

DISPELLING MYTHS IN COUNSELLING THE ADDICT

It would be an unusual day if someone didn't come to us for help with a problem. The problem could range from how to cope with the death of a loved one to how one can relate better with his boss. No matter what the issue, one fact remains constant, any solution we consider must be based on truth. It does a person no good to make a change in his life based on an idea or suggestion that is a myth. In fact, more harm than good is done in a situation like that.

This concept is very important when it comes to dealing with a person who is addicted to alcohol or some other drug. No help can be offered to such a person if the basis for such help is mere opinion, unfounded beliefs or expression of frustration. In offering that sort of help, we will usually find the problem to worsen. And usually as the addict goes, so goes the family.

There are many misconceptions and myths about addiction. The three I have chosen are ones I not only heard from well-intentioned pastors during my active alcoholism, but were also expressed to other addicted people with whom I have come in contact. *What we all experienced was that these myths hindered our recovery, and in many cases, actually gave us another reason to continue our lives of addiction.

MYTH #1 - IF ONLY HE WOULD STOP DRINKING/USING, HIS LIFE WOULD BE FINE.

This statement is true when we deal with a disease like measles. As long as the symptoms of measles are present, lives can be upset and everyday concerns in a person's life may seem to be a burden. Once the symptoms pass, lives usually return to normal and things do get better.

When dealing with addiction the situation is different. If we say that everything is just fine because no drug is being used anymore, we are ignoring a lot of other factors. I would compare it to painting a house without scraping the peeling paint first; it looks good on the outside but underneath nothing has changed. The solution is very short-lived and will turn out to be a waste of time.

It is the same with a drug addicted person. The use of a drug (alcohol or another) is merely the visible symptom of the inward addiction. The person is also in need of emotional, psychological and spiritual help. There are many things going on in that person's life which he uses as reasons to continue with his addiction. There could be many factors, but low self-esteem and marital, economic and employment problems are the most common.

The family surrounding the addicted person is deeply affected. Family structure is usually twisted if not completely torn apart. The roles in the family are switched in that responsibilities usually taken by one of the parents are forced upon another member of the family. Children take upon themselves roles to cope with the atmosphere in the home. While many children go through roles like "scapegoat", "here" or

"lost child", in an addicted home situation, they actually get "stuck" in one of the roles. The abuse of the drug isn't the only problem, just the most visible.

**MYTH #2 - IF ONLY HE WOULD REALIZE WHAT HE'S DOING TO HIS FAMILY,
AND THEN PRAY AND TRY HARDER, HE WOULD CHANGE.**

This statement brings us to the very heart of any drug addiction. The addicted person is usually very aware of what he is doing to his family. He has also tried many ways to control this "weakness" he finds in himself. These efforts have always met with failure. Any attempts at prayer could be classified as a rescue prayer. A typical example would be "Please God, get me out of this mess and I promise I'll never drink/use again!"

What makes this advice so ineffective? The fact that the person has a disease ... the disease of addiction which needs outside intervention to begin a change in that person's life. Whether to alcohol or another drug, it's just as serious and seemingly endless. He has abused the drug to such an extent that he can be either psychologically or physically addicted, and in some cases both. In order to carry on every day functions, the person feels he must use a drug. To face up to any guilt he feels towards his family, he needs his drug. In order to be able to try to change anything in his life, he must have a drink, a pill or an injection of something. And in doing so, his disease grows.

MYTH #3 - HE IS A PERSON OF LOW MORAL CHARACTER AND HE IS GOING TO HELL

It is understandable that this judgment has been passed on many people who are addicted to drugs. Many behaviors which are found in their lives could be interpreted as being founded in low morals and indeed this is the picture of a person who seems destined to end up in hell. My purpose here is not to argue theology or to pass judgment on damnable sins. I am more concerned in how an alcohol or drug addict interprets this message:

As a person recovering from alcoholism, I've learned not to say, "I'd never do that!" Alcohol and drugs have a way of loosening your inhibitions and affecting your good judgment. Acts which you usually consider unacceptable or sinful don't seem so bad when you are under the influence. The responsibility for committing the sin is still with the addicted person. But it really had nothing to do with having low moral character. It has to do with the influence the drug has on the person. Now, multiply a person who gets drunk once and does something he normally wouldn't do by 365 times. A person who is addicted does do things that are morally wrong, but it very probably has little to do with his character.

So when we take a person who has trouble making moral judgments because of the disease he has, and then add on the threat of hell, why should the person quit his use of drugs? A judgment has been made by a person in a position that commands authority, a pastor. The person

doesn't make rational decisions while he is using. Why should the scare tactic of this statement have any useful effect in the person's life?

IMPACT ON COUNSELING

Just what effects do the use of these statements have on counseling? Through my own experience I found that each of these statements actually made matters worse. I was able to use all of these as a way to strengthen my addiction.

The first myth about simply stopping my use of alcohol came earliest in my experience. I did stop drinking for a while, and tried to deal with my life. Unfortunately, I didn't work on anything else. I found my family was a mess, but rather than seek help for them I simply decided to try and handle problems as they came up. I couldn't talk to my wife so I always agreed with whatever she said, no matter how I felt. I paid only the bills I could with no plan on how to pay the rest.

When I stopped drinking for awhile, I found out that things weren't "fine" as I had been told they would be. So I went back to the bottle where I felt secure. That was my friend, my coping mechanism.

Then came myth #2 about my family, praying, and trying harder. This one didn't last too long. The guilt I felt made me drink more. Whenever I wanted to start on some big change in myself, I would first have one more drink. My mind was telling me I was incapable of doing anything without a drink.

I tried harder and prayed too, at least on the outside. By then I was playing a game, the game that every addict will pay because he is mentally sick. It included putting on an honest looking effort on the outside to pray and try harder. Then, when I failed, I could always come back and say, "I'm sorry. I guess I didn't pray hard enough." That dishonesty is part of the disease, a very self-protecting disease.

By now it was time for the third "myth", that of going to hell as a result of my low moral character. This seemed to be what I was waiting for. Now I might as well drink and continue on my way to wherever, I was going to hell anyway. I could very easily use the frustration this pastor was feeling, as expressed in his words, to drink more.

Why didn't these usually well-meaning statements from pastors have a positive effect in my life? It wasn't that my particular case was different from anyone else's. The statements were just ineffective when used in counseling then. The problem is they address only symptoms. A compassionate understanding of the whole process of addiction was lacking. Counseling cannot be effective unless it is aimed at the source of the problem

WHAT CAN BE DONE?

There is no one, best way to approach counseling with an addicted person. Every person you deal with is different and no two will be at the same stage in their addiction. However, there are basic areas in which we, as helping people, can do some work. In this way we can be of more help to the addicted person when he seeks assistance.

1. Be open to the fact that addiction can and probably does exist in your own congregation. It is not any fault within the church or pastor. The disease of addiction is another result of our sinful world.
2. Become as familiar as you can with alcoholism and other drug abuse. There are many books available on the subject of addiction. "I'll Quit Tomorrow" by Vernon E. Johnson and Ministering to Alcoholics by John E. Keller, both available at Northwestern Publishing House, are very informative and useable sources in this area.
3. Help the person to realize that he does have a disease. Unless the person recognizes this fact recovery has a very slim chance. Present the symptoms of addiction to him followed by the facts concerning his own life. Give him the chance to see that his life truly has symptoms of addiction for it's only that person who can say, "I am addicted."
4. Help the addict see his need for God. He needs to realize his failures in being able to control his alcohol or drug use by himself. Then by pointing him to God, who has protected him through his previous time in life, he can seek the strength he needs.
5. Help the addict to see his need for support. The most common and beneficial are the 12 step programs such as our Alcoholism Awareness program. Where not available, or more meetings are needed, Alcoholics Anonymous and Ala-non are also places where the needed support may be found. In situations like this, it would be best for the pastor to keep in close contact with the recovering person. The view that Alcoholics Anonymous has about a higher power not always being God may cause some problems for the person's faith life.
6. Help whomever comes to you. If a family member comes, realize that they too need help to make their own lives better. By using ideas found in a book like Getting Them Sober (Toby Rice Drews) the family members can learn to straighten out their own lives while avoiding enabling the addict. This will then put the responsibility for ;the addict's actions on himself.

Dealing with addiction can be very frustrating because we face sin and disease at the same time. To truly help means an understanding of

both of these, not only for the addicted person but also for the person doing the counseling. Understanding the total picture of addiction doesn't lessen the place of God in our counseling. It helps us to be more effective in our efforts. God has put us in a position to help people with the problem of addiction. Our addicted families need you, their pastors, to help them through their addiction. May we use His strength to deal with the problem truthfully.

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