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Addiction

Introduction

I chose the topic of addiction for this essay because my pastoral ministry is with women in the criminal justice system. Most women I minister to struggle with severe drug or alcohol addictions. In 2014 the NSW Government stated that 77% of women "enter custody with an existing drug or alcohol addiction."[1] I have needed to develop specialist knowledge and skills in this area to be more effective in my ministry.

After defining addiction, describing how addictions form and exploring interrelated risk factors, I consider issues relating to the dynamics of pastoral interactions with women struggling with addictions, and then present a spiritual and theological understanding of addiction. I do not consider current addiction treatment approaches and their efficacy.

A number of sources have informed the preparation of this essay. A primary one has been the work of Gerald May, a psychiatrist and spiritual counsellor. His book, *Addiction and Grace,*[2] examines the processes of attachment that lead to addiction. He describes the qualities of addiction, the interrelationship between psychology and the physiology of the brain, and, finally, explores a spiritual and theological understanding of addiction.

What is Addiction?

The Diagnostic and Statistical Manual of Mental Health Disorders, used by clinicians to identify and diagnose mental health disorders, describes a substance use disorder as "a

[1] Brad Hazzard, MP, NSW Attorney General, Minister for Justice, "Women Offenders Give Addiction the Boot," *Media Release,* August 29, 2014, accessed July 20, 2017, http://www.justice.nsw.gov.au/Documents/Media%20Releases/MR_14_Women_offenders_give_addiction_the_boot.pdf

[2] Gerard G. May, *Addiction & Grace – Love and Spirituality in the Healing of Addictions*. (New York: HarperCollins Publications, 1991)

problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress." (DSM-5, 2013)[3] The DSM-5 describes 11 symptoms for diagnosing alcohol use disorder, with the total number of symptoms experienced determining the degree of severity (mild, moderate or severe). *See Attachment 1.*

The following definition clearly captures both the stages of development and the impacts of addiction: "…obsessive thinking and compulsive need for drugs, alcohol, food, sex or anything despite the resulting negative consequences. Addiction includes the development of tolerance combined with withdrawal symptoms. In addition to tolerance, an addict or alcoholic will experience intense physical cravings for the drug and an emotional obsession to take alcohol or drugs regardless of the consequences. Addiction develops over time and usually begins with misuse, moving toward abuse and resulting in addiction."[4]

How do addictions form?

Scientific developments in understanding the impact of drug or alcohol use on the chemistry and neurology of the brain, and insights from behavioural psychology around habit formation, explain the mechanics of the development of an addiction.

Changes in brain chemistry create addiction, tolerance and withdrawal symptoms which all lead to cravings. Addiction alters the brain chemistry affecting thought processes and decision-making. These changes to thinking lead to denying, minimizing and justifying the addiction. Once an addiction is acknowledged, breaking the behavioural cycle of using is extremely difficult because the abnormal, addicted brain cannot tolerate the change. [5]

[3] Johnna Medina, "Symptoms of Substance Use Disorders," accessed a August 2017, https://psychcentral.com/disorders/revised-alcoholsubstance-use-disorder/
[4] "Cycle of Addiction," Recovery Connection, accessed July 31, 2017, https://www.recoveryconnection.com/cycle-addiction/
[5] "Cycle of Addiction."

Concepts from behavioural psychology, including the law of effect and positive reinforcement, clarify the process of habit formation that occurs as addictions develop. Simply explained, "...if I do something that feels good, I am likely to do it again. If I keep doing it, and if it keeps making me feel good, I will probably make a habit of it. Once I have made a habit of it, it becomes important to me and I will miss it if it is taken away. In other words I have become attached to it."[6]

Who is most at risk of developing a severe addiction?

Popular opinion often portrays addictions as resulting from a personal weakness or defect, a moral failing which is characterised by poor self control. This view can encourage a punitive and judgemental response to people with addictions. Reforms proposed in the 2017 federal budget to randomly drug test people applying for welfare payments, and quarantine payment of those who fail the tests, reflect this view. [7]

Some experts in the field of addiction view it primarily as a serious and chronic disease.[8] When viewed as a serious health problem, opportunities for treatment become available and individuals may not be so harshly judged and blamed. However, there is also a danger that an individual will hand over too much responsibility for their recovery to health care professionals.

Both of these views have limitations because they fail to acknowledge the impact of genetics and environmental factors. These factors contribute significantly to the level of risk that an individual will develop an addiction. It has been long known that children of addicts are eight

[6] Gerard G. May, *Addiction & Grace,* 56.

[7] Staff Reporters, "Federal Budget 2017: Government to drug-test new recipients of Newstart, Youth Allowance," Sydney Morning Herald, May 9, 2017, accessed August 1, 2017, http://www.smh.com.au/business/federal-budget/federal-budget-2017-government-to-drugtest-new-recipients-of-newstart-youth-allowance-20170509-1nxwta.html

[8] "Ten Industry Experts Discuss Alcoholism & Addiction Treatment," Quit Alcohol, accessed August 2, 2017, http://www.quitalcohol.com/addiction-treatment-survey-2014.html

times more likely to develop an addiction. It has also been established through studies that 50 to 60% of the risk of becoming alcoholic is due to genetic factors.[9]

Research has also shown ways in which genetic and environmental factors interact to increase the risk of developing an addiction. An individual with a high genetic risk for addiction may also be exposed to specific environmental risks. For example, children of parents who are addicted to alcohol may be genetically at risk, and also be exposed to parental modelling and access to alcohol.[10]

Family environments where alcohol or other drugs are abused may also be environments where neglect and/or abuse of children and family violence are evident. Where family members do not have supportive individuals and social networks available, alcohol and drug use may begin as a way of managing the emotional pain associated with these experiences.

Over the past nine years, I have been privileged to hear the stories of many women in custody, through one to one pastoral visits and through facilitating a grief and loss program. Most women have had severe drug or alcohol addictions. These addictions have taken root through their use of substances as a mechanism to cope with a range of traumatic experiences that have blighted their lives since childhood.

My anecdotal experience is supported by research. One report, *Women as Offenders, Women as Victims,*[11] states that "a history of sexual victimisation appears to be a common element in women offenders' profiles," and that this victimisation "results in complex mental health symptoms that profoundly affect an individual's capacity for self-regulation, healthy

[9] Gursharan Kalsi. "Genetic Basis of Addiction." Understanding Drugs and Addiction. (London: King's College, 9 March 2015 to 19 April 2015). FutureLearn Online Course, https//www.futurelearn.com/

[10] Michael Lynskey. "Genes by environment interaction." Understanding Drugs and Addiction. (London: King's College, 9 March 2015 to 19 April 2015). FutureLearn Online Course, https//www.futurelearn.com/

[11] Mary Stathopoulos & Antonia Quadara, *Women as Offenders, Women as Victims,* (Sydney: Corrective Services NSW, 2014).

attachments, and cognitive and neurological development."[12] It further states that "there is a significant evidence base describing the long-term impacts of child sexual abuse on women, namely: poor mental health; substance abuse; subsequent experiences of violence; homelessness; and sexual exploitation."[13]

Pastoral Dynamics

Over the first half of our CPE program at John Hunter Hospital I have presented five verbatims describing pastoral interactions with women who struggle with addictions. Three of these verbatims record interactions with "Helen".

Helen's life experiences illustrate the pathway to crime described above. They also resonate with the genetic and environmental risk factors for addiction identified.

Helen experienced sexual abuse and bullying as a child and her father struggled with alcoholism. Helen began drinking alcohol as a teenager but did not become dependent on alcohol until her early thirties, when she entered into a relationship with an alcoholic. Her partner subsequently went to gaol and Helen then lived with his parents, both of whom were alcoholics.

From that time, Helen gradually lost her capacity to function in the community. She can no longer hold down a job and she enters into relationships where her drinking escalates, arguments ensue and violence often results. She is constantly struggling to find and keep a roof over her head. She has experienced sexual and physical abuse while drinking heavily. She also commits crimes such as shoplifting, larceny and assault while drinking heavily and, as a result, has served many prison sentences.

[12] Stathopoulos & Quadara, *Women as Offenders, Women as Victims,* 8.
[13] Ibid., 25.

Understanding and responding more effectively to the complex pastoral dynamics of relating to Helen, and other women with addictions, has been a key area of learning for me.

I described Helen's style of relating in one verbatim. I wrote: "Helen is used to trying to have her material and emotional needs met indirectly. She is also used to keeping her drinking a secret. Her capacity to think clearly about her situation is distorted. She is trapped in patterns of responding that feed her addiction " [14] and "Helen feels lost, confused, hopeless, judged, worthless in the eyes of others (a despised alcoholic, 'just a thing'), helpless, alone, afraid, trapped and stuck." [15] Helen's patterns of relating are common to others struggling with addictions.

May explains the changes in personality that result from addiction as symptoms of the addiction, countering a commonly held view that people have particular personality characteristics which make them vulnerable to developing an addiction. He writes that, after taking detailed histories of his patients, he found that most individuals "had been capable of authentic respect for themselves, and in their dealings with others they had demonstrated compassion, honesty, and straightforwardness"[16] before their addictions developed. He concludes that "the symptoms of addictive personality were caused *by* the addiction, not the cause *of* it. "[17]

He poignantly explains: "Suffering the extreme devastation of will and self-control that addiction brings, people necessarily become self-centred. The humiliation, shame, and guilt that erode self-esteem also breed deviousness and manipulation. Severely addicted people feel

[14] Karen Banfield, "Verbatim 2", (Verbatim presented at Clinical Pastoral Education session, John Hunter Hospital, March 31, 2017).
[15] Ibid.
[16] Gerard G. May, *Addiction & Grace,* 55
[17] Ibid.

unworthy and incapable of getting what they need in straightforward ways, no matter what masks of competence or grandiosity they may wear."[18]

I have found May's insights particularly illuminating and helpful in reflecting on my responses to Helen and others. My awareness of the depth and source of feelings of humiliation, shame, guilt and worthlessness has increased. I am now better able to step back and detach from a myopic focus on the nexus between Helen and her addiction to experiencing Helen as a whole person with a plethora of other life experiences and qualities, which can be separated from the corrosive impacts of her addiction. These life experiences and qualities provide a resource and source of hope for Helen in her recovery journey.

While May's analysis resonates with my understanding of the source of these patterns of relating, my anecdotal experience and reading and also lead me to believe that some people are, perhaps, more at risk of developing addictions because of particular pre-existing personality characteristics. For example, Helen has used words such as "being too sensitive to the feelings of others" and "having too big a heart" to articulate her vulnerability to addictive behaviour, and Australian writer Fiona Wright states "...these diseases affect people, men and women both, who think too much and feel too keenly, who give too much of themselves to other people".[19]

My engagement with complex pastoral dynamics has included needing to respond to ethical issues that have arisen. One example relates to an application for public housing. A case worker could not easily communicate with Helen and asked me to assist her in completing the application. A question on the form asked if Helen had ever been evicted from rental housing. I was aware that Helen had been evicted, and also aware that a 'yes' response could impact negatively on the outcome of the application. We discussed the dilemma and decided that the

[18] Gerard G. May, *Addiction & Grace,* 55.
[19] Fiona Wright, *Small Acts of Disappearance* (Artarmon NSW: Giramondo Publishing Company, 2015), 73

case worker would create an opportunity to speak with Helen directly and use Helen's response to complete the question.

Spiritual and theological understanding

My understanding of addiction from a spiritual and theological dimension has been enhanced by May's work, which resonates strongly with, and enriches, my own understanding.

May's spiritual and theological understanding of addiction is rooted in the practices and beliefs of the early Christian monastic tradition of the Desert Fathers and Mothers. They believed they were called to live out their lives as followers of Christ. Philosophical or theoretical doctrines were of secondary importance.

One such Desert Father was John Cassian (c. 360 – 435 AD) who is well known for his role in bringing Christian monasticism to the early medieval West. He believed that, created in God's image, "God's creation, including humanity, is essentially good... and ... have a free choice to decide to lead a life of practice, purification and prayer resulting in acquiring, with the help of grace, ... a 'likeness' to God."[20] So, human beings can choose with their free will to live out the teachings of Christ but are, at the same time, dependent on grace to become more and more like Christ.

May, too, believes in the essential goodness of human beings. He writes: "...I am convinced that all human beings have an inborn desire for God… this desire is our deepest longing… it is a longing for love. It is a hunger to love, be loved, and to move closer to the Source of love..."[21] We are free, however, not to choose to move "closer to the Source of love". In fact,

[20] Kim Nataraja, "Weekly Teachings for Group Formation". (London: The World Community for Christin Meditation, 23 July 2017). http://us4.campaign-archive2.com/?u=c3f683a744ee71a2a6032f4bc&id=81636ea7a1

[21] Gerard G. May, *Addiction & Grace,* 1.

we are tempted and form attachments, and so are "not free enough to follow God's call with our own power. We must struggle and we stand in need of grace."[22]

May understands that addictions come into being when we attach our 'inborn desire for God' to specific objects which then become our idols. Addictions form a continuum that encompasses an infinite number of attachments. These attachments serve to establish "our physical and relational security in the world"[23]. He states: "…the three gods we do trust for security are possessions, power and human relationships."[24]

He understands substance abuse disorders as being spiritually and theologically indistinguishable from any other kind of attachment, stating: "Addiction to power, money, or relationships can drive people to distort reality just as much as addiction to alcohol or narcotics."[25]

May draws on many scriptural texts from both the Hebrew Bible and the New Testament to support his understandings. A key text he comes back to again and again is the story of Adam and Eve in the Garden of Eden from Genesis (Gen 2-3). He states that this story distills the basic elements of addiction and grace, that is, "freedom, willfulness, desire, temptation, attachment and, of course, the fall. It seems to me that each of our addictions reenacts Eve and Adam's story" [26]

Conclusion

In this essay I have defined, and briefly described, the nature of addiction. I have explored experiences from my pastoral ministry and critically engaged with specific readings to explore issues, including ethical dilemmas, relating to the dynamics of pastoral interactions with women struggling with addictions. Finally, I have drawn primarily on the work of Gerald May to present a spiritual and theological understanding of addiction.

[22] Ibid., 91.
[23] Ibid., 32.
[24] Ibid.
[25] Ibid., 50.
[26] Ibid., 12.

Attachment 1

	DSM–5 In the past year, have you:	
1	Had times when you ended up drinking more, or longer, than you intended?	The presence of at least 2 of these symptoms indicates an **Alcohol Use Disorder (AUD).** The severity of the AUD is defined as: **Mild:** The presence of 2 to 3 symptoms **Moderate:** The presence of 4 to 5 symptoms **Severe:** The presence of 6 or more symptoms
2	More than once wanted to cut down or stop drinking, or tried to, but couldn't?	
3	Spent a lot of time drinking? Or being sick or getting over other aftereffects?	
4	Wanted a drink so badly you couldn't think of anything else? ****This is new to DSM–5****	
5	Found that drinking—or being sick from drinking—often interfered with taking care of your home or family? Or caused job troubles? Or school problems?	
6	Continued to drink even though it was causing trouble with your family or friends?	
7	Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?	
8	More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?	
9	Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?	
10	Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?	
11	Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?	

[27]

[27] National Institute on Alcohol Abuse and Alcoholism, "Alcohol Use Disorder: A Comparison between DSM– IV and DSM–5". NIH Publication No. 13–7999, July 2016. https://pubs.niaaa.nih.gov/publications/dsmfactsheet/dsmfact.htm

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