though one simply enjoys drinking. We now know that these signs are the first symptoms of alcoholism.
- A person will dispute there is a problem. This symptom, called denial, is almost always present in alcoholism.

Early warning signs of alcoholism include, but are not limited to:

- Attempting to limit one's consumption of alcohol
- Anger when confronted about one's drinking
- Feelings of guilt centered around one's drinking
- Use of alcohol in the morning as an "eye-opener"

- Relief drinking, or using alcohol to cope with anxiety/stress
- Planning one's schedule around drinking
- Negative consequences associated with one's drinking, including but not limited to: legal entanglements (DUIs, public intoxication, etc.), alienation of nonalcoholic friends and family, difficulties involving one's professional or school work
- Experiencing blackouts, which may last for very brief periods of time or may be longer episodes
- Drinking alone, or attempting to conceal one's drinking
- Drinking more than one intended to, or having unpredictable drinking episodes

It is important to note that no one incident is necessarily indicative of alcoholism, but multiple or repeated indicators would suggest a problem. Quite simply, social drinkers do not experience problems as a result of their alcohol consumption and always possess the ability to control their drinking. Multiple alcohol screening exams exist, many of which can be found through a simple search engine query on the Internet.

Sources: www.baptistonline.org and www.everything2.com/index.pl?node_id=740625