ADDICTION COUNSELING

COU475

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SYLLABUS

Addiction Counseling

COU475

1. Drug Use and Drug Risk
2. Identifying Alcoholics and Drug-Addicted Persons
3. Multiple Causes of Addiction, Multiple Levels of Prevention
4. Lesson 3 continued.
5. Understanding Drug Dependence
6. Lesson 5 continued.
7. Behavioral or Process Addictions.
8. Understanding and Helping Those at Special Risk of Addictions.
9. How Religion Helps Low-Bottom Alcoholics and Drug Addicts
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11. Alcoholics Anonymous
12. Lesson 11 continued
13. Other Paths to Recovery and Beyond
14. The Psychosocial Dynamics of Religious Approaches to Alcoholism and Other Drug Addictions
15. Understanding Ethical Issues in Addiction and Recovery
16. Lesson 15 continued.

Textbook:

Clinebell, H. (1998). *Understanding and Counseling Persons with Alcohol, Drug, and Behavioral Addictions*. Nashville: Abingdon Press. $27.95.

LESSON ONE

Drug Use and Drug Risk

17. Society does not use drugs--people do.
    1. The decision to use or not to use remains an individual one, no matter how society views the issue.
    2. It is the cultural context that most influences individual choice.
18. Why drugs are used.

A poem by Britain=s Victorian poet Matthew Arnold:

Ah, love, let us be true
To one another! For the world, which seems
To lie before us like a land of dreams,
So various, so beautiful, so new,
Hath really neither joy, nor love, nor light,
Nor certitude, nor peace, nor help for pain.

Drugs respond, in one way or another, to all these lacks.

1. If they do not provide true joy, they do offer sensations so pleasurable that the chief obstacle to reduced use or abstinence is the overwhelming sense of pleasure denied.
2. As for love, drugs enhance intimacy, loosen inhibitions and dampen anxiety.
3. Real certitude and peace are unlikely to be achieved through drugs, the absence of certitude and peace is far more easily tolerated with psychoactives that buffer the impact of uncomfortable realities.
4. AHelp for pain@ is one of the oldest reasons for drug use.

19. The reasons youngsters start using drugs have long concerned researchers.
    1. Thrill-seeking.
    2. Risk-taking.
    3. Peer pressure.
    4. Adolescent pressures.
        1. Family troubles.
        2. Emotional problems.
        3. Frustrations in school or social life.

20. Drugs provide pleasure and pleasurable sensations, feelings of exhilaration and various levels of intoxication.
21. They are social lubricants, diminishing the frictions of social contact, relieving

anxieties of the shy and inhibitions of the ill-at-ease.

22. Self-medication.
    1. Take drugs to counter sleeplessness, depression or anxiety.
    2. To raise energy levels or to overcome more specific complaints like impotence.
    3. To relieve pain.
    4. Antidotes for boredom and frustration as well as psychic pain.

Acute Toxic Effects

23. A toxic reaction is poisoning, plain and simple.
24. A toxic reaction is no different in kind from the milder Aintoxication@ cause by a drug.
    1. Just more of what the user is seeking, the result of too large or too potent a dose or a drug interaction.
    2. Take too much or too pure a helping of narcotics and you overdose.
    3. Mix a sedative with alcohol and the combined depressant effect can put you into a coma or halt breathing completely.
    4. Almost any drug will display toxic properties when consumed in sufficiently large quantities.

Long-term Physical Dangers

25. Prolonged use of booze degenerates the nerves in the arms and legs, destroys the brain cells, as well as severe liver damage.
26. Glue sniffing can have devastating effects on the kidneys and cell membranes in the brain.
27. Cocaine can weaken the heart.
28. Amphetamines can do permanent brain damage.
29. Prolonged use often leads to malnutrition, making one vulnerable to infection and disease.
30. Long-term respiratory effects of prolonged marijuana use.
31. Danger to unborn children.

Psychological Effects

32. Alcohol can cause organic psychosis and permanent disorganization of thought that result from physical damage to the brain.

33. Other drugs can cause chronic mental impairment, as well as a wide variety of less permanently disorganizing effects.
34. APanic reaction@ some marijuana smokers experience.
35. Paranoia that grass, cocaine and amphetamines occasionally trigger.
36. Toxic psychosis, which appears much like paranoid schizophrenia dn often lasts as long as a week, can afflict amphetamine users.

Developmental Effects

37. Psychoactive drugs alter feelings and perceptions which makes it possible for users to avoid dealing with unpleasant realities and to mask or dull pain and distress.
    1. Stress and pain are essential ingredients of normal life.
    2. They are signals that warn us when parts of our bodies or our lives aren=t working as they should.
38. Young drug users can escape the stress that is part of the maturation process.
    1. Emotional storms of the teenage years are a necessary rite of passage, during which lifelong attitudes are developed and responsible ways of dealing with the world are acquired.
    2. Young people learn to make long-range plans, defer gratification, and accommodate their own desires and needs to the desires and needs of others.
    3. Regular drug use can inhibit this process.
    4. A good many adolescent heavy users have trouble thinking far ahead or deferring pleasure or sustaining mature relationships.
    5. Young users may fail to ever develop adult coping mechanisms.

Interpersonal Cost

39. Failure to develop adult coping skills can lead to undeveloped relationships.
    1. While drugs can and do enhance intimacy, they rarely help relationships endure.
    2. Sex, often facilitated by drugs, can eventually become a cost of sustained use.
40. Users often choose friends because of the drugs they use, or choose to use drugs because it is the practice of their friends.
41. Social drug use can limit the range of social contacts, while solitary use may well lead to reduced contact and isolation.

Drug Dependence

42. Drug abuse represents the compulsive use of a psychoactive substance that endangers physical or mental health.

43. Different drugs stimulate different pleasure centers and produce different effects, depending upon the particular center stimulated and the strength of the stimulation.

    1. The Arush@ of injected heroin or amphetamine mimics the intense pleasurable sensations of orgasm; therefore, these drugs have high abuse potential.
    2. Drug-taking is self-reinforcing. The payoff is the drug experience itself.
    3. The power of reinforcement can lead to psychological dependency.

44. Physical dependency occurs when body cells are so changed by constant exposure to a drug that they become incapable of functioning properly when deprived of it.

45. Experiential tolerance.

    1. Users of drugs to which true tolerance is developed also will boost the amounts they use, even though their original dosage remains just as effective.
    2. This is the desire for a higher Ahigh,@ a more profound and possibly longer-lasting drug experience.

46. The body is a very conservative organism; most of its efforts are devoted to maintaining the status quo and keeping things as they are.

    1. When the central nervous system is continually being stimulated by a drug, the body will attempt to counteract this foreign influence.
    2. While a user of depressants is loading up with barbiturates, the brain will struggle to function normally.
    3. While the drug is telling the appropriate parts of the brain to slow down, the body=s own chemical messengers are carrying a Astay-alert@ message to the affected nerve tracts.
    4. As the user is dumping in sedatives, the body is attempting to jam the sedative signals with its own homemade stimulants.
    5. As a result, it takes greater amounts of barbiturates to achieve the same degree of sedation.
    6. When the barbiturate user suddenly quits cold, the body=s Astay-alert@ messages continue to flow.
        1. This is called Arebound.@
        2. The brain is stimulated to hypersensitivity.
        3. With no external sedatives to reduce this stimulation, the user experiences an Aabstinence syndrome,@ known as withdrawal.
    7. The user needs to sustain drug use to avoid the discomfort created by rebound or withdrawal symptoms.

47. At the farthest reach of addictions, drugs become central to the user=s life.

    1. There is a preoccupation with getting and taking drugs.
    2. There is no capacity to limit use.
    3. There is continued use in spite of obviously adverse effects.
    4. Addicts will steal to pay for drugs and will persist in drug use even when it

endangers them or is destroying other aspects of their lives.

5. They will resume use after withdrawal and periods of abstinence.

Vulnerability and the Personality of Abusers

48. Where there appears to be no Asingle unique personality entity,@ there are Asignificant personality factors@ which contribute to addictions of all kinds.
    1. Impulsive behavior.
    2. Difficulty in delaying gratification.
    3. Sensation-seeking.
    4. Antisocial personality.
    5. Nonconformist values.
    6. Little regard for goals generally valued by society.
    7. A sense of alienation and great tolerance for deviant behavior.
    8. Heightened feelings of stress.
    9. Limited capacity for affection.
    10. Small tolerance for frustration.
    11. Family problems.
    12. Feelings of hostility toward their fathers that frequently translate into negative attitudes about authority.
49. Other aspects of compulsive use.
    1. Extreme sensitivity to drug effects.
    2. Self-medicating, taking drugs to relieve the symptoms of real physical or psychological disorders.
        1. Self-medicators inevitably take drugs which are more harmful than useful.
        2. Motivation may be to avoid pain, insomnia and depression, to feel more energetic or control anxiety.
        3.

LESSON TWO

Identifying Alcoholics and Drug-Addicted Persons.

50. There is no area of human suffering in which healthy religion has given a more convincing demonstration of its healing, growth-nurturing power than in problems of addiction.
51. The goal of this course will be to explore the ways in which religious resources can be used most effectively in dealing with alcoholism and other drug dependencies.

Defining Terms

52. Obsessive-Compulsive.
    1. Those who suffer from psychologically obsessive patterns have repetitive, anxious thoughts that increasingly dominate their mental processes and feed their compulsive behaviors.
    2. Compulsive: Describes repetitive, out-of-control behavior that often accompanies obsessive thinking.
    3. Diminishing freedom to interrupt them by choice.
53. Addiction. Describes any obsessive-compulsive behavior in which there is some loss of voluntary control so that the victims seriously damage one or more important areas of their lives.
    1. Substance addictions. Involves alcohol; legal drugs; illegal or street drugs; nicotine; caffeine; and food.
    2. Process addictions (behavioral addictions).
        1. Include excessive and destructive uses of work, sex, gambling, shopping, codependent relationships, religion, and acquiring money and power.
        2. Human activities are used like drugs in vain attempts to satisfy deep inner conflicts and emotional hungers.
        3. Tend to become increasingly harmful to victims' overall values, living, and well-being.
54. Other terms.
    1. Tissue tolerance means that increasing amounts of the substance are required to produce the desired effects, and withdrawal symptoms are experienced when the substance is no longer taken.
    2. Increasing dependence on the substance, both psychological and physiological.
    3. Obsessive thinking about and craving for the substance.

4. Loss of control in using the substance.
5. Continued usage in spite of negative consequences.

55. Alcoholism.
    1. The primary behavior characteristics of this illness are craving for the psychophysiological effects of alcohol and continuing excessive use of alcoholic beverages in ways that are harmful to the users and many others.
    2. Characterized by diminishing freedom to interrupt the pattern by conscious intention.
    3. Alcoholism is a progressive, chronic, and potentially fatal disease if it goes unrecognized and untreated.
    4. Alcohol addiction roughly synonymous with alcoholism.
    5. Chronic alcoholism usually refers to the advanced stages of the illness.
    6. Complications.
        1. Physical and psychological diseases resulting from the prolonged excessive use of alcohol and include polyneuropathy, pellagra, cirrhosis of the liver, Korsakoff's psychosis, delirium tremens, acute alcoholic hallucinosis, and others.
        2. Need immediate medical attention and often hospitalization.

56. Drug addiction.
    1. Chemical dependency another term for drug addiction.
    2. Any prolonged use of consciousness-changing drugs that are harmful to oneself and/or others, characterized by increasing loss of freedom to terminate the use volitionally.

57. Problem drinking and drug abuse.
    1. Involve continued heavy use of alcohol or other drugs that are harmful to oneself or others and does not have the characteristics that identify chemical addictions (gradual loss of volitional control of the amount and occasions of use, increased tolerance)
    2. Alpha alcoholics.
    3. Do not usually respond to A.A. or other addiction treatment methods because they are not addicted.
    4. Heavy drinking the result of habituation and self-medication of pain coming from sources such as a disintegrating marriage, a severe loss, frustration of a cherished dream, or psychological depression.

58. Multiple Substance Abuse Disorders.
    1. Refers to the complex problem of addictions to two or more drugs, usually including alcohol.
    2. Cross addiction means that if persons are dependent on one psychoactive substance they are at high risk to develop dependence on any other addictive substance.

59. Dual Diagnosis.

1. Used to describe chemical dependency that coexists with a variety of major psychiatric illnesses, each complicating the other.
2. May be thought disorders, mood disorders, anxiety illnesses, rage disorders.
3. Mental illness symptoms often fade or disappear when people are successfully treated for their chemical addictions and stop drinking or using.

60. Dry Drunk.
1. Involves alcoholic thinking by an addicted person who is not using chemicals but is experiencing serious problems in coping with reality without them.
2. Includes intolerance, judgmentalism, irrational and grandiose thinking, and a defensive lifestyle.

61. Surrender.
1. A letting go of defensive denial by addicted persons; become open to receiving needed help.
2. Usually occurs after confronting a crisis when the person hits bottom.

62. Codependents.
1. Caregiving persons whoa re dependent on addicted people's dependence.
2. They organize their lives around Ahelping@ the addicted by attempting to control them, protecting them from the painful consequences of their actions, and taking responsibility for their destructive behavior.
3. Enabling is the term used to describe the behavior of codependent family members.
4. Letting go are terms used to describe giving up enabling behaviors including all the futile, frustrating efforts to control the addicted person's drinking or drug use.

63. Intervention.
1. A carefully planned caring-confrontation of chemically dependent people in which those closest to them present concrete examples of their destructive behavior, statements of strong concern about what will happen if they continue.
2. Encouragement to seek help.

Recognizing the Problem

64. The first concern of those who want to help alcoholics or drug addicts is to recognize and Understanding Drug Dependence and the problem.

65. Rule of thumb: ADoes the person's drinking and/or use of other drugs interfere in destructive ways, frequently or continuously, with one or more important areas of his or her life?

66. If your drinking has caused you serious problems and you are still drinking, you

are an alcoholic.

1. If drinkers who are not addicted find that their drinking and/or drug use is interfering with things that are really important to them, they will recognize this and reduce or cease their consumption.
2. Alcoholics and drug addicts usually will not recognize the cause-effect relation between their drinking or use and the troubles in their family or work relationships.
    1. May blame their heavy drinking or use on the painful difficulties in these other areas.
    2. The defense of denial will keep them from seeing the role of drugs in contributing to if not causing their psychological pain, interpersonal, and job problems.
    3. May not be able to reduce their consumption for any extended period.
    4. Their inner compulsions are often reinforced by enablers, crises, and external pressures.
    5. Persons for whom one drink or one fix frequently triggers a chain reaction leading to a binge.

67. Other danger signs useful in recognizing alcoholism or drug dependence.
    1. Anyone who uses alcohol or drugs as a persistent means of interpersonal adjustment (to be more aggressive, sexual, or less shy).
    2. Anyone whose drinking and/or drug use is in clear defiance of the accepted standards of the main groups from which they derive their sense of belonging (sneaking drinks or using drugs alone).
    3. Frequent drunkenness or being spaced out on drugs.
68. All alcoholism is attended by drunkenness, but not all drunkenness is indicative of alcoholism.
69. How to diagnose yourself.
    1. Step over to the nearest barroom and try some controlled drinking.
    2. Try to drink and stop abruptly.
    3. Try it more than once.
    4. Persons should be able to stop after one or two drinks for at least a month.
70. Twenty Question Checklist - pp. 29-30, Clinebell.
71. Weaknesses of diagnostic list.
    1. Because alcoholics and drug addicts usually protect themselves from the truth by denial and rationalization, they may not answer the questions honestly.
        1. They will not recognize that their favorite chemical is among the causes of troubles like those listed in these questions.
        2. They perceive their chemicals mainly as solutions to their painful problems, not causes of them.
    2. Such a diagnostic list is sometimes used to block self-recognition.

Types of Alcoholics and Drug Addicts

72. Low-bottom alcoholics.
    1. Have reached a low point of personal and social disintegration.
    2. Low-bottom alcoholics are the stereotype of what all alcoholics are like.
    3. Represent less than one out of ten alcoholics.
73. High-bottom alcoholics.
    1. The most difficult to recognize because alcohol has not cut them off from normal social interaction.
    2. As many as 8 out 10 alcoholics are still hidden in offices, factories, and homes in large and small communities.
    3. Less adequate as parents and spouses; less efficient in their work than otherwise would be.
    4. Usually have above average absenteeism and are depressed, tired, and generally run-down.
74. Steady alcoholic. Drink heavily nearly every day.
75. Periodic alcoholic.
    1. One who is abstinent for periods ranging from a few days to several months.
    2. Probably appear more frequently among high-bottom alcoholics.
76. Alcoholism and drug addition can happen to anyone, regardless of age, sex, race, ethnic group, occupation, education, social or national background, or sexual preference.
77. In recent decades, alcohol and drug dependence has increased dramatically among adolescents and even preadolescent children.
78. Onset of alcoholism.
    1. Many embark on pathological drinking from what seems like a relatively adequate psychological adjustment.
    2. About an equal number were quite obviously disturbed persons before their addiction.
    3. Those who begin addictive drinking early in life, or with no period of social drinking are often of the latter type.

Five prevalent types of alcoholics.

79. Alpha alcoholism.
    1. Purely psychological dependence on alcohol to relieve pain; emotional or bodily.
    2. Drinking damages interpersonal relationships, but no loss of control.

3. Apparently no loss of the ability to control the intake of alcohol.
4. Some prefer to call this problem drinking.

80. Beta alcoholism.
    1. Characterized by such nutritional deficiency diseases as gastritis, cirrhosis of the liver, and polyneuropathy, with loss of control, withdrawal, or other signs of physiological addiction.
    2. Tends to occur in hard drinking social groups where there are poor nutritional habits.
    3. Damage primarily physiological, with reduced life expectancy, reduced earning capacity, and reduced family stability.
81. Gamma alcoholism.
    1. The type from which the vast majority of American alcoholics suffer.
    2. Synonymous with steady alcoholism.
    3. Involves a true physiological addiction, loss of control, craving, increased tissue tolerance to alcohol, and withdrawal symptoms.
    4. Most destructive type, progressively impairing all areas of the person's functioning.
    5. Estimated that 85% of A.A. members are Gamma alcoholics.
82. Delta alcoholism.
    1. Often called plateau alcoholism.
    2. Identified by the need to maintain a certain minimum level of inebriation much of the time instead of seeking maximum impact.
    3. This type found among Skid Row alcoholics who may ration their supply in order to distribute its effects over a longer time.
    4. Prevalent among French alcoholics.
    5. Person nips on alcohol a considerable part of the day, maintains an all-day Aglow,@ but may seldom become obviously intoxicated.
    6. Social disintegration tends to occur subtly and gradually.
    7. Often able to hide their problem for many years.
83. Epsilon alcoholism.
    1. The periodic form of the problem; person is usually abstinent between binges.
    2. Probably occurs in persons subject to bipolar or manic-depressive mood swings.

In this course, the word *alcoholic* will be used to refer to only the three addictive types--steady, plateau, and periodic (Gamma, Delta, and Epsilon), where loss of control is a crucial factor that must be faced in counseling.

Important to know early symptoms in order to enact early detection and treatment.

Profile of an Alcoholic

84. Average age when persons hit bottom just over forty, but steadily dropping.
85. Alcohol a social lubricant.
    1. When he drinks, he knows that he feels good, more adequate and self-confident. Less alone and anxious, and more of a man.
    2. The major psychological symptom of the early stages of addiction is a growing dependence on the substance.
    3. Used more and more as a means of interpersonal adjustment.
    4. Not at his best unless fortified.
86. Tolerance for alcohol is increasing.
    1. Must drink more to get the same effect.
    2. Use of street drugs increases, as alcohol give less of the mood-changing effects.
    3. Blackouts occur approximately three times as commonly among prealcoholics as among drinkers who do not eventually become alcoholics.
87. Rationalizes each experience of excess, convincing himself, through spurious reasoning, that external circumstances cause his excess and that he can stop when he really wants to.
    1. A wife who nags like mine would drive anyone to drink.
    2. Continues to believe he can control his behavior when he really wants to by using a little more willpower.
    3. Drinking and using to overcome the pain and chaos caused by previous drinking and drug use.
    4. Marks the beginning of the full-blown addict.
    5. Vicious cycle established.
        1. Regards his trouble as a matter of weak willpower, and thinks of himself as a moral jellyfish and a failure as a man.
        2. The guilt and shame about his alcoholic behavior brings added guilt and pain, together with wondering if he has lost his mind.
        3. Increase consumption of favorite chemical painkillers.
        4. Hangover so severe, have to have drink to Acure@ it.
88. Inconsistent, irrational, egocentric behavior gives rise to round after round of heated quarrels, sprees, and promises to do better.
89. A codependent relationship makes it less likely that the alcoholic would hit bottom and accept help.
90. The more he drinks, the less he cares about his friends, especially those who don't drink.
91. Tries to anesthetize the awful sense of failure, guilt, shame, resentment, and isolation.
92. Each painful experience drives him deeper into his isolation and thickens his

defensive shell of alcoholic alibis and grandiosity.

93. More frequent binges provide abundant opportunities for brooding and self-pity.
    1. The onset of frequent and longer binges is the beginning of the acute phase of addiction.
    2. Each bender brings a horror-filled hangover.
94. Tries changing pattern of drinking to find secret of control.
    1. Decides it must be the fourth drink that causes to lose control.
    2. Changes his brand or drinks only with his left hand.
    3. May try changing geographic location.
95. By early 30's, beset with nameless fears.
    1. Blackouts occur on nearly every drunk.
    2. May find self in a cheap hotel 800 miles from home, with no recollection of how he got there.
    3. He will lie and steal to obtain alcohol and drugs.
    4. Lives to drink and must drink to live.
96. The failure of each attempt to get help plunges him deeper into the dismal morass of advanced alcoholism.
    1. Moments of even partial sobriety are filled with irrational fears mixed with overwhelming guilt and shame.
    2. Withdrawal brings all the tortures of hell.
97. When hit bottom, becomes really open to outside help.
    1. Could be based on crushing humiliation.
    2. The gods of liquor and drugs have betrayed him by losing their initial sought-after effects.
    3. Some physical illness
98. Severe untreated alcoholism takes a decade or more off the life expectancy of victims.

LESSON THREE AND FOUR

Multiple Causes of Addiction, Multiple Levels of Prevention

Five clusters of causative factors:

99. The biochemical properties of alcohol, nicotine, and other drugs or addictive substances that cause them to be inherently more or less addictive for users.
100. Physiological causes that seem to make some people's bodies more vulnerable to addictions than other's.
101. Psychological trauma or deprivation that cause deeply wounded individuals and family systems who experience high anxiety, shame, and alienation, as well as low self-other esteem and general well-being.
102. Sociological and cultural causes that seem to be a major determinant of the strikingly different rates of chemical and behavioral addictions in different social contexts--meaning in different families, socioeducational classes, genders, religious or ethnic groups and cultures.
103. Religious, existential, or philosophical dynamics that increase vulnerability to being caught in an addictive process.

Factors from these five clusters of causes seem to influence the development of the addictive process in each of its three overlapping stages.

104. Predisposing factors that make some individuals vulnerable to alcoholism, and/or other addictions before they begin the activity.
105. Factors that influence or determine the unconscious selection of particular addictions as symptoms of underlying pathology.
106. Factors that make full-blown addictions self-perpetuating.

Two kinds of addition patterns:

107. The sudden onset of addictive drinking after years of controlled social drinking.
    1. Underlying causes.
    2. Precipitating crises.
108. The wide discrepancy between our culture's definition of success and normal and truly integrated mental, emotional, and spiritual health.

Alcoholism and drug dependence come in people, their relationships, and societies, not in bottles, pills, or needles.

109. A person begins to drink or use drugs in compliance with social pressures.
110. Each occasion leads to another of increasing intensity as one comes under the sway of the habit-forming properties of these chemicals.
111. About one-third of Protestants are abstainers, while only 10% of jews.
    1. Jews would be expected to have high rate of alcoholism, yet members of the Jewish faith have the lowest rate of alcoholism of any religious or ethnic group in the country.

Physiological Causes of Vulnerability to Addictions

112. Highly suggestive evidence has emerged that the metabolism of some alcoholics shows significant differences from that of many moderate drinkers and abstainers.
    1. Disturbances of the pituitary-adrenal-gonadal triad of endocrine glands are present in many alcoholics.
    2. Physiological changes may be the result of years of Adrinking meals.@
    3. Drugs change the brain quickly and radically, causing the intense release of dopamine, the body's pleasure transmitters.
    4. Prolonged use of drugs seems to reduce the brain's ability to produce dopamine without drugs.
113. Genetic-hereditary vulnerability that may predispose some to addictions.
    1. No doubt that children of alcoholics are particularly vulnerable to alcoholism and other addictions.
    2. Transmission of alcoholism from parents to children would seem to be a question of social learning rather than heredity.
    3. Sons of alcoholics were more than three times more likely to become alcoholics in adult life than were adopted sons of nonalcoholic parents.
    4. Increasing evidence that physiological and genetic factors are among the causes that make certain people vulnerable, if not predisposed to chemical addictions.
    5. Genetic predisposition exists for addiction to alcohol as well as morphine and cocaine.
    6. Addictions involve a genetic imbalance in the brain's natural production of neurotransmitters that are critical to our sense of well-being.

Psychological Causes of Vulnerability to Addictions

114. Repetition alone won't produce addiction. It only comes when there is a motive for repeating.
115. Well established that alcohol is a drug with biochemical properties that make it

attractive to those who form obsessive-compulsive behavior habits; vulnerable to addictions.

116. For children, to the extent that severe emotional malnutrition exists in childhood, personality stunting, immaturity, and interpersonal dysfunction result.

1. People need real down-to-earth, sincere affection, and loving.
2. Everyone needs the sure knowledge of being wanted, of belonging, and being united with others.
3. Everyone needs to feel capable of achievement, that they can do things that meet life's demands and gain the recognition of others.
4. All humans need acceptance, understanding, and sharing thoughts and feeling honestly with other people.
5. If children get enough Awise love@ they will become healthy, loving, self-reliant people who will not need to use pain-deadening chemicals as personality crutches.

117. Four destructive parental patterns were identified in the childhood homes of alcoholics:

1. Heavy-handed authoritarianism.
2. Success-worship.
3. Moralism,
4. Overt rejection.

118. The most frequent destructive parental, characteristic is described as Airrational authoritarianism;@ authority that is based mainly on superior power.

1. Authoritarianism denies fulfillment of children's need for autonomy with love by making acceptance contingent on obedience.
2. It often breeds deep inferiority feelings by denying fulfillment of the need for gradually increasing self-direction and autonomy.
3. A dominant them is a lack of loving parental authority expressed in firm limit-setting and caring discipline.

119. Deprivation of children's needs tends to produce different psychopathologies than authoritarianism (problems that are common among addicts today)..

1. Destructive acting out of impulses.
2. Antisocial behavior.
3. Defects in the development of healthy conscience.

120. Success-worshiping parents.

1. Make it contingent on children's ability to feed parental egos.
2. Successes defined by parents.
3. Excessive ambition for children in terms of financial achievement, power positions, or educational attainment common.
4. Deprives children of needed self-direction by saddling them with parent-chosen goals.
    1. Usually from parents' own unrealized dreams.

2. Usually are perfectionistic, unattainable, and out of touch with the realities of children's own gifts, wishes, and dreams.
3. Some rebel against parental expectations in self-defeating behaviors that often includes drinking and drugs.
4. Suffer from chronic anger, low self-esteem, painful rejection of their own unique dreams and gifts, and shame caused by never measuring up.

121. Moralism.
1. Describes the behavior of parents who project narrow, life-constricting ethical demands on children and make acceptance contingent on conforming to their demands.
2. This generates deep feelings of guilt and shame.
3. Parents project impossibly perfectionistic standards on children, making them feel that they must struggle to earn the all-important love of the parent by being impossibly good.
4. Children never feel accepted as they are--imperfect individuals.

122. Evidence from many psychological studies supports the view that many alcoholics and drug addicts were emotionally disturbed long before they begin drinking and using.
1. Unresolved psychological problems often continue after people stop drinking and/or using.
2. AI keep hoping that I will feel as good sober as I did drunk.@
3. When people are forced to give up the masking effects of alcohol and drugs to go on living, they often become even more aware of underlying pain.

Psychological Problems that are Prevalent among Addicts.

123. Emotional immaturity.
1. Adolescent-like ambivalence toward authority and authority figures.
2. Conflict between dependence and independence.

124. Low frustration tolerance.
1. Another characteristic of many addicted persons that makes counseling for recovery challenging.
2. Learned to use alcohol and drugs to escape from frustration.
3. Learning to tolerate frustration is achieved by children maturing in secure, emotionally nurturing families.
4. Recovering addicts must learn how to do this without chemical comforters if they are to have continuing sobriety.

125. Grandiosity.
1. Evident in the defiant, self-inflating behavior during active addictions.
2. This is a protective armor hiding underlying self-rejection and lack of ego

strength.

3. Because of crippled self-esteem, addicted people tend to be hypersensitive to criticism and will misinterpret the behavior of others as rejection.

4. Low self-esteem gives rise to painful anxiety in interpersonal relationships, the need to put others down, and the search for even temporary feelings of self importance.

5. Must release the Aking complex@. Until this positive surrender occurs, many addicts are not open to help.

6. To maintain grandiose self-images, addicts shut themselves off from interpersonal reality by Athe alcoholic shell.@

    1. This shell must be shattered by reality.
    2. Otherwise, addict will not hit bottom.

7. Must lose Aidealized image.@

126. Perfectionism.

    1. A form of self-punishment.
    2. Inevitable failures to reach unrealistic goals are followed by self-punishing shame and guilt.
    3. Some may have crippled consciences that make them unable to experience guilt or responsibility as do those with normal consciences.
    4. High anxiety, low self-esteem, and shame are frequent effects of parental alcoholism.

127. Denial, diversion, and distancing used by families to deal with shame.

    1. Lack of interaction of children with other children, lest the family secret will somehow be disclosed.
    2. The rule is if we don't talk, don't feel, and don't act, the shame will remain hidden as a secret of the family.

128. Severe psychological maladjustment often is an important part of the soil of addiction.

129. Evidence is clear that the vast majority of American alcoholics and other addicts did suffer from significant personality problems that helped to prepare the soil so that the seed of addiction readily took root when they began to drink or use drugs.

Alcohol as a ASolution@

130. AThe primary function of alcoholic beverages in all societies is the reduction of anxiety.@

    1. For many addicted persons, alcohol and drugs serve as magical, though eventually tragic, solutions to problems in living.
    2. Inner conflicts and anxieties cause intense psychic pain.
    3. Alcohol and drugs are cheap, easily obtainable painkillers.

131. Alcohol and certain other drugs also Asolve@ the problem of addicts' blocked emotional growth by enabling them temporarily to regress psychologically to a level at which they feel comfortable.

1. Sober adult life demands too much for immature individuals.
2. Alcohol solves low frustration tolerance by allowing them an easy escape hatch in frustrating situations.
3. Alcohol also serves as a quick, temporary solution to guilt, shame, low self-esteem, isolation, and perfectionism by depressing self-criticism.
4. The judging conscience is dulled in them by alcohol.
5. Prolonged substance abuse brings social censure that registers as punishment with masochistic addicts, thus helping them atone for guilt feelings.
6. For addicts with a rigid, puritanical conscience, drugs allow behavior otherwise forbidden by their consciences.
7. Drugs Asolve@ addicts' conflicts concerning authority by allowing them to rebel against those upon whom they are actually becoming increasingly dependent.
8. Helps to deal with nagging inferiority feelings.
    1. AWith a pint you can feel like you're president.@
    2. Allows people to anesthetize their self-alienation temporarily and thereby to feel closer and more accepted by others.
9. Lowers sexual inhibitions.
    1. Many women addicts and female adult children of addicts suffered from girlhood sexual violations and violence.
    2. Estimated that seven out of ten incest survivors are chemically dependent.

Alienation and Grief: Causes of Addictions

132. Life journeys of humans replete with times of painful inner emptiness and meaninglessness.
133. Caused by agonizing crises, losses, and life transitions.
134. When the ache of emptiness becomes long term or chronic, those who lack these basic survival learnings often succumb to the alluring temptation to try to fill the inner void with food, alcohol, drugs, work, sex, magical religion, or some other potentially addictive substance or activity.
135. Unhealed and infected wounds of the spirit from alienation and grief are among the most prevalent psychological-spiritual causes of addictions.

Grief Wounds Resulting from Addictions

In counseling, important to explore loss experiences and help do healing Agrief work.@

136. A sense of all that they have lost in unlived and wasted years during their addictions.

137. Often the loss of their family, job, opportunities, and self-other respect.

138. The loss of what one man called his Abest friend,@ meaning alcohol and drugs, and the satisfactions they formerly brought.

139. The loss of feeling disempowered as a man or shamed as a woman, because of uncontrollable drinking or drug use, and the behavior that results.

140. The loss of the conviction that one is able to be in charge of one's life.

141. The loss of the way they had structured time around drinking and drugs.

142. The loss of the substance that was used to get close to others.

143. The loss of the drinking or drug-using subculture composed o Amy kind of people.@

Prevention of Psychological Vulnerability

144. Primary prevention of the psychological causes of addictions must begin in the soil of children's personality development.

1. In families and in family-nurturing institutions, such as schools and churches.
2. Families have their greatest opportunities to reduce vulnerability to all types of human problems including addictions.
3. Primary prevention must focus on nurturing healthy children who have the inner strengths, self-esteem, and joy in living to resist trying to satisfy their emotional and spiritual needs with chemicals or with the addictive use of satisfying behaviors.
4. Any effort to nurture mental, emotional, spiritual, and relational wellness will help reduce addictions at their very roots.

145. Holistic primary prevention involves nurturing healthy children in all seven dimensions of their lives.

1. Mind.
2. Body.
3. Spirit.
4. Relationships.
5. Work-play.
6. Relationships with the world.

146. Nurturing people throughout their lives is a basic mission of wholeness-oriented religion and of congregations that are seeking to enable people to develop what the New testament calls Alife in all its fullness.@

147. Teachers and religious leaders can help reduce vulnerability to addictions by equipping parents to raise psychologically and spiritually healthy children.
148. Parents and other teachers can help children and teens grow healthy, resilient personalities by providing an abundant supply of nutritious emotional and spiritual food.
149. Can also teach young people by modeling behavior--that is supported by accurate alcohol and drug education--how to satisfy their emotional, spiritual, and interpersonal hungers in healthy, nonchemical, and nonaddictive ways.

Pharmacological Addictiveness

150. Important to have knowledge of the wide range of addictive properties in different substances.
151. The range is on a continuum--from marijuana's relatively low degree of physiological addictiveness to alcohol's medium level addictiveness, to the high degrees of addictiveness of cocaine, methamphetamines, and nicotine.
152. Preventive education that addresses the issue of levels of addictiveness should highlight the following:

1. The high risk factors in many widely used legal drugs including nicotine, alcohol, tranquilizers, and barbiturates.
2. Avoiding the use of drugs with a significant degree of addictiveness, particularly by children and youth.
3. Avoiding the use of drugs with addictive potential by people who know that they are in an elevated risk group.
4. The special dangers of using potentially addictive chemicals because the process of addiction is sneaky so that victims usually aren't aware they are hooked until they can't escape on their own.
5. The importance of appropriate legal controls so that highly addictive substances like nicotine are regulated as drugs, and seductive advertising and selling to minors are illegal.

Causes Influencing Choice of Addictions as Symptoms

153. The key factors that influence the selection of particular addictions as symptoms of underlying physiological and/or psychological pathology seem to be primarily sociocultural context forces.

1. Among the sociological causes of addictions are a wide variety of attitudes, behaviors, social sanctions, and pressures, including drinking and drug-use customs, factors that influence gender, culture, ethnicity, class, and religious affiliations in radically differing ways.

2. These factors influence all levels of the addictive process including predisposing vulnerability, symptom selection, and perpetuating the process once it begins.

154. Comparative addiction rates.

1. Women in all countries have lower rates of chemical addictions that do men.
2. France, Italy, Austria, and Ireland have relatively high alcoholism rates whereas other countries like Canada, Israel, Sweden, the Netherlands, and England have relatively low rates.
3. The North American rate, along with Japan and Belgium, is somewhere between the two extremes.
4. France's rate is twice that of Italy.

155. In social contexts where there is nonacceptance of heavy drinking, persons who become alcoholics tend to be drawn from those suffering from high degrees of psychological disturbance.

156. In social contexts cultures where heavy drinking is seen as normal behavior, some persons from all degrees of psychological vulnerability become alcoholics.

157. Only those with high physiological and/or psychological vulnerability to addiction are likely to become addicted if they live in societies that do not accept heavy drinking, drug use, or drunkenness.

158. May become addicted if their psychological pain motivate them to defy the social sanctions of their social context.

159. A health-nurturing culture's basic configuration tends to create emotionally mature and secure individuals who develop many of their God-given potentialities.

1. Sickness-breeding cultures tend to produce patterns of child rearing, family life, interpersonal relations, social, and economic life that cause painful frustration and emotional warping in its members.
2. Healthy cultures produce generally low vulnerability for addictions.
3. Western societies have many unhealthy attitudes and practices that tend to cause addictions of all types to proliferate.

160. Sexism seems to be the central cause of addictions in women.

161. The addictions of alcohol, drugs, nicotine, food, relationships, sex are all secondary addictions.

1. They are all derived from our society's primary addiction to powerlessness and nonliving.
2. When a child is Aalive@, happy, noisy, full of energy, excited, exuberant, sexual--she is labeled a Abad girl.@
3. When she was Adead@ or nonliving--quiet, sick, depressed, and showing none of the other signs of Alife@--she was labeled a Agood girl.@
4. Recovery from addictions are programmed by our society to make us unaware of participating in our own unaliveness.

5. Recovery from addictions, including codependence, involves becoming aware of the deadening impact of our society and choosing not to die inwardly, but rather to live fully.

162. Another powerful social factor that encourages chemical addictions is the glamorizing of dangerous, consciousness-changing chemicals in advertising, films, popular media, music, and on the Internet.

1. These become seductively attractive to vulnerable children, youth, and adults.
2. The more addictive substances are glamorized in a particular social context, the more people will use them, and the more will use them in dangerous, excessive quantities.
3. On every side drinking and smoking are presented as a part of gracious and fashionable living.

163. Education for prevention should include consciousness raising to increase learners' awareness of the seductive social pressures that encourage people of all ages, especially emotionally immature children and youth, to use risky chemicals.

164. An extremely important societal dynamic that encourages the choice of chemical addictions as destructive symptoms is the absence of unified social attitudes about what constitutes appropriate alcohol use, and social sanctions that control drinking and drug use and make drunkenness unacceptable.

165. The high rate of alcoholism among Americans of Irish descent is often contrasted with the low rate among Jews.

1. Studies of the Irish culture suggest that there are numerous practices and pressures within it that encourage the heavy use of alcohol by males as a way to handle life stresses.
2. The lack of social controls on drinking and drunkenness offer the most convincing explanation of the Irish rate.
3. The presence of strong social controls explain the lower Jewish rate.
4. The attitudes and behavior patterns learned in early childhood in the context of families tend to have the strongest controlling influence on adult behavior
5. During formative years, Jewish children acquire strong inner controls guiding appropriate uses of alcohol.
6. Mainstream Jewish culture has no sanctions against drinking but very strong sanctions against drunkenness.
7. For Jews, to abuse wine is to abuse something that is sacred.
8. Alcohol addiction rates among Jews have risen as Jews have become secularized and integrated into American society's mainstream.

166. Mainstream Western society has no community sanctions, unified attitudes, or social controls on drunkenness.

1. At a certain state of intoxication, men still have entertainment value for

some people.

2. This makes drunkenness socially acceptable, even rewarded in those cultural circles.

3. Such dangerous attitudes tend to encourage the choice of alcoholism as a symptom by those who are vulnerable.

4. Men who often become intoxicated still lose much less social standing than women who are known to drink to excess.

167. Dangerous attitudes which encourage using alcohol and other drugs as ways of being accepted, getting high, or relieving inner tensions set up vulnerable people for addictions.

Prevention of the Sociocultural Causes of Addictions

168. Reducing the easy availability of alcohol can be done by raising taxes and thus increasing the cost. Added revenue can help cover the costs of alcohol-related problems now paid for from public coffers.

169. Rigorously controlling the quantity and location of places where alcohol is sold can also help reduce easy availability.

170. Careful public policy controls on advertising can help reduce the glamorized marketing of legal drugs like alcohol and tobacco products.

171. Influence the educational, political, and public policy decisions needed to deglamorize addictive legal drugs and make them less available.

172. Widespread social sanctions regarding drunkenness, drinking and driving, and smoking, and general recognition that these are hazardous to personal and social well-being and therefore ethically wrong.

Causes Perpetuating Addictions and Preventing Early Treatment

173. Certain metabolic and endocrine changes often are present in the later stages of alcohol addictions.

174. When users cross from nonaddictive problem drinking, drug use, or behavior into addiction, powerful subconscious drives seem to diminish their ability to control their behavior.

175. By the time addicts reach full-blown addiction, their dependence on their chemical Asolution@ is so consuming that often they cannot even imagine any other solution for themselves.

176. Preventive education makes some vulnerable people and their families aware of the early symptoms of addictions. Need counseling help in letting go of denial and rationalization.

177. Interrupting addictions sooner includes encouraging families to come out of hiding so that they can receive help sooner, and relate to their addicted members in ways that may hasten their also becoming open to help.

LESSONS FIVE AND SIX

Understanding Drug Dependence

Four Categories of Drugs

178. Illegal street drugs such as cocaine, heroin, marijuana, LSD, and designer drugs.
179. Drugs such as amphetamines
180. Addictive prescription drugs.
181. Over-the-counter addictive drugs including nicotine.

Types of Drug Users and Abusers

182. Recreational users.
    1. Younger people dabble with dangerous drugs mainly as pleasure seekers looking for ways to get high.
    2. Most do not become addicted, but become vulnerable to dependency on drugs.
183. Rebellious users.
    1. Adolescents experiment with dangerous street drugs as they struggle for peer acceptance and to discover their identity.
    2. Tend to do drugs in peer groups.
184. Maladjusted users.
    1. These experience chronic unhappiness, relationship conflicts, loneliness, and a sense of deep guilt, shame, or failure.
    2. Often begin using drugs as chemical comforters, anxiety-diminishers, or crutches in troubled relationships and lives.
    3. Eventually may become physiologically addicted.
    4. Progressively substitute chemical satisfactions for those obtained from constructive relationships.
185. Symptomatic users.
    1. These are persons whose abuse clearly is symptomatic of profoundly disturbed personalities.
    2. Have painful symptoms of psychological disturbances that require treatment.
186. Accidentally addicted.
    1. Not particularly disturbed psychologically, but who become physically dependent on drugs prescribed for valid medical reasons to control pain, or carelessly over-prescribed by physicians.

2. In drugs such as narcotics and barbiturates, fear of the pain of withdrawal strengthens resistance to discontinuing the drugs.
3. Once addicted, the negative consequences of taking the drugs are counterbalanced by the chemical satisfactions they continue to derive, making escape from the addictive cycle increasingly difficult.

187. Social desperation users.
1. Some oppressed people use to forget their painful social, economic, and racial oppression.
2. Some use stimulating drugs to gain energy to work more hours at their low paying, menial jobs.
3. Many drink heavily to forget their miserable circumstances.

Types of Drugs Used Addictively

Central Nervous System Depressants.

Characteristics:

4. All these drugs slow down or sedate the excitable brain tissues and affect the brain centers controlling coordination, speech, vision, and judgment.
5. Produce diminished tension, anxiety, and pain.
6. May induce sleep, stupor, coma, and even death.
7. Included are alcoholic beverages and the antianxiety, tranquilizers, and sleeping medications.

188. Tranquilizers.
1. Cluster of non-barbiturates, non-narcotic sedatives.
2. Suppress anxiety, irrational fears, and tensions, produce a sense of well-being--are invaluable in treating many stress-induced, psychoneurotic and psychotic symptoms.
3. Minor tranquilizers.
    1. Librium, Valium, Xanax, Activan, Restori, Tranxene, Dalmane, Halcion, Klonopin, Doriden, and Serax.
    2. Chemical characteristics of minor tranquilizers make them conducive to abuse and dependence.
    3. Problems occur when pop a pill instead of attempting to deal with the issues in their inner lives, relationships, work, or world that cause their tension, conflict, and anxiety.
    4. All tranquilizers are addictive for vulnerable people, especially Librium, Xanox, and Valium.
    5. The effects of heavy, chronic use are similar to those of alcohol

and barbiturates.

6. They produce thinking difficulties and reduce muscular coordination.

7. They tend like barbiturates to multiply the effects of alcohol.

189. Barbiturates.

1. Known on the street as downers or barbs.

1. Secobarbital or reds.

2. Seconal Sodium, or red devils.

3. Amobarbital (Amytal).

4. Blue heavens

5. (Phenobarbital)

(1) Luminal (or purple hearts).

(2) Nembutal (yellow jackets).

(3) tuinal (rainbows.

2. Prescribed mainly as sedative-hypnotics (sleeping pills).

3. Highly addictive, with all major characteristics of addiction--increased tissue tolerance, both psychological and physiological dependence, and withdrawal symptoms.

4. Symptoms can be very severe including convulsions, disorientation, temporary psychoses, and even death.

5. Withdrawal from barbiturates is more dangerous than from morphine drugs and should be supervised by a physician.

6. Symptoms of excessive use are similar to alcohol intoxication; slurred speech, staggering, impaired judgment and motor skills, and emotional volatility.

7. Faster acting than tranquilizers.

190. Other drugs in the depressant category include anesthetics such as nitrous oxide (used by dentists) and cannabinoids (marijuana and hashish).

Central Nervous System Stimulants.

191. Drugs such as amphetamines, cocaine, and nicotine.

1. Stimulate the central nervous system causing the release of energy, excitement, feelings of euphoria, and sleeplessness.

2. Effects much like the body's own adrenalin.

192. Amphetamines widely prescribed in medicine to lessen mild depression, suppress the appetite, reduce fatigue, and control narcolepsy (going to sleep involuntarily).

1. Speed up the function of excitable brain tissues resulting in energized muscles, increased heart rate and blood pressure, and decreased appetite.

1. Drugs increase physical activity and enhance confidence, optimism, and euphoria.

2. Known as uppers on the street.

2. Amphetamine-like stimulant drugs.
    1. Speed.
    2. Benzedrine (bennies).
    3. Dexedrine (copilots.
    4. Methylphenidates such as (Ritalin).
    5. Diphetamine (footballs).
    6. Benzedrex.
    7. Tuamine.
    8. Desyphed.
    9. Methedrine.
    10. Hexedrine.
    11. Airplane glue, nail polish remover, and gasoline.
3. All amphetamines are highly addictive.
    1. Injectable methamphetamine.
    2. Ice or glass (methamphetamine smoked).
    3. Crystal meth (injected methamphetamine).
    4. Crank (Amphetamine taken nasally).
4. Other factors.
    1. Large doses of amphetamines and cocaine occasionally result in acute delirium, psychoses including paranoia and hallucinations, as well as violent behavior and suicides.
    2. Compared to barbiturates and opiates, amphetamines seem to produce less physiological withdrawal effects, except when used in very large amounts.
    3. Psychological dependence on euphoric effects produces a powerful craving.
    4. Heavy users develop a tolerance for the drugs so that they must progressively increase the dosage to feel good.
    5. These drugs mask fatigue causing the body to use energy far beyond a safe point.
    6. Large prolonged dosages sometimes produce side effects such as suspiciousness, hallucinations, suicidal impulses, and explosions of hostile aggressiveness.

193. Cocaine.
    1. Known as snow, coke, and AC.@
    2. Cocaine usually sold as a white crystalline powder that is inhaled or snorted; can also be injected.
    3. Intense stimulant of the central and sympathetic nervous systems, with short-term effects more intense than those produced by amphetamines.
194. Crack cocaine.

1. Known as rock or crack; distilled form of cocaine mixed with baking soda to make it hard.
2. Much more potent and addictive than undistilled powder cocaine.
3. Drug of choice of many urban youth.
4. Penalties for possessing crack more severe than cocaine--results from the racism in our judicial system.
5. Freebase is a purified form of cocaine made by applying solvents to ordinary cocaine.
6. The effect is brief, very intense euphoria.

195. Caffeine.
1. Stimulates the central nervous system and all portions of the brain making it an extremely popular drug.
2. This drug clearly is addictive.
    1. Relatively benign addiction.
    2. Heavy use by some seems to play a role in symptoms like heartbeat irregularities and insomnia.
    3. Addictive properties not nearly as strong as nicotine and many other drugs.

Narcotics or Opiates

196. Highly addictive rugs decrease pain by attaching themselves to receptors in certain brain areas.
1. Generally have a tranquilizing and sedative effect.
2. Physical agitation caused by withdrawal and psychological panic related to anticipation of withdrawal symptoms, may produce antisocial behavior during drug craving.
3. Opiates.
    1. Opium.
    2. Codeine.
    3. Morphine.
    4. Heroin.
4. Synthetic opiates.
    1. Morphine substitutes such as methadone (Dolophine).
    2. Meperidine (Demerol).
    3. Percodan, Oxycodone, Dilaudid, Darvon, Primadol, and Lomoti.

Psychedelics or Hallucinogens

197. General Characteristics.
    1. Produce distortions of thoughts, sensations, and perceptions of oneself and of external reality.
    2. Induces radically altered states of consciousness including vision-like states.
    3. Attractive to those who see their ordinary perception of reality boring, depressing, or painful.
    4. These drugs are unpredictable.
    5. Less physiologically addictive than some drugs, but highly psychologically habituating.
    6. Sometimes characterized as amotivational--passivity and lack of ambition, resulting in poor school and work performance.
198. Some used in religious ceremonies.
    1. Peyote (from certain cactus) used by Native Americans.
    2. Psilocybin is a drug found in a sacred mushroom that grows in Mexico, and has been used by certain tribes in their religious ceremonies.
199. Marijuana.
    1. Known as pot, weed, grass, tea, and MaryJane.
    2. A natural hallucinogen which comes from the flowering tops and leaves of the female Indian hemp plant.
    3. Second only to alcohol worldwide in popularity.
    4. Feelings of lightness, hilarity, sociability, and the dissolving of emotional restraints, along with distortions of space and time.
    5. Its effects usually are regarded by users as generally pleasurable, like mild alcohol intoxication.
    6. Hallucinogenic effects more prominent when large doses are smoked or eaten.
    7. May become quarrelsome, but little evidence that it incites antisocial or sexual offenses.
    8. Addictive symptoms like physiological dependence, tolerance, and withdrawal do seem to occur in heavy users and many chronic users become psychologically habituated.
    9. Significant dangers include loss of judgment and faulty space-time sense that results in accidents and the amotivational syndrome mentioned above.
    10. Reported to have some effectiveness in diminishing the side effects of AIDS medications and chemotherapy treatment for cancer.
    11. Some justification for its reputation as a gateway drug leading to heroin and cocaine.
200. LSD-25 is short for d-lysergic acid diethylamide; also known as acid.
    1. A potent and potentially dangerous hallucinogen that can be synthesized by anyone with a basic knowledge of chemistry.

2. Produces drastic changes in perception of reality, self-awareness, and communication.
3. Psychotic-like, nightmarish experiences occasionally occur, as well as those described as mystically elevating, consciousness-expanding, and even rapturous.
4. Known to produce temporary and occasionally long-term psychoses with terrifying auditory and visual hallucinations, panic attacks, flashbacks, deep depression, and suicidal impulses.
5. Apparently not physiologically addictive, yet evidence that repeated use can result in long-term personality changes characterized by less concern about ordinary reality and responsibility.
6. In some cases, first-time use can cause long-term psychological problems.

Designer drugs.

201. Look-alike drugs that are synthesized illegally in clandestine laboratories.
202. Resemble highly potent doses of amphetamines or narcotics in their psychophysiological impacts; but designed to differ chemically.
    1. Enables them to skirt the laws that would make them illegal and make them difficult to detect in urine and blood tests.
    2. Tend to be extremely potent and the changes in chemical structure often produce unanticipated toxic effects that are sometimes fatal.
    3. Relatively easy to produce and are very profitable.
203. Street names.
    1. Ecstasy (a hallucinogen).
    2. China white (a narcotic).
    3. Eve or love (a hallucinogen).
    4. MPPP (a narcotic).
    5. Ice (a stimulant derived from methamphetamine in smokable form).
    6. Numerous designer amphetamine variants, including the so-called alphabet drugs.
        1. DMA, PMA, PCP, TMA, MMDA, DOM, and STP.
        2. Drugs with hallucinogenic effects.
    7. PCY (Phenyclidien hydrochloride), also known as angel dust or hog--is a designer drug that appeared on the street as the Apeace pill@ in the late-1960s.
        1. A white, crystalline powder, soluble in water or alcohol.
        2. As a street drug it is smoked in a joint with marijuana or dried parsley.
        3. Produces varied and unpredictable effects, resembling a stimulant, an anesthetic, an analgesic, or a hallucinogen.

Performance-Enhancing Drugs

204. Steroids and growth hormones to increase muscular strength, stimulants to enhance their energy, and narcotics to mask their pain.
205. Used by those who are preoccupied, even obsessed with body image, athletic strength, and increased muscle mass.
206. Side effects of prolonged use may include liver, heart, and blood disorders.
207. Cocaine has a reputation in some circles as a sexual performance-enhancing drug.

Combining Drugs

208. Various combinations of drugs are used to counteract the side effects of one drug, or to increase the effect of other drugs.
    1. Cocaine addicts use alcohol to cope with the side effect of cocaine.
    2. Heroin and cocaine (speedball).
    3. Cocaine and alcohol or marijuana.
    4. Cocaine and PCP.

209. Those addicted to alcohol, barbiturates, and opiates often use amphetamines to ease hangovers or try to restore themselves to a functional state after prolonged use of central nervous system depressants.
    1. Start the day with an amphetamine in order to counteract hangovers from alcohol, tranquilizers, and barbiturates.
    2. Take a tranquilizer at midday to reduce tension.
    3. Use tranquilizers, barbiturates, and alcohol to get to sleep.

210. Such multiple dependence is self-perpetuating and progressive, leading deeper into the addictive process.

Nicotine

211. Compulsive use of tobacco in its various forms constitutes the most widespread addiction (other than caffeine) in the Western world.
    1. This addiction is far most costly and destructive of human health and well-being around the planet.
    2. Annual deaths world-wide are more than three million a year.
    3. If present trends continue, the annual nicotine death toll is projected to climb to ten million early in the twenty-first century.
    4. One-fifth of the people alive in developed countries today will eventually die of smoking-related causes according to a recent British study.

212. Smoking tobacco is the number one cause of premature, preventable deaths in America.
213. Smoking kills more people each year than die from alcoholism, other drugs, auto accidents, and AIDS combined.
214. Eighty percent of lung cancers and 30 percent of all cancers are caused by smoking.
215. The vast majority of adults addicted to nicotine began smoking as children or youth.
216. Lung cancer, not breast cancer, is the number one cancer killer of women.
217. There is growing evidence that environmental tobacco smoke, or secondhand smoke, has the same serious illness consequences for those who live or work with smokers, including their children.
218. Nicotine is several times more physiologically addictive than alcohol.
    1. It is a mood-changing stimulant drug producing Aupper@ effects similar, though not as intense as cocaine and amphetamines.
    2. Nicotine has all the characteristics that identify an addictive drug.
        1. Tissue tolerance.
        2. Withdrawal,
        3. Intense nicotine-seeking behavior when one is deprive of tobacco.
    3. Chain smokers are administering their drug fix almost nonstop.
219. Some good news. Studies show that it is never too late to quit.
    1. Smokers between sixty-five and seventy-four are more than two times as likely as their non-smoking counterparts to die from cardiovascular diseases or cancer, and eight to ten times more likely to die of lung cancer or other cancers directly related to smoking.
    2. But within a few years of quitting they lessen their risk of dying to equal that of nonsmokers.

Treatment of Drug Dependency

220. We are called upon to face the spiritual and ethical meanings of the drug dependence epidemic and to respond by developing spiritual and interpersonal ways to cope with pain and change, and by learning to enjoy nonchemical satisfactions and spiritual highs in our daily lives.
221. The means of treatment, as well as the spiritual principles involved, are generally the same for all additive substances.
222. Medical treatment resources which are available.
    1. Methadone.
        1. Successfully blocks the effects of heroin.
        2. Enables an addict to use individual and group counseling more productively, and educational and vocational training in treatment

programs.

2. Maltrexone. Blocks the optoid rector n the brain, thus nullifying the effect of opium products such as heroin, morphine, and codeine.

3. Acupuncture. alleviates withdrawal symptoms and reduces the craving for heroin, cocaine, and alcohol during rehabilitation.

223. Inpatient treatment in a drug-free, supportive environment improves the prognosis of most drug addicts.

1. Counseling usually not effective until some period of abstinence has been achieved.

2. A crucial foundation for treatment is the establishment of a nonthreatening relationship with a caring and consistent individual.

3. As this occurs, group counseling and relearning activities often are the treatments of choice.

224. Twelve-step programs.

What Churches Can Do to Prevent Drug Addiction

225. Presenting rigorously factual, age-appropriate education for children, youth, and adults about the realistic risks of using tobacco and other drugs.

226. Sponsor or cosponsor stop-smoking programs as an integral part of their spiritually centered health programs.

227. Make referrals to the competent drug treatment and prevention services in the community.

228. Encourage people to satisfy their needs by adopting spiritually-centered behavior, instead of the quick comfort of chemicals, tobacco, and other drugs.

229. Make abstinence from using drugs, including nicotine, the ethical norm of a religious lifestyle.

230. Explore the moral contradictions and public policy dilemmas of government support for growing tobacco and the marketing of tobacco products for huge profits.

231. Include in a congregation's prophetic ministry support for legislation aimed at curbing smoking, particularly by children and youth and controlling the seductive and misleading advertising by the tobacco industry in this country.

232. Help to influence government officials to transform the strategy and goals of the so-called war on drugs.

233. Emphasis must be placed on increasing preventive education, rehabilitating the drug dependent, reducing social pressures on those who are particularly vulnerable to drug abuse, and developing values and spiritual strengths that will enable people to live satisfying, drug-free lives in our drug-saturated society.

234. Religious leaders can provide spiritual aliveness and commitment to life-loving values. When people learn how to turn on to life--to celebrate with joy and thankfulness

the good gifts of being alive and aware--the lure of turning on chemically becomes less seductive.

Understanding Food Addictions

235. Although food is not a drug, millions use it like a drug.
    1. Obesity is the second leading cause of preventable death in this country.
    2. Only smoking kills more people.

236. The various addictive uses of food all involve compulsive eating and/or dieting, intertwined with obsessing about food and self-rejecting obsessing about the weight and appearance of one's body.

237. Among the most common eating disorders in affluent countries are compulsive overeating, chronic yo-yo dieting, and being junk food junkies.

238. Excessive eating, especially of unhealthy foods, means that food addicts are literally Adigging their graves with their forks and spoons.@

239. Two dangerous eating disorders.
    1. Anorexia nervosa. Involves compulsive dieting and chronic feelings of being too fat even when one is emaciated.
    2. Bulimia. Involves alternating between food binges and compulsive dieting often accompanied by intentional vomiting and severe use of laxatives and diuretics to get rid of the unwanted food.

240. What causes eating disorders?
    1. Both food and loving care are essential for survival.
        1. Deprivation of either is most damaging in early life.
        2. Eating and feeding others can become substitutes for receiving and giving love.
        3. Where essential emotional foods, especially accepting love, are missing or in short supply, physical food becomes an inadequate substitute for the missing emotional food.
        4. Eating disorders proliferate in family systems where victims seek to self-medicate emotional pain, low self-esteem, sexual guilt and shame, body hatred, spiritual emptiness, and lack of meaning in their lives.
        5. Addictions are not to food per se, but to using food to try to meet non-fat hungers.
        6. AGluttony is an emotional escape, a sign something is eating us.@
    2. Compulsive-obsessive eating disorders are deeply rooted in our society's sexist attitudes about both female and male bodies.
        1. Cultural stereotype for females: thinness.
        2. Cultural stereotype for males: muscular builds.
        3. This cultural propaganda helps prepare the receptive soil for eating

disorders, especially anorexia and bulimia.

3. Like other addictions, the root causes of eating disorders include unsatisfied, spiritual hungers.

How Can Those Suffering from Eating Disorders Best Be Helped?

241. Begin by communicating accurate information about food-related problems.

242. A series of wise pastoral strategies designed to help persons with eating disorders.

1. Recognize that food problems afflict countless people, especially women, and are both serious and treatable.
2. In Caregiving, don't hesitate to ask people about their relationship with food.
3. Understand that the way people feed or misfeed themselves affects their spirituality profoundly.
4. Reject the Abeauty myth@ and learn to see beauty in all the diverse shapes of people's bodies.
5. Increase nonperfectionistic acceptance as well as forgiveness in attitudes toward our bodies.
6. Enjoy receiving pleasure and nurture from others, which is what is yearned for when food is abused.
7. Avoid attempting to fill with food the emptiness of physical or emotional hunger, or loneliness or fear.
8. Learn to trust life's rhythms with their ups and downs, their satisfactions and pain, without trying to use food to medicate the problems away.

LESSON SEVEN

Behavioral or Process Addictions

Introduction

243. Behavioral and process addictions are also called activity addictions.
    1. Could be described as destructive patterns of obsessive thinking coupled with compulsive behavior.
    2. Most who are addicted to substances also suffer from one or more of these nonchemical addictions.

244. Obsessive-compulsive behavior patterns usually involve common human activities that nonaddicted people can take or leave, or choose to do in moderation.

245. Victims are caught in increasingly all-consuming fixations on certain activities that gradually take more and more of their attention and energy.

246. Almost any human activity that people find satisfying, exciting, numbing or distracting from anxieties can become the focus of obsessive thinking and compulsive action.

247. Addictive activities.
    1. The most widespread and destructive activity addictions include those centering on the misuse of work, sex, gambling, shopping, codependent relationships, sports, religion, money, and power.
    2. Traveling, collecting certain items, chain letters, and being a pack rat.

248. Irrational hoarding has acquired a DSM psychiatric diagnostic label that defined it as Athe inability to discard worn out or worthless objects even when they have no sentimental value.@
    1. Most pack rats rationalize their addiction by suggesting they may need an article at a later date.
    2. Getting rid of something can be very emotional.
    3. Clutter and chaos can have toll on relationships.

Dynamics of Behavioral Addictions

249. Generalizations about certain common characteristics involved in these addictions parallel those of substance addictions.
    1. Lives of many become increasingly unmanageable.
    2. Most are in denial, refusing to believe that their compulsive activity is really a problem.
    3. They rationalize in elaborate ways to prove to themselves that their

behavior is rational and necessary.

4. They become increasingly self-absorbed in their lives.

5. Reinforced by distorted values and addictive patterns in our society absorbed in early life.

6. Addictive activities are repeated almost endlessly in vain attempts to satisfy deep inner conflicts and emotional hungers of which victims are dimly aware or utterly unaware.

7. Addictive behaviors seem to be efforts to deal with threatening feelings of angst, both neurotic and existential.

8. If their repetitive activities are interrupted, addicted people report experiencing waves of feeling ranging from relatively mild discomfort to overwhelming anxiety.

Sports Addictions

250. Addicted to their favorite team, sport, or players, as shown by their compulsive irrationality during sporting events.

1. Those who suffer from sports addictions, compulsive watching of sports is their drug of choice that may squeeze out other interests and values in their lives.

2. Means of escaping reality.

251. Superfans could be described as sports worshipers.

252. Violent sports seem to be particularly addictive, especially to men.

253. Sports violence reinforces the macho misunderstanding of male strength that is widespread and destructive in our culture.

Work Addiction

254. Nelson Bradley: AA work addict shows all the characteristics of an alcoholic or narcotic addict. He has a driven craving for work, develops an increasing tolerance for it, and suffers withdrawal symptoms without it. like other addictions, this often results in medical and social problems, including bad family relationships with depressed wives and children.

255. Not all work addicts are employed.

1. They can be unemployed, underemployed, or retired.

2. Same patterns for the rushaholics, careaholics, and busyaholics.

256. Four types of workaholics.

1. Compulsive workers.

2. Binge workers.

3. Closet workers (who try to hide their excessive working).

4. Work anorexics who are addicted to avoiding work.

257. Work addiction is difficult to identify and treat in our society because it is the

cleanest, most respected, and rewarded addiction.

1. Our competitive society rewards it with praise and promotions, making it Athe pain others applaud,@ and Aa lifeboat guaranteed to sink.@
2. Social attitudes tend to encourage work addictions.
3. Difficult for those who are killing themselves Ato hit bottom.@

258. How work addiction can be identified (pp. 125-126, Clinebell).

259. Distinction between hard-working people and work addicts.

1. Hard-working people.
    1. Balance their work with play, rest, and relating to people.
    2. Enjoy their work and often work in playful ways that lessen their stress and increase their creativity.
    3. Have a sense of purpose and mission in their work.
    4. They don=t get depressed or anxious when they are not working, or guilty when they take time off to rest, play, or enjoy relationships.
    5. Though they may work hard, they seldom experience burnout.
2. Work addicts.
    1. Tend to be inefficient and unproductive.
    2. Trying to satisfy inner hungers.
    3. They are type A persons who are driven by the myth that they can find real self-esteem by achievements.
    4. Their identity is formed around doing rather than being.
    5. Tend to play stressfully, pushing themselves to work at playing.
    6. Attracted to highly competitive play seeking to win whatever the cost.
    7. Vacations and weekends leave them exhausted.

260. Strategies for Workaholics.

1. Planning and implementing interventions for those in denial, by family, friends, clergy, and health professionals. Confront with the negative health and family consequences of their working pattern.
2. Getting involved in a Twelve Step recovery group focused on work addictions.
3. Investing in counseling or psychotherapy with a pastoral counselor or other competent therapist often helps heal the inner wounds that motivate self-damaging work patterns.

Shopping Addiction

261. Being thingsaholic is damaging to both the addict and to a healthy natural environment.

1. Motivated by television and advertisement to buy, buy, buy.
2. Huge shopping malls have become cathedrals of our society for millions of

worshiping shopaholics.

262. Like all idolatries, consumerism ends up betraying the worshipers who become mor depressed and unhappy when their materialistic god fails them and is revealed as a destructive demon.

263. Question as to whether we will leave our children a toxic wasteland or a healthful place where they can live healthy lives.

264. Our culture is addicted to comfort, materialism, consumerism, overeating, and ease-of-travel.

Addictive Gambling

265. State lotteries, casinos, paramutual and riverboat gambling, bingo games, and betting on sports events.

266. Lured by the promise of more jobs, increased receipts from gambling=s Apainless taxation,@ and tourism, a vast majority of states have lotteries.

267. Millions seem to be able to gamble recreationally without becoming addicted. Not possible to know until too late who is susceptible.

268. Teenage gambling has become an epidemic.

1. To support addiction, resort to selling drugs, theft, and even prostitution.
2. Suicide rate among adolescent problem gamblers is two times that of others in their age group.
3. Most teens are not informed of dangers of gambling.

269. Gambling by the elderly increasing.

1. Money comes from pension checks.
2. May be to escape loneliness, the loss of a spouse, or frustrating illnesses.
3. Lotteries most popular form of elderly gambling.

270. Capitalist countries have the world=s largest legal gambling operations at the center of their economies. The nation=s stock markets, real estate, commodities futures, and transnational currency transactions make Las Vegas look like a small time gambling operation.

271. Among middle-class males, much white-collar crime is committed by pathological gamblers trying to repay huge debts.

272. Sports addiction and pathological gambling often become intertwined in mutually reinforcing ways.

273. The American Psychiatric diagnosis of pathological gambling specifies that at least four of the following nine indicators apply to a person:

1. Frequent preoccupation with gambling or with obtaining money to gamble.
2. Frequent gambling of larger amounts of money or over a longer period of time than intended.

3. A need to increase the size or frequency of bets to achieve the desired excitement.
4. Restlessness or irritability if unable to gamble.
5. Repeated loss of money by gambling and returning another day to win back losses (chasing).
6. Repeated efforts to reduce or stop gambling.
7. Frequent gambling when expected to meet social or occupational obligations.
8. Sacrifice of some important social, occupational, or recreational activity in order to gamble.
9. Continuation of gambling despite inability to pay mounting debts, or despite significant social, occupational, or legal problems that the person knows to be exacerbated by gambling.

274. Gambler=s Anonymous=s Twenty Questions (pp. 132-133, Clinebell).

How Can Gambling Addictions Be Treated?

275. Treatment of gambling addictions parallels that of alcoholism and drug addictions in many respects, excepting the physical addiction aspect.

276. Hitting bottom is an essential prerequisite for treatment.
1. Often this occurs only after families are shattered, and gamblers are buried under towering debts and serious legal, even criminal problems.
2. Before that, trying to rescue gambling addicts by lending them money or protecting them from the grim consequences of their behavior only feeds their denial and postpones their collision with disaster.

Sex and Love Addictions

277. Men and women suffering from sexual addictions are estimated to number in the millions in our society.
1. They may be heterosexual, homosexual, or bisexual, and of any age, ethnic, social, or religious background.
2. Suffer from a tragic compulsion that causes them to engage in repetitive and often risky sexual behavior that they feel powerless to control.
3. They think obsessively about sex.
4. Finding the particular sexual experiences they crave is a constant, consuming preoccupation.

278. Many sex addicts are terrified of emotionally intimate relationships.
1. Out of their deep loneliness, spiritual emptiness, and longing for live, they seek to connect with people in superficial, impersonal, repetitive, and obsessive-

compulsive ways.

2. Among these are exhibitionism, voyeurism, philia, and masturbating while listening to strangers= voices on the phone.

3. The key to sexual addictions is some degree of powerlessness to choose.

279. Sex addicts become slaves to their sexual fantasies and impulses and use sexual highs and their search for them like alcoholics and drug addicts use their magical substances.

1. Sexual highs become an anesthetizing drug, a painkiller that lets them escape from the agony of their lonely lives.

2. As their addiction deepens, their self-contempt and hopelessness become more and more overwhelming.

280. Sex addicts who feel driven to have multiple sexual contacts, frequently with strangers, exposes themselves to extremely high risks of infection.

281. If polyaddicted, their risk of dangerous, even fatal sexually transmitted infections increase.

282. What such addictions are about is using sex to escape from loneliness, guilt, shame, fear of real intimacy, and insecurity about one=s maleness or femaleness.

283. We are learning that sexually obsessive and compulsive behaviors stem from an inability to fully experience bodily sensations and a full range of emotions.

284. A key factor in sexual addictions is the power dynamic.

1. Some sexually attractive women have used their beauty seductively to gain a sense of power over men, especially powerful men, to offset feelings of powerlessness in our sexist society.

2. Like all addictions, sexual addictions have spiritual components among their dynamics.

285. Some questions to identify sexual addictions:

1. Do you sense that sexual thought and/or behaviors are causing problems in your life?

2. Have sexual thoughts interfered with your ability to function at school or work?

3. Do you fantasize about sex, or masturbate, or engage in sexual activity with another person in order to escape, deny, or numb your feelings or cope with problems?

4. Do you spend more money than you can afford on sexual activities?

5. Do you risk legal problems in order to be sexual?

6. Do you put yourself in danger by your sexual practices?

7. Has an important relationship in your life ended because of your inability to stop being sexual outside that relationship?

286. A yes answer to three or more question may indicate a sexual addiction.

287. The usual goal of treatment for sexual addictions is comparable to that of food addictions. Rather than total abstinence, the goal is learning how to enjoy sex choicefully

as one part of life rather than as an all-consuming obsession.

288. The identifying characteristics of so-called love addictions are:

1. Spending exorbitant amounts of time obsessing about the person.
2. Assigning more worth to the person than to oneself (or putting oneself down in order to keep the other on a pedestal).
3. Suffering harmful consequences from the relationship or from one=s obsessing about and overvaluing the person, and yet not changing or terminating the relationship.

Television, Computer, and Internet Addictions

289. Medical studies show that a lack of adequate aerobic exercise contributes to many life-threatening diseases.

290. Television is changing family communication patterns in profound and problematic ways.

291. The Internet, E-mail, and World Wide Web are creating vast new opportunities for electronic communication but also addictions.

292. AThere=s something to be said for checking electronic mail, but when you do it before having a conversation with your wife, or spending time in a chat room rather than playing with your kids, you=ve got a problem.@

293. College and university academic and social life is changing rapidly because of electronic communication via computer networks and modems.

294. The avalanche of information easily available electronically has produced a new clinical syndrome--*information fatigue overload*.

LESSON EIGHT

Understanding and Helping Those at Special Risk of Addictions

There are sociocultural factors that make members of numerous groups in our society unusually vulnerable to addictions.

295. Youth, seniors, minorities, health professionals, women, gay men, and lesbians.
296. Oppressive cultural attitudes and practices cause them to face special risks.

Addicted Adolescents

297. There is alarming evidence that problem drinking among adolescents is a significant and growing problem.
    1. The average age of first use of alcohol and drugs keeps declining.
    2. A nationwide study found that the average age of first using illegal drugs was thirteen.
298. Beer is the drug of choice of the vast majority of youth who drink or use during high school and college years.
    1. Pot runs a very distant second.
    2. Alcohol abuse is the number one killer of teenagers.
299. Hillary Clinton cited several factors that increase the risk of teen substance abuse.
    1. Having a parent who abuses drugs or alcohol.
    2. Parents= casual attitudes toward minor=s use of cigarettes, marijuana, and alcohol.
    3. Dropping out of school.
    4. Low self-esteem and lack of optimism.
    5. Parents who are not really involved in their children=s lives and how do not give them firm guidance on these issues.
    6. The glamorizing of drugs and alcohol in the media and advertising.
300. The use of alcohol and other drugs by adolescents is particularly problematic for a variety of reasons.
    1. The deadly threat of automobile accidents.
    2. Youth are in the struggle to work out their identity.
        1. Who am I really?
        2. What am I worth?
        3. What are the values that I can freely choose?
        4. What do I want to do with my life?
    3. By age twenty, 60 percent of females and 86 percent of males are sexually

active.

4. One out of sixteen has had one or more STDs.
5. Alcohol and drug use increases unsafe sex.
6. Behavior patterns established during teen years often persist into adulthood.

301. Some warning signs that may point to alcohol and/or drug use and abuse:
    1. Sharp drops in school performance and increasing truancy.
    2. Sudden changes in mood, personality, activities, and friends.
    3. Sharp decrease in motivation.
    4. Unexplained depression, hostility, or defensiveness toward adults.
    5. Raiding parents= liquor supply.
    6. Signs of hangover such as nausea, headache, puffy eyes.
    7. Chronic Aspaciness@ and blank stares.

302. Many of the above symptoms can point to other underlying psychological, physical, or family problems.
    1. Mental illnesses often have their onset in adolescence.
    2. Heavy drinking and drug use may be symptoms of severe depression.

303. Teen drinking and drug use can be rebellion against adult authority figures.

Treatment for Adolescents

304. Group therapy, medical services. Twelve Step groups, family sessions.

305. Unless a dual diagnosis is present, an outpatient program is the logical first treatment alternative to try if Twelve Step groups alone are not enough.

306. Unless adults who hit bottom and seek help, the majority of teens are brought to treatment angry and intensely resistant by parents, or sent by courts.

307. Parents must accept that training centers are not obedience schools for teens.

Addicted Seniors

308. Alcoholism, addiction to prescribed and over-the-counter drugs, and polyaddictions among people over sixty constitute a hidden health epidemic in America.

309. Alcohol is the drug of choice for seniors.

310. Five million seniors suffer from having wrong or conflicting medications prescribed by physicians, resulting in hospitalizations or death in some cases.

311. Many medications interact with alcohol.
    1. Drinking alcohol while taking barbiturates, sedatives, and antianxiety drugs can be deadly.
    2. Older adults are more vulnerable to alcoholism and drug addictions

because of changes in body chemistry associated with aging.

3. As people grow older, alcohol and other drugs remain in their bodies longer because their metabolism slows down.

4. This increases the risk of drug overdose, alcohol intoxication, or negative interaction between alcohol and prescription drugs.

5. Poor memory may cause seniors to forget that they have taken medicine.

312. Identification of alcoholism and drug dependence of seniors by family members often is difficult for several reasons.

1. Most seniors are out of the mainstream and no longer working for pay in jobs where their problem would be more noticed.

2. Many live alone and drink alone.

3. If older people show symptoms of heavy drinking, it often is accepted either because they are respected or because people believe that they probably don=t have very long to live and should be allowed to enjoy their remaining years.

313. the tendency of most heavy drinkers to minimize or deny the consequences of their drinking is even greater among some seniors.

314. Many seniors view alcohol as a convenient, inexpensive method of self-medication.

1. They believe it is necessary to drink to anesthetize the pain from arthritis and other common and painful problems of seniors.

2. They try to treat chronic depression and insomnia.

315. Many drink to forget their feelings of powerlessness, loneliness, multiple griefs, and wounded self-esteem.

316. The *John Hopkins Medical Letter for Health after Fifty* suggest four questions that can help seniors with self-diagnosis of problem drinking.

1. Have you ever felt you should cut down on your drinking?

2. Have people annoyed you by criticizing your drinking?

3. Have you felt bad or guilty about your drinking?

4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

317. This is probably only implemented by nonalcoholics who still retain some power of choice about their drinking.

318. Guidelines when talking to an older adult about a drinking problem:

1. Be direct and treat the person as an adult capable of making decisions.

2. Avoid judgment--don=t add to the person=s sense of shame and guilt.

3. Point out the damaging effects of the person=s drinking on the family, especially grandchildren.

4. Don=t use pejorative words like Aaddict@ or Aalcoholic.@

5. Avoid a confrontational style.

6. Maintain a gentle and loving attitude and focus on the person=s positive attributes.

7. Don=t discuss the problem when the person is drinking.

319. Seniors have additional fears.

1. Fear of loss of independence, their residence, or their life.
2. More likely to be motivated by a statement such as, AYou might have ten years left. Do you want to spend them incapacitated or productively?@

320. An effective way a church can help is to provide a variety of interesting, intergenerational classes and small sharing groups aimed at enabling older people to cope nonchemically with the accelerating crises and losses in the second half of life.

Oppressed Minority Addicts

321. These often suffer from wounded self-esteem as well as economic and social discrimination.

1. Despair from society=s rejection often causes oppressed minorities and the poor to become substance abusers, especially of alcohol.
2. Much excessive drinking by victims of oppression has been described as Asocial desperation drinking.@
3. This despair-driven problem drinking and use of drugs frequently produces greater despair, greater rejection, and greater violence among those trying to cope with their pain and despair in chemical ways.

322. Recent immigrants to America, especially older immigrants, may be vulnerable to addiction because they are struggling to carry the load of culture shock, language shock, white racism, and vocational and financial problems that many experience.

323. Asian Americans often carry the heavy stereotype of being perceived as the model minority among other minorities.

1. Everything possible is done to ensure that no one outside the family knows about the problem.
2. Desire to not bring shame to the family and not losing face in the community cause Asian parents to go to any lengths in vain attempts to cure their addicted youth by giving them money and buying them material things.
3. Parents should use Atough love@ by not giving them money or gifts and not bailing them out if they are arrested for stealing to get their drugs.
4. Tough love is difficult because of Asian cultural pressures to maintain a united front and not reveal shameful behavior to the outside society.

324. Extremely high rates of alcoholism among Native Americans.

1. Deaths five times more frequent than the national average.
2. Suicide rate among Native Americans is 85 percent higher than the national average.
3. A variety of factors have been identified as contributing to the high

vulnerability of Native Americans to alcohol abuse and addiction.

1. Historically have lacked social sanctions against inappropriate uses of alcohol.
2. Many died of European diseases to which they had no genetic immunity.
3. Over time most of the survivors lost their language and heritage.
4. Robbed of their cultural identity.
5. Tribes have been traumatized, robbed of their land, their collective self-esteem, their traditional lifestyles, and their spiritual and cultural identities.
6. They got their identity when they got together and drank.
7. Drinking is a self-destructive personal and social protest against what has been inflicted on them as a people.
8. Heavy drinking and drugs provide a means of forgetting, for a brief time, the spiritual agony of the collective cultural holocaust they have suffered.
9. One factor in the prevalence of alcoholism is the widespread practice of removing children from their families to boarding schools. This produced a loss of a sense of family and Native American identity.

325. Treatment for Native Americans.

1. The development of effective alcohol and drug treatment programs sponsored by tribes and staffed in part by Native American counselors and mental health professionals who themselves have found sanity and sobriety in recovery programs.
2. The smudging ceremony.
    1. A ritual of cleansing involving rubbing smoke from smoldering sage over the recipient=s body and Aletting the smoke go up in all four directions to the Great Spirit who si everywhere.@
    2. After smudging, another traditional method called the Atalking circle@ is used.
    3. A special stick called a Atalking stick@ is passed around the circle.
    4. While each person holds it, they have an opportunity to talk while others listen.
    5. This helps to heal people=s minds, bodies, and spirits.

Significant Differences between Male and Female Alcoholics

326. Some studies suggest that women have less ADH (an enzyme that metabolizes some alcohol in most drinkers= stomachs before it enters their blood stream) in their stomachs so that they become more intoxicated than men of the same body weight with

equivalent amount of alcohol.

327. Women are more susceptible to alcohol-related diseases such as cirrhosis of the liver and high blood pressure.

328. Women have the risk of breast cancer.

329. Women can pass the effects of alcohol to their unborn fetus.

    1. Fetal alcohol syndrome is the leading cause of mental retardation.
    2. The only wise decision for a pregnant woman is to not drink or use street drugs at all.

330. Some studies have suggested that women who become addicted tend to be more disturbed psychologically than men.

    1. May be due to not seeking help sooner.
    2. Greater social stigma for women than men of being seen as drunks.
    3. Don=t seek help for fear of losing custody of their children.
    4. Women=s addictions often develop more rapidly than men=s.

331. The vast majority of women remain with alcoholic husbands, whereas the exact opposite is true of men who have alcoholic wives.

332. In one study, twice as many women as men could identify a specific life crisis such as divorce, death of a parent, or an unhappy love affair that seemed to precipitate excessive drinking.

333. Physicians prescribe mood-altering drugs more frequently to women than to men.

334. Drug dependence can be hidden longer than alcoholism; polyaddictions seem to be more prevalent among women than men.

335. A greater proportion of women alcoholics do solitary drinking, especially single women who live alone.

LESSONS NINE AND TEN

Religion and Low-Bottom Alcoholics and Drug Addicts

336. A street of homeless, forgotten people can be found in all large cities in North America.

1. One finds a variety of low-bottom alcoholics, drug addicts, homeless mentally ill persons, ex-prisoners unable to find employment, poor single mothers, and two-parent families with children, and runaway and throwaway teens and children.
2. Homeless people can be found living in old cars, under bridges, and in public shelters usually located in the inner city.
3. The majority of homeless alcoholics are polyaddicted, with cocaine and heroin being favorite drugs.
4. Rescue missions estimate that about one-third of those living in their facilities are veterans. Many are psychiatric casualties from the tragic war in Vietnam.
5. Younger crack addicts often become addicted in their midteens causing their psychosocial development to be fixated at that age.
6. Some estimates place the mentally ill at 40 percent of all homeless people.

337. Profile of homeless person.

1. Left his parents= home at an early age, often following the death of a parent or a serious conflict.
2. Early emotional instability and deficient socialization are characteristic.
3. He stopped his education between the seventh and eight grades.
4. He has usually either never married or is widowed or divorced.
5. He is constantly on the move, going from one Skid row to another and rarely staying in one place more than a few months.
6. Have lost touch with their faith and express little interest in church attendance.
7. Many of them are chronically unemployed and unemployable.
8. Others work sporadically and/or seasonally at various unskilled jobs for minimum pay.
9. Are low-bottom chemically dependent persons.
10. Way of escaping the pressures of adult interpersonal living with which they are unable to cope.
11. Have little or no motivation for abstaining from drugs and alcohol.
    1. The more they become divorced from normal life, the more they must resort to chemical pseudosatisfactions.
    2. The vicious spiral of homelessness and addiction is established.

338. Another study:
    1. Shown him to be the product of a limited social environment and a man who never attained more than a minimum of integration in society.
    2. Is and has always been at the bottom of the social and economic ladder.
    3. He is isolated, uprooted, unattached, disorganized, demoralized, and homeless.
    4. He is the least respected member of the community.
    5. He never attained, or has lost, the necessary respect and sense of human dignity on which any successful program of treatment and rehabilitation must be based.
    6. He is captive in a sequence of lack or loss of self-esteem.
339. Skid Row.
    1. Provides a kind of solution or at least survival adjustment for many of the chronically homeless who live there.
    2. Alcohol and drugs are major ingredients in this solution.
    3. Alcohol allows them to forget their lack of possessions and status.
    4. The fellowship of Skid Row is another ingredient in this solution.
        1. A special kind of fellowship in which one can participate or withdraw at any time.
        2. Common need is bond that unites them for a short time.
    5. For many of the low-bottom, chronically chemically dependent on Skid Rows, the possibility of rehabilitation is minimal if not nonexistent.
    6. What is needed is humane custodial care.
    7. Some residents of Skid Row are not in the final stages of their drinking and drugging careers.
        1. Some have just arrived.
        2. Others are there temporarily.

The Rescue Mission Approach to Addictions

340. The essence of the rescue mission approach to alcoholism and drug addictions is contained on one word--salvation.
    1. Activities may be divided into two categories.
        1. The religious services including gospel meetings and smaller prayer meetings.
        2. The work of guidance, and physical and social help aimed at relieving suffering, and hopeful leading to rehabilitation.
    2. The gospel meeting is the heart of the mission program.
341. If a convert decides to stay at the mission, it becomes his home for a while.
    1. May be assigned work around the mission.

2. When he is recovered enough, he is sent out on small jobs obtained by the mission=s employment service.
3. He is expected to attend regular Bible study, prayer, and gospel meetings.

342. After several weeks, converts may be transferred from the mission to a halfway house.
343. From here they seek employment.
344. Effort to reconcile convert with family.
345. The goal of the mission is to save souls, but also to help them move out of homelessness as well as addictions.
346. Some missions maintain fellowship groups for former alcoholics.

The Dynamics of Mission Therapy

347. Gospel meetings and mission evangelical programs can be analyzed in terms of four stages.
1. Crisis.
2. Preparation.
3. Surrender-acceptance.
4. Consolidation.

348. Necessary to prepare individual for the powerful emotional crisis experiences that sometimes produce long-term and even permanent sobriety.
1. The mission clientele is largely composed of those who have little desire to stop drinking.
2. For non-homeless alcohol and drug addicts, severe crises are Abottoms@ during which they are relatively open to help.
3. For many homeless addicts, life is one long crisis.
    1. They have used up their Abottoms.@
    2. Their psychological condition is in the realm beyond remorse and hope.
    3. It is necessary to revive these long-repressed emotions if a crisis is to be induced.

349. Group singing of old hymns and gospel choruses is important in preparing some for conversion.
1. Studies have shown that rapid, loud, rhythmic group singing of songs that stress the repetition of a few simple ideas tends to produce lowered inhibition and enhances suggestibility, a sense of closeness, emotionality, and a tendency toward impulsive action.
2. Under the influence of a rapidly moving revival atmosphere, the defensive shell of some may be gradually softened and they begin to feel more a part of what is going on.
3. Singing of old hymns may awaken in some long-forgotten emotional

associations from their pre-homeless life.

350. Those in the mission pew are assailed by a barrage of emotionally charged illustrations, testimonies, and ideas which serve to reactivate slumbering fears and guilts.

1. Frequent mention of home and mother may awaken memories of life prior to their homeless state.
2. Testimonies of other converted addicts can get the attention of the unconverted, and may awaken a glimmer of hope. AMaybe there=s a chance I can do it too.@

351. Moralistic assumption.

1. The conviction that both chemical dependency and homelessness are the result of sin for which the addicts are responsible.
2. By proclaiming the moralistic assumption with passion, mission evangelists make head-on attacks on low-bottom addicts= defenses; in some cases, may be able to crack the defensive alibi systems.
3. When this happens, the addicts are made to feel as miserable, hopeless, and helpless as possible.
4. The rescue technique thus aims at creating a Abottom,@ and emotional crisis in which they may temporarily be a little more open to help.

352. Effective therapy for the homeless alcoholic must provide substitute rewards for abstinence at least as great as the rewards of excessive drinking and drugging.

1. Salvation carries the rewarding offers of acceptance and dependency, of hope and physical help.
2. For lonely, wretched, emotionally starved addicts, this has great appeal.
3. Religious ecstasy provides an alternative path to feelings of transcendence, expansiveness and larger life than that brought by drugs and alcohol.

353. The emotional intensity of a salvation experience combined with intense fear and guilt, plus hope that generates the crises and the offer of supernatural help that produces the surrender.

1. Drug-dependent people who experience transforming conversions are no longer fighting authority.
2. They feel accepted.
3. They become members of an exclusive fellowship--the saved V.S. the unsaved.

354. Given the uphill struggles that homeless addicts have in achieving sobriety, it is impressive if even a very small percentage of those exposed to this treatment achieve periods of sobriety.

355. The mission approach is successful with all alcoholics.

1. Instead of cracking their defenses, the steamroller attack merely makes their defenses more rigid.
2. They feel battered in order to get the mission=s much needed food and shelter.

356. The fundamentalist conception of the nature of sin, free will, salvation, and responsibility as it relates to addictions often is flawed.
    1. Human behavior and mental and physical illnesses are never simply a matter of freely choosing between simple alternatives.
    2. Every act is conditioned by early life experiences that shaped the personality.
    3. The more driven persons are, the more their actions are controlled by inner compulsions, the less freedom of choice they have in the areas of their addictions
357. Long-term abstinence may be very low.
    1. Low-bottom addicts are extremely difficult to help by any means.
    2. May not deal with basic causes.
    3. Too much fear and repression of negative feelings is employed.
    4. Too little resolution of underlying problems seems to result from the experience, even though significant surface changes obviously occur.
358. The mission approach may be too emotional.
    1. Must be follow-up.
    2. Spiritual hangovers may result from spiritual highs.
359. A substantial percentage of converts who do achieve longer-term sobriety are never reassimilated into normal community living.
    1. Some remain institutionalized, living at the mission and doing its work.
    2. They have capitulated to permanently dependent relationships.
360. If converts are to succeed in leaving the mission and making the difficult transition out of long-term homelessness, the bridging environment of a half-way facility is essential.
361. The philosophy of most missions recognizes accurately that:
    1. Healing for low-bottom chemically dependent persons must minister to their physical, vocational, as well as their spiritual needs.
    2. Must involve profound personal reorientation.
    3. Must, if it is to be complete, return them to society.
362. Missions help ameliorate the grim lot of many homeless people, including some who never get sober.
    1. Homeless, low-bottom alcoholics and drug addicts are almost inaccessible to the usual outpatient treatment programs.
    2. Long-term inpatient treatment programs are necessary for them to recover.
    3. In this regard, missions have been very successful in ameliorating the multiple tragedies of Skid Row.

The Salvation Army Approach to Addictions

363. Today the SA has some 8,000 beds at 179 centers treating alcoholism and drug

problems.

364. Other than Twelve Step programs, this probably is the single largest religious program in the country that treats addictions.

365. SA programs center on the salvation meeting, much like the evangelistic meetings of the rescue missions. However, there are some differences.

1. At the root of the differences is the enlightened understanding of the complexities of addictions by key SA leadership.
2. Most higher officers have an informed understanding of addictions and the needs, behavior, and rehabilitation of low-bottom addicts.
3. SA views alcoholism as a disease which has a spiritual cure.
4. They view drunkenness as a sin, but alcoholism is a disease.
5. The fact that the SA networks with hospitals and detoxification centers in two-way referrals enhances their effectiveness greatly.
6. SA has increased facilities for women.
7. Another strength is that most of the rehab staff are state certified alcoholism counselors.
8. SA has addiction rehab programs designed to help the addict move through planned phases in ninety-day or six-month programs.
9. Another strength is the recognition that converts in the rehabilitation process need a supportive fellowship group after leaving a facility.
10. Unlike rescue missions that usually are freestanding entities, the SA facilities for the homeless are a part of a wide network of installations and services.

366. The success of the SA approach is enhanced by its well-developed structures, such as its military structure.

1. Recovering addicts find security and a sense of belonging in the authority-centered, hierarchical military structure.
2. Workers are made to feel equipped to save others and are given a challenging mission.

367. Another SA strength is that women have a strong and respected place among the leadership.

368. The SA has put its recovery principles into a series of nine Christ-centered steps paralleling some of the important Twelve Steps of A.A. recovery programs.

1. The alcoholic must realize that he is unable to control his addiction and that his life is completely disorganized.
2. He must acknowledge that only God, his Creator, can re-create him as a decent man.
3. He must let God through Jesus Christ rule his life and resolve to live according to His will.
4. He must realize that alcohol addiction is only a symptom of basic defects in his thinking and living, and that the proper use of every talent he possesses is

impaired by his enslavement.

5. He should make public confession to God and man of past wrong-doing and be willing to ask God for guidance in the future.

6. He should make restitution to all whom he has willfully and knowingly wronged.

7. He should realize that he is human and subject to error, and that no advance is made by covering up a mistake; he should admit failure and profit by experience.

8. Since, through prayer and forgiveness, he has found God, he must continue prayerful contact with God and seek constantly to know His will.

9. Because the Salvation Army believes that the personal touch and example are the most vital forces in applying the principles of Christianity, he should be made to work continuously not only for his own salvation but to help effect the salvation of others like himself.

369. Despite its success, there are some weaknesses in SA thought and therapy which are less effective with some addicts.

1. There is some sin-sickness and puritanical moralism among some rank-and-file Salvationists.

2. Some addicts resent the benevolent authority-centered structure of the Army; may experience a theologically disguised power abuse of some officers.

3. Dangers of Ablind and unhesitating obedience to unlimited authority.@

4. Mothering adults does not contribute to their maturity and growth.

370. In spite of limitations, the SA=s extensive, worldwide, evolving program is still the most enlightened and the most effective evangelical approach for low-bottom, homeless addicts as well as some nonaddicted, chronically homeless people.

What We Can Learn from These Approaches

371. Some low-bottom, homeless, chemically dependent people can be helped by religious means.

372. Evangelistically oriented approaches can induce powerful conversion experiences that do help some alcoholics and drug-dependent people.

373. Evangelistic approaches tend to be much more effective if they encourage participants to become actively involved in Twelve Step programs, in addition to what they offer.

374. Because of its general psychological and theological enlightenment, the Salvation Army probably is more effective than many rescue missions, although there are missions that also are enlightened and effective.

375. If religious approaches to low-bottom addictions are to be effective, they must convey empowering experiences of acceptance to replace their paralyzing experiences of feeling rejected by people, society, and God.
376. Residential Awhole person@ rehabilitation programs, offering physical, vocational, as well as spiritual help frequently prove to be essential for long-term recovery by low-bottom addicts.
377. Intense religious and group dependency satisfactions are often needed to replace the immediate satisfactions that alcohol and drugs give some people.
378. Putting converts to work helping other homeless addicts can be important for their own continuing sobriety.
379. The social pathology of chronic homelessness as well as that of addictions must be addressed in holistic treatment programs for low-bottom addicts.

LESSONS ELEVEN AND TWELVE

Alcoholics Anonymous

380. A.A. and the many Twelve Step recovery programs that have come from it are the most effective and widely available referral resources available today.

1. They are easily available in almost every community in our country and in most other countries.
2. They are free; supported by the voluntary contributions of recovering members.
3. Their effectiveness in enabling addicted people to walk the road to recovery is greater than any other approach, religious or nonreligious.
4. In addition to helping countless grateful people to interrupt addictive cycles and find the road to survival, sanity, and sobriety, these step-by-step programs are often remarkably transforming, gifting members with new ways of life.

381. History of A.A. (Pp. 196-207, Clinebell).

How and Why A.A. Works (pp. 207-221, Clinebell)

The Twelve Steps of Alcoholics Anonymous

382. We admitted we were powerless over alcohol--that our lives had become unmanageable.
383. Came to believe that a Power greater than ourselves could restore us to sanity.
384. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
385. Made a searching and fearless moral inventory of ourselves.
386. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
387. Were entirely ready to have God remove all these defects of character.
388. Humbly asked Him to remove our shortcomings.
389. Made a list of all persons we had harmed, and became willing to make amends to them all.
390. Made direct amends to such people wherever possible, except when to do so would injure them or others.
391. Continued to take personal inventory and when we were wrong promptly admitted it.

392. Sought through prayer and meditation 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.

393. 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.

Effectiveness of A.A.

394. A.A. has demonstrated great effectiveness in breaking the addictive cycle and producing initial sobriety because:

1. It tends to wait until alcoholics are at least somewhat receptive to help.
2. A.A. immediately relieves the stresses of the advanced stages of alcoholism.
3. A.A. provides new members with certain sobriety tools such as the twenty-four hour plan, attitude-shaping slogans such as AOne Day at a Time,@ and the continuing availability of other members, including sponsors.
4. A.A. immediately reduces many of the stresses of guilt, shame, and fear by providing alcoholics with a new way of thinking about their problem.
5. A.A. immediately surrounds newcomers with an accepting fellowship of individuals who have been through similar experiences and therefore can establish rapport relatively quickly when professional counselors have failed.
6. A.A.'s positive and collaborative relationships with hospitals, doctors, and detoxification centers allows newcomers who need these medical modalities to have the medical therapies that are often so important in establishing initial sobriety.

395. A.A. has demonstrated great effectiveness in producing long-term sobriety because:

1. In contrast with the rescue missions and Salvation Army, A.A. deals with a much smaller proportion of those whose alcoholism is complicated by the difficult problems of homelessness and socioeconomic deprivation, both of which make for poor prognoses.
2. A.A. depends neither on religious lift, nor on Ahot flash@ types of religious experience, and thus makes for a more stable sobriety on the part of many alcoholics.
3. A.A. provides numerous substitute satisfactions to replace those of alcohol and drugs.
4. A.A. keeps alcoholics involved in helping Athose who have not heard the message,@ a dynamic that is similar to the religious evangelism that gives believers an empowering sense of mission.
5. A.A. provides a series of suggested Steps, and thus provides a continuing program of psychological and spiritual growth.
6. A.A. brings the pressure of responsibility to bear on alcoholics when they

are better able to handle it.
7. A.A. strengthens real self-esteem, as distinguished from alcoholic grandiosity.
8. A.A. is nonauthoritarian in both organization and philosophy.
9. A.A. can provide continuing group support in most places in North America and in countless places around the world.

The Twelve Traditions of Alcoholics Anonymous

396. Our common welfare should come first; personal recovery depends upon A.A. unity.
397. For our group purpose, there is but one ultimate authority--a loving God as He may express Himself in our group conscience, Our leads are but trusted servants; they do not govern.
398. The only requirement for A.A. membership is a desire to stop drinking.
399. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
400. Each group has but one primary purpose--to carry its message to the alcoholic who still suffers.
401. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
402. Every A.A. group ought to be fully self-supporting, declining outside contributions.
403. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.
404. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
405. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
406. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.
407. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

A.A.'s Effectiveness in Healing Addiction-prone Personality Dynamics

408. Psychological issues are not important--the sole object of A.A. is sobriety.

409. A.A. takes a repressive approach; anger should be repressed.

1. Takes repressive approach because of its concept of human personality.
2. Does not take into consideration that such personality factors such as selfishness, resentment, and hostility are often symptoms of deeper problems of inferiority feelings, insecurity and inner conflicts.
3. Anger may cause slips, but may be because early conditioning forbids the expression of anger.

410. If powerful feelings such as anger is only repressed or suppressed, rather than redirected in constructive channels, or if not resolved, sobriety could be precarious.

1. Even if stay sober, other symptoms of the unacceptable feelings may appear.
2. Substitute symptoms may be harmless, at least less harmful than addiction; but could also be harmful.
3. Sobriety may lead to better marital relationships, but underlying problems that were hidden by the chaos in addictive families frequently become evident.
4. Some alcoholics become irritable and unpleasant Adry drunks@ after they are sober.
5. Their spouses may almost wish they were drunk again.

411. A.A. does not see solving deeper personality problems as its job.

1. To stay sober is an essential prerequisite to the solution of any deeper personality problem.
2. If recovering addicts do stay sober, many of their interpersonal and personality problems caused by excessive drinking are resolved.

412. Being nonauthority centered, A.A. does not use manipulative power games or create irrational fears to motivate sobriety.

413. The major motivators in A.A. are positive.

1. The simple joys of nondrinking lifestyles.
2. The satisfactions of being helpful, perhaps even a lifesaver, to a drinking alcoholic.
3. The valuable reward of being esteemed in the group.
4. Because the groups satisfy so many of alcoholics' needs and desires nonchemically and nurturingly, they are able to help shape attitudes, feelings, and behavior that support both sobriety and improved mental health.

414. A.A. recognizes that there must be a fundamental reorientation of alcoholics' personality if they are to enjoy long-term sobriety.

1. Individual or group counseling or psychotherapy is frequently needed in addition to A.A. in order to produce permanent, noncompulsive sobriety.
2. Recovering people in whom repressed levels of conflicts continue to produce painful disturbances and repeated slips can experience invaluable help from psychotherapy.

415. A.A. is equipped to bring healing on the runaway symptom levels.

1. It can halt the self-feeding addictive cycle and repair some or even much of the personality damage resulting from the addiction.
2. Once people have been sober for a considerable time, whatever their underlying personality problems are, they may need the added healing of psychotherapy.
3. A.A. can give indispensable group support and resocialization during the healing process.
4. In order for therapy to help, counselors must have an appreciative understanding of A.A.

416. A.A., with its Twelve Steps based on the Bible, has proved to be healing wisdom for countless people suffering from an incredible variety of different human problems.

1. A.A. enables the addicts to experience acceptance by life, by God, by other people, and by themselves.
2. Many religious organizations would be more true to their professed message if they learned from A.A. the transforming power of accepting the unaccepted in our society.

The Serenity Prayer

God grant me the serenity
To accept things I cannot change,
Courage to change the things I can,
And wisdom to know the difference.

LESSON THIRTEEN

Other Paths to Recovery and Beyond

Introduction

417. There are millions of addicted people who have not responded to Twelve Step recovery programs for a variety of reasons.
418. Many who have achieved stable recovery in A.A. look for additionally paths explicitly devoted to continuing personal and spiritual growth.
419. Other addicted persons look for explicitly Christian approaches that are Christ-centered.

Women for Sobriety

420. The first women-created, women-centered alternative began by Jean Kirkpatrick in 1976.
421. In contrast to A.A.'s limited focus only on gaining sobriety and belief in surrender to an external Higher Power, her approach focuses on women's overall healthcare and empowerment.

1. Encourages women to smoke less, eat nutritious food, meditate, and give themselves and their bodies lots of loving care.
2. The group policy excludes coffee, smoking, and sugary foods at the meetings.
3. Women are strengthened by being encouraged to identify with their health, their power, their love, and with one another.

422. To communicate their general Apositive thinking@ flavor, here are some of these statements:

1. AI have a drinking problem that once had me.@
2. AThe past is gone forever.@
3. ANegative emotions destroy only me.@
4. AProblems bother me only to the degree that I permit them to.@
5. AI am what I think.@
6. ALove can change the course of my world.@
7. AThe fundamental object of life is emotional and spiritual growth.@
8. AI am a competent woman and have much to give others.@

423. This program emphasizes personal spirituality and growth.

1. Men drink for power.

2. Women drink because of frustration, emotional starvation, loneliness, and harassment in society.

424. WFS aims at healing women's shattered self-esteem and lets them release their load of shame and guilt by sharing experiences while they give and receive mutual support and encouragement.

1. Therapies aim at enabling clients to learn how to reprogram the powerful internal *self-talk* messages that people repeat to themselves.
2. Done by substituting affirming, esteem-enhancing self-talk for the negative, esteem-diminishing self-talk that often characterizes troubled people including those who are addicted.

Moving Beyond Recovery to Discovery

425. Social context perspective approach by Charlotte Davis Kasl emphasizes the social roots of women's addictions and codependency in sexism and injustices.

426. Kasl sees this program as one of empowerment-discovery to move past sobriety and even recovery as they experience growth and empowerment.

1. Goals include helping people Amove beyond the concept of being an addicted person to that of being a sacred person who is an integral and important part of society at large.@
2. Therapy for addicted women and minority men seeks treatment for mental health problem.
3. Empowerment means enabling people to find and use their inner power as persons to live full lives--lives that are creative, passionate, wise, self-aware, and self-protective.
4. Women bond together and discover how they all have been hurt by society's injustices.

427. Contrasts with A.A.

1. A.A. steps reflect a traditional Christian sin-redemption belief system.
    1. See the process of recovery and Abeing restored to sanity@ as dependent on surrendering one's life and will to an external, male Higher Power.
    2. Conjures up scenes of women passively and mindlessly turning their wills and their lives over to the care of male doctors, husbands, clergy, teachers, politicians, the military, authority figures.
2. The searching moral inventory steps of mainstream Twelve Step recovery programs emphasize the sins and failures, and not the affirmation of their gifts and potential strengths that women have and need to develop.
3. Kasl sees lack of controls on sexual harassment of women.
4. Strengths of A.A. as seen by Kasl:

1. Programs are nonhierarchial and leaders are regarded as servants.
2. There is a theological permissiveness in identifying AHigher Power.@
3. Steps are only Asuggestive.@

428. Kasl challenges A.A. beliefs that members are always Ain recovery.

She emphasizes that women not Aidentify ourselves with such labels as codependent and addict, or get stuck in chronic recovery as if we were constantly in need of fixing. The goal is to heal and move on from recovery to discovery. Then we can break through the limitations imposed by hierarchy, work together for a just society, and free our capacity for courage, joy, power and love.@

429. Kasl has focused on crucial social context issues at the roots of addictions.
430. Kasl's growth-nurturing, empowerment approach could be seen as the second essential phase of full recovery; the growth dimension that is needed after the initial healing phase.

Kasl's Sixteen Steps for Discovery and Empowerment.

431. We affirm we have the power to take charge of our lives and stop being dependent on substances or other people for our self-esteem and security.
432. We come to believe that God/the Goddess/Universe/Great Spirit/Higher Power awakens the healing wisdom within us when we open ourselves to that power.
433. We make a decision to become our authentic Selves and trust the healing power of the truth.
434. We examine our beliefs, addictions, and dependent behavior in the context of living in a hierarchical, patriarchal culture.
435. We share with another person and the Universe all those things inside us for which we feel shame and guilt.
436. We affirm and enjoy our strengths, talents, and creativity, striving not to hide these qualities to protect others' egos.
437. We become willing to let go of shame, guilt, and any behavior that keeps us from loving our Selves and others.
438. We make a list of people we have harmed and people who have harmed us, and take steps to clear our negative energy by making amends and sharing our grievances in a respectful way.
439. We express love and gratitude to others, and increasingly appreciate the wonder of life and the blessings we do have.
440. We continue to trust our reality and daily affirm that we see what we see, we know what we know, and we feel what we feel.

441. We promptly acknowledge our mistakes and make amends when appropriate, but we do not say we are sorry for things we have not done and we do not cover up, analyze, or take responsibility for the shortcomings of others.
442. We seek out situations, jobs, and people that affirm our intelligence, perceptions, and self-worth and avoid situations or people who are hurtful, harmful, or demeaning to us.
443. We take steps to heal our physical bodies, organize our lives, reduce stress, and have fun.
444. We seek to find our inward calling, and develop the will and wisdom to follow it.
445. We accept the ups and downs of life as natural events that can be used as lessons for our growth.
446. We grow in awareness that we are interrelated with all living things, and we contribute to restoring peace and balance on the planet.

Explicitly Christian Approaches to Recovery

Introduction

447. Diverse in structures, yet all use Christian adaptations of A.A.'s Twelve Steps.
448. They share two defining beliefs:
    1. Jesus Christ is the Higher Power.
    2. The path to sobriety is finding salvation in Christ.
449. Most accept the disease model of alcoholism, but some emphasize that alcoholism involves the sin of drunkenness before the onset of the addiction.

National Association for Christian Recovery

450. First of a family of ministries sponsored by its parent organization, Christian Recovery International.
451. The group's mission statement:

AThe N.A.C.R. is a membership organization that seeks to assist people recovering from life-dominating issues--typically addiction, abuse, or trauma. We hope together to encourage the Christian community to become a safer and more supportive environment for people in recovery. The N.A.C.R. seeks to serve hurting Christians from all denominations whoa re seeking to integrate emotional and spiritual wholeness, as well as non-Christians in recovery who are seeking a clearer understanding of God.@

Overcomers Outreach

452. An expanding network of Twelve Step recovery support groups with a Christian evangelical orientation.
453. Finds meaning and power in an explicitly Christian understanding of A.A.'s and Al-Anon's Twelve Steps.
454. With help of James Dobson, the network grew to around a thousand groups in a few years.
455. The group does not see itself as a substitute for traditional Twelve Step groups, not does it see itself as a substitute for prayer and Bible study groups in churches.

Alcoholics Victorious

456. A ministry of the International Union of Gospel Missions, a network of some 250 inner city missions.
457. AV accepts the American Medical Associations' definition of alcoholism as a disease.
458. This organization has an appreciation for A.A. and other Twelve Step recovery groups, and all groups use the Twelve Steps, but Awe want a Christ-centered approach to the Higher Power.

Alcoholics for Christ

459. An interdenominational Christian fellowship ministry that focuses on three groups--alcoholics and other substance abusers, their families, and adult children from addictive families.
460. Believes that alcoholism is a sin and a disease.
    1. We choose to sin at the beginning.
    2. As we become controlled by addiction, we find ourselves dealing with a disease.
    3. A.C. is rooted in very conservative evangelistic Christianity.

Significance of Christian Recovery Programs

461. Their evangelical theology and language gives them opportunities to increase enlightened understanding of addictions by many conservative evangelistic Christians.
462. Such people consider A.A. as non-Christian since it encourages people to choose their own Higher Power, and as competitors of Christian churches.
463. Serves the purpose of awakening conservative Christians and congregations to their crucial role in both treatment and preventive education that goes beyond advocating their usual abstinence position.

464. These programs also increase conservative congregations' awareness of their corporate ministry to the hidden addicted individuals and families among their members.
465. Christian recovery movements probably help diminish futile moralizing about addictions among evangelical Christians and they can help more conservative Christians accept the disease concept and the saving spiritual power of traditional Twelve Step groups.
466. Brings attention to the unique opportunities that all congregations and other religious organizations have in helping to heal and prevent our society's epidemic of addictions.

LESSON FOURTEEN

The Psychosocial Dynamics of Religious Approaches to Alcoholism and Other Drug Addictions

The foci will be on illuminating the role of anxiety in addictions, and how pathogenic (sickness-causing) religion is a spiritual cause of addictions and how salugenic (health-fostering) religion is a crucial resource in recovery for addicts.

Coping with Anxieties: A Key to Understanding Addictions and Recovery

Three interrelated types of human anxiety are among the causes of many addictions.

467. Neurotic Anxiety
    1. Much of the anxiety experienced by alcoholics and other addicts is neurotic anxiety resulting from inner conflicts, repressed memories and impulses.
    2. Children often repress their anger or sexual impulses in an effort to feel acceptable in families where these normal feelings are taboo.
        1. They feel anxious, as children and later as adults, whenever hostile feelings or sexual desires threaten to bubble up into their awareness from their unconscious minds.
        2. This kind of anxiety functions as a defense mechanism for keeping unacceptable feelings out of conscious awareness.
        3. Many people use consciousness-changing drugs like alcohol to blunt awareness of neurotic anxiety.
468. Historical Anxiety
    1. Neurotic anxiety is intermingled and increased by historical anxiety arising from the psychosocial and spiritual crises of our times of baffling changes.
        1. Millions have had their faith shattered.
        2. Comfortable certainties about themselves, other people, God, and the universe have been threatened or destroyed by the pandemic of violence, including the effect of two world wars and the many subsequent regional and ethnic blood baths.
    2. Many people feel impotent in the face of mass social forces over which they have no control.
469. Existential Anxiety.
    1. This anxiety arises out of our awareness of being living-dying creatures.
    2. Our existential anxiety arises from the awareness of our own mortality and contingency.
    3. Existential anxiety is normal in the sense of it being the experience of all

human beings.

1. It is unneurotic, yet it probably is at the roots of all other anxiety--neurotic and historical.

2. Humans are crippled when they lack the resources of vital faith that alone provides the energy to face, carry, and even transform it.

4. Existential anxiety is a crucial consideration for understanding the spiritual dynamics of addictions and methods for helping addicted people.

470. All three anxieties contribute to the soil of addictions.

1. All these forms of anxieties accelerate the self-feeding addictive cycle.

2. Anxieties become increasingly intense as addicts continue to try to satisfy their psychological and spiritual needs by means of alcohol and drugs or obsessive-compulsive behaviors.

3. The more they use substances or behaviors to allay their anxieties, the more hopeless, spiritually empty, and meaningless life seems to them.

The Spiritual Dynamics of Recovery

471. An in-depth understanding of chemical dependencies and other addictions must include the recognition that many addicted persons are attempting to meet religious hungers by alcohol, other psychoactive drugs, or addictive behaviors.

1. One person described this void by stating, AI had a God-shaped hole in me filled by alcohol.@

2. A successful religious approach must supply a Aspiritual substitute@ for alcohol.

472. Short-sighted religionists fail to recognize that alcohol provides some people with answers of sorts--unfortunate as such answers may be.

1. Both religion and alcohol and drugs give answers to the problems of anxiety, weariness, failure, drudgery, rejection, boredom, and loneliness.

2. Alcohol, drug, and other addictions are tragic responses to numerous areas of tragedy in our culture.

3. People, because of their fears and inner conflicts, are cut off from trustful, fulfilling relationships both with other human beings and with God.

4. Alcohol and other drugs have always offered something to the weary, the anxious, the despairing, the lonely, the spiritual wanderers.

5. It offers the illusion of unity with one's fellows, temporary deadening of anxiety, the quieting of inner conflicts and turmoil, and a sense that things seem to be a little more right in the world.

6. Its relief is temporary and illusory.

7. Substances that can give feelings of self-confidence and the illusion of strength have tremendous appeal to those who feel submerged by powerlessness,

shame, disappointment, frustration, and self-rejection.

8. Through the use of alcohol and other drugs, humans have temporarily anesthetized the sufferings caused by social chaos.

473. Religion also has always had something to say to the weary, the anxious, the lonely, the spiritual wanderer, and the downtrodden.

1. It has offered solace and a haven from the burdens of society.

2. Karl Marx called religion Aas an opiate,@ blinding people to the social injustices that oppress them.

3. Religion has also motivated people to fight for justice, freedom, and peace.

474. Because alcohol has the power to give temporary feelings of expansiveness, transcendence, and even ecstasy, it has been regarded in many cultures as something magical, even divine.

1. Chemicals that can give some people ways to escape from the flatness of daily existence are powerfully alluring.

2. Alcohol and some drugs can give some users temporary feelings of uplift and unity.

Addictions, Religious Experiences, and Grace

475. For many self-alienated people who are not able to love themselves or others in any depth, psychochemicals like alcohol and drugs bring temporary feelings of self-other bonding.

1. These chemicals also give some brief taste of being accepted by and acceptable to others, of having it together.

2. Their existential anxiety is quieted by this sense of oneness with themselves, others, and the divine Spirit.

476. The tragedy is that so many people are able to find experience of grace, acceptance, and relatedness only via addictive chemicals and obsessive-compulsive behavior patterns.

477. Countless spiritually starving people are on dead-end searches for God in drugs, alcohol, and addictive behaviors because they have not found God anywhere else.

Psychiatrist Gerald G. May:

AAfter twenty years of listening to the yearnings of people's hearts, I am convinced that all humans have an inborn desire for God. Whether we are consciously religious or not, this desire is our deepest longing and our most precious treasure. It gives us meaning. Some of us have repressed this desire, burying it beneath so many other interests that we are completely unaware of it. Or we may experience it in different ways--as a longing for wholeness, completion, or fulfillment. Regardless of how we describe it, it is a longing for love. This yearning is the

essence of the human spirit. It is the origin of our highest hopes and most noble dreams.@

478. Grace is a transforming experience of God's unconditional, loving acceptance that cannot, and fortunately need not, be earned.
479. When captives of addictions really hit bottom, and quit trying to Afigure out how to control this thing on my own,@ they surrender, admit that they are powerless, and thus become open to help from other people and eventually, through them, for help from God.

Healthy vs. Unhealthy Religion and Ethics

Here is an overview of our universal, existential needs to which healthy religions alone can bring genuine satisfactions:

480. The need for a growing relationship with the divine Spirit of love and justice who becomes our uplifting, energizing center of devotion, with whom we are challenged to become co-creators of a world where all people will have opportunities for developing their full gifts of God.
481. The need for regular times of transcending the Aeverydayness@ of life by what psychologist Abraham Maslow called Apeak experiences,@ those moments when we experience getting high and celebrate something eternal in our temporal lives.
482. The need for vital beliefs (that we really believe) to give life some meaning and purpose in the midst of its frustration, losses, and tragedies.
483. The need for healthy values, priorities, and life commitments centered on integrity, love, and justice, to guide us into personally and socially responsible lifestyles.
484. The need for developing the inner wisdom, creativity, love, and spiritual riches of our core self--known as the soul in traditional religious language.
485. The need for spiritual resources to nurture self-esteem, empowerment, hope, trust, courage, and forgiveness (of ourselves and others); and the need for spiritual resources to help heal the soul wounds of despair, distrust, anxiety, boredom, self-rejection, grief, alienation, guilt and shame.
486. The need for a loving, caring awareness of our oneness with other people in the human family and with the whole network of living things in the marvel-filled natural world that is God's continuing creation.

Recovery Spirituality Contrasted with Addiction Spirituality

487. Typical characteristics of the spirituality of those in recovery who are moving toward life transformation contrast sharply with the typical characteristics of addicted persons who are still drinking and/or using.
    1. Spirituality of the former tends to be much more salugenic, as they seek to

satisfy their spiritual needs in healthier ways.

2. The spirituality of those in active addictions tends to be more pathogenic, as they try to satisfy their spiritual needs in unhealthy ways.

488. The spirituality of those moving ahead in recovery usually is more:

1. Open, flexible, and growing instead of closed and rigid.
2. Reality respecting and non-manipulative of God instead of magical, manipulative, and trying to make God adjust to one's personal desires.
3. Joyful, uplifting, and celebrative for the good gift of life instead of heavy, burdensome, and deadly dull.
4. Self-esteem, self-acceptance, and forgiveness fostering instead of fostering guilt, shame, and rejection of oneself, including one's body image and sexual impulses.
5. Love, humility, and trust inspiring instead of generating anger, fear, and prideful superiority feelings.
6. Respectfully connecting with others who differ instead of excluding, rejecting, and even attacking of them.
7. Intimate bonding with the natural world instead of alienated from God's natural creation.
8. Playful instead of constricted and controlling.
9. Motivating to envision and implement strategies for creative change instead of preoccupied with self-serving protection for the status quo.
10. A love-affair with life instead of experiencing life as boring and mainly a chronic struggle and trial.

Prevention by Nurturing Healthy Spirituality

489. If one's spiritual life is empty, lifeless, or negative, they may gravitate to alcohol and drugs, or overuse activities, such as sex, gambling, or work, seeking satisfaction of these spiritual longings.

490. If individuals are already vulnerable to addiction, their development of addictions can be facilitated by their increasing attempts to satisfy spiritual hungers by the use of chemical or behavioral comforters.

491. As the addictive process deepens, their chemicals or behaviors become increasingly the center of their lives and devotion.

492. Congregations can contribute to prevention of addictions by nurturing nonchemical, health-giving spirituality and constructive values.

LESSONS FIFTEEN AND SIXTEEN

Understanding Ethical Issues in Addiction and Recovery

Some Ethical Questions

493. What should society do to prevent or reduce tragedies resulting from addictions?
494. What are the ethical and responsibility issues involved?
495. What are appropriate ways to handle these issues in preventive education, treatment programs, and public policy decisions?

Sin, Sickness, Alcoholism, and Drug Addictions

496. In the last few decades, the social context of prevailing attitudes toward social drinking, drunkenness, and alcoholism seem to have changed significantly, making it somewhat easier to avoid judgmental attitudes toward addicted people.
    1. Drinking in controlled moderation seems to be more widely regarded as appropriate.
    2. More religious people accept the fact that full-blown chemical addictions are genuine sicknesses in which treatment, not punishment, is the appropriate response.
    3. More realization that every personal and social problem is also an ethical problem calling for a constructive response.
497. Do addictions involve sin and, if so, sin in what sense?
498. Varying viewpoints:
    1. Addictions are the result of personal sin. At no point are they sicknesses.
        1. Substance addictions begin as the sin of drinking or using drugs, progresses to the greater sin of excessive use (abuse), and ends as a sinful habit.
        2. At all stages, addictions result from immoral behavior based on misuse of free will.
        3. At no point can be called a sickness.
        4. This point of view ignores well-established facts about human compulsions and the multiple causes of addictions.
        5. Ignore the fact that excessive drinking and drug use very often are symptoms of factors such as childhood emotional crippling, social programming, social and peer pressures, unconscious conflicts, physiological addiction, and genetic vulnerability.
        6. Focusing on symptoms while ignoring underlying causes is an approach that guarantees failure to be helpful.

7. Most addicts were compulsive persons, to some degree, even before they became compulsive drinkers and users.

2. Addictions begin as personal sin that results in an obsessive-compulsive disease process called addiction.
    1. Initially, any alcohol or drug use is seen as sinful.
        (1) drinking and using drugs excessively is much more sinful.
        (2) once drinking and drug use have passed a certain point and voluntary control is significantly diminished or lost, it becomes an addictive illness.
    2. This view is likely to be the result in effective education, therapy, and public policy, because it recognizes at least in advanced stages, that addiction is a disease.
3. Addictions are sicknesses that are caused by the sin of voluntary excessive drinking or drug use.
    1. Holds that drunkenness, the abuse not the mere use of substances, that constitutes personal sin.
    2. The sin is the sin of excess involved in becoming addicted.
4. Alcoholism and other substance addictions are sicknesses caused by the convergence of a variety of factors involving both sin and sickness, responsibility and compulsivity.
    1. Recognizes that drinking and using as wrong, but who also recognize the sickness caused by various factors that are beyond the control of persons caught in the addictive process.
    2. Does not regard drinking per se as morally wrong; emphasizes that alcoholics have a psychological compulsion joined with a physical addiction to alcohol.
5. Alcoholism and drug dependence involve sin in the sense that they have destructive consequences. These include preventing people from developing their God-given capacities for living fully and productively.
    1. The sin of Amissing the mark.@
    2. Alcoholism is a sin in that it hinders the person from abundant living and true happiness.
    3. Not a sin as far as morals are concerned.
    4. A sin in the sense that it detracts from the alcoholic's relationship with God, his family, and his community.
    5. Descriptions of the consequences of alcoholism rather than judgments about the responsibility involved.
    6. If sin is defined as anything that harms persons, whatever the cause, then addiction most certainly involves sin.
6. Addictions are illnesses resulting from social sins.
    1. As on put it, AIt may be a sin, but it is more a symptom or an

evidence of a sinful condition in some parts of our society.

2. It is more sinful for Christian and civilized people to not only allow but promote the conditions that cause it.

The Problem of Responsibility in Addictions

499. Depth psychology holds that behavior which had formerly been attributed to free will, is actually caused by unconscious forces over which one has no control as long as they remain out of conscious awareness.

500. The goal of counseling for spiritual or psychological health is the enhancement of self-directedness, meaning growth in the capacity of a self to be responsible for its own behavior.

501. Addicted people tend to be prisoners of their past and victims of their givens.

1. Heredity, environment, historical circumstances, childhood conditioning, repressed conflicts, and psychological words which impinge on people's lives as they make significant decisions.
2. There is some degree of self-determination in anyone who is not completely detached from reality, but in many people it is greatly limited.
3. All this points to the appropriateness of nonjudgmental attitudes toward those who drink and use drugs in addictive ways.
4. To reach this point in feelings toward the addicted often involves considerable self-understanding of one's own addictions that may be more polite or easily hidden.

Objections to the Disease Concept of Addictions

It provides excuses for addicted people to avoid feeling responsible for their sorry condition.

502. Psychotherapy has shown that one does not cure irresponsibility or egocentricity by a direct attack upon them, nor does one produce real self-determination by increasing people's guilt and shame load.

503. The assumption of traditional moralism is that by emphasizing people's personal culpability one would make them more responsible and less immoral.

504. By increasing their guilt and shame load people tend to become more self-hating, driven by compulsion, less self-determining, and therefore less capable of being responsible.

505. Direct attacks on irresponsibility and egocentricity usually increase defensiveness and inaccessibility to help.

506. The moralistic approach may cause people to change surface behavior through

psychological pressures, but this makes it seem to some that they are behaving more morally because they are more compliant to the ethical code of a particular in-group, church, or culture.

507. Their concern will tend to be compliance with an external code and not to internal affirmation of basic human values such as live, caring, fairness, justice, and grace-ful forgiveness of themselves and others.

508. Growth in the capacity for self-determination comes as persons feel less guilty and shameful and more able to accept themselves.

509. Acceptance-healing process can happen in counseling because people feel unearned, grace-full acceptance by the therapist and can therefore lower their defenses and face both the negative and positive truth about themselves.

1. Can be done only to the degree the therapists has resolved his own punitive self-blame and has become able to accept themselves as imperfect, growing human beings.
2. The unearned acceptance in a healthy family, friendship, or in a healing relationship provides a channel through which people can experience the healing grace of God's acceptance.

510. Moralistic counselors overlook the load placed upon addicts through guilt and shame.

1. They think guilt and shame are means of producing ethically responsible behavior.
2. They also overlook the fact that addicts usually hide their real feelings behind a defensive wall of denial a direct attack on this defense only increases their need to defend themselves.

511. Twelve Step approaches quickly reduce the addicts' guilt-shame load by providing them with two liberating experiences.

1. Group acceptance with almost no conditions except admitting that one is an alcoholic who wants help.
2. The sickness concept of addictions.
    1. You are not to fault that you have an allergy to alcohol.
    2. But you do have a responsibility to face your loss of control over alcohol and to use the program to re-educate your attitudes toward alcohol so that you won't be driven to take the first drink.

512. A.A.'s approach takes two important things into account.

1. In our culture, it is difficult for people to accept the idea that individuals are not personally responsible for having an addiction.; yet they are responsible to themselves and to others for getting help that will enable them to become responsible and choiceful by not drinking or using.
2. In our cultural setting, A.A.'s emphasis on the physical component in addictions is more effective in reducing the guilt-shame load and facilitating therapeutic change than emphasizing psychological components.

513. A.A. has demonstrated the importance of waiting until people are sober, clean, and able to accept at least minimal responsibility for themselves before introducing means of self-change.

1. It insists that people must have some openness to being helped before A.A. can help; usually they hit at least a minor Abottom.@
2. Until then they are incapable of accepting even the responsibility for accepting help.
3. Don't have to helplessly sit and wait for one to Acrash.@ There are ways discussed later to Aelevate the bottom@ by carefully planned interventions.

514. As long as addicts think of their substance abuse primarily as a lack of willpower and ethical strength, they will tend to go on struggling to reform themselves.

515. If on the other hand, they begin to understand their trouble as primarily a sickness over which they have diminishing control, they will be more likely to seek the help they must have if they are to recover.

Another reason why it is difficult for some religiously oriented people to accept the sickness concept of addictions is because, to them, alcoholism involves the search for pleasure.

516. Can't accept the sickness concept only if convinced that the alcoholics, being sick people, experience unmixed suffering.

517. Pleasure-anxiety in many troubled religious people burdens them with heavy guilt and shame when they begin to experience pleasure, especially physically sensual and sexual pleasures.

1. Lack of acceptance of this pleasurable connotation often leads the therapist to rejection of the alcoholic.
2. After relapse, may feel addict is Ahopeless.@ This rejection reactivates the alcoholic's hostilities and hopelessness, thus contributing to the continuation of drinking.

518. Freud observed that avoiding pain and seeking pleasure is involved in motivating all human behavior.

1. In some addictions, the pleasure principle seems more obvious.
2. If the presence of self-gratification prevents problems from being considered true sicknesses, then all neuroses must be eliminated from the category of sickness.

519. One farmer stated: AI cannot believe the disease theory of drunkenness. My Bible teaches that the drunkard is a criminal in the sight of God, and he is forever debarred from heaven.@

520. One professor stated: AThe enterprise of building asylums for the drunkard would encourage drinking. The moderate drinker would imagine that if he became a drunkard he would go to an asylum and be cured, and hence the fear of becoming such would be entirely removed.@

An Argument for Addiction as a Sickness

521. All of us humans are sinners int he sense of misusing our freedom in many ways and on may occasions, in ways that have destructive consequences.

522. Full-blown addictions result from a genuine sickness because victims have lost whatever freedom they had to use the alcohol or drugs in a controlled fashion.

1. Have lost much of their response-ability--the ability to make choices and therefore be responsible in this dimension of their lives.
2. They retain the potential freedom to recognize their loss of freedom and control in this area and to choose to get whatever help is required to learn how to not use the addictive substances.

523. Freedom to make responsible choices about one's use of mood-changing chemicals is a matter of degree.

1. Limited by the various factors that make some people more vulnerable to addictions.
2. Exercising the ability to stop drinking and using drugs in the early phases of addictions is made more difficult by two things.
    1. The ingenious ways in which the ego's defenses of rationalization and denial interfere with self-awareness of changes in one's drinking and drug use behavior.
    2. The gradual, often imperceptible process by which addictions usually develop as control slowly diminishes. Addictions literally sneak up on people.
3. Unless a dual diagnoses, in which mental illness preceded the addictions, those who eventually become addicted had some degree of freedom that was abused by them in the pre-addiction phase.

524. The fact that alcoholism and drug dependence involve sin in the sense of having many destructive consequences is obvious.

Changes Coming?

525. There is a new view of alcoholism, not as a disease but as a Acentral activity in heavy drinkers' way of life.@

526. This new way of conceptualizing the problem make personal responsibility for changing and taking action central.