

THE CLERGY'S ROLE IN ALCOHOL PROBLEMS

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Father Kennedy was at the time of this talk chairman of the National Clergy Council on Alcoholism.

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Your Excellency, Bishop Maguire, Bishop Pursley, Mrs. Mann, Father Lawrence, and Reverend Fathers: I had the great pleasure last evening of attending a performance of Rogers and Hammerstein's "Sound of Music." As we sat, expectantly awaiting the opening peal of the Abbey bells, I wondered if the manager might step out and inform us, to our great dismay, that Miss Mary Martin would not be able to play the part of the Baroness.

As you know, such very disappointing announcements do occur on Broadway occasionally, and when they do, no matter how superb the performance of the understudy, the audience always feels cheated that the star did not appear.

Certainly there is deep disappointment that this paper could not have been prepared and delivered by Father John Ford.

As Chairman of the National Clergy Conference on Alcoholism, I want to take this opportunity to express the deep appreciation which the Board of Directors feels, that we have been so fortunate, from the very early years of our Conference, to have had the encouraging and inspiring participation of one of America's most distinguished moralists, not merely as a board member, but as a participant in so many of our sessions.

This year, for the first time, Father Ford unfortunately cannot be present. But unlike the understudy in a Broadway production, your substitute this morning regrets this just as much as the audience. It is my sincere hope that the confidence which he placed in me, when he asked me to prepare and deliver this paper in his stead, will not have been in vain.

A subtitle of my paper might well be, "A Discussion of Attitudes and Techniques," for, as will appear as I go on, the clergy's role with these problems will depend very largely on the attitude of the individual priest toward them, and on his techniques in handling them.

Perhaps when I am done, you may remark that another subtitle might well have been, "A Commentary on Articles on the Literature Table," for, among the things available for you, there are some to which I will make reference rather frequently.

Before discussing the clergy's role in alcohol problems then, we should try to understand quite clearly just what those problems are. For certainly, the problem of alcoholism, and of assisting the alcoholic, is only one of many problems. There is, for instance, the problem of drinking or not drinking at all. That is the problem of the conscientious teenagers in our high schools today.

To Drink or Not To Drink

From all sides pressures are brought to bear on the girls as well as on the boys from the very frequent beer commercials on television to the constant ads for whiskey and other liquors which greet them in every bus and subway car, in every magazine and newspaper, not to mention the very strong social pressures of their peers.

Before the priest considers his role in that problem, he must, of course, assess his own attitude toward it. All of us, particularly the younger priests present, have continuous contact with teenagers. Many of them come to us

for guidance toward a decision in this problem. Now what is our personal attitude? Have we any techniques for presenting to them the principles of Christian teaching on this truly urgent question?

It is not without a sense of local pride and diocesan loyalty that I call to your attention the first item on our literature table. It is entitled, "Alcohol Education in our Catholic High Schools." With the approval of our Most Reverend Bishop, Walter A. Foery, Father Robert Lavin of the Diocese of Syracuse was sent to the Yale Center of Alcohol Studies last summer, with the assignment to prepare a program of alcohol instruction for the Catholic High Schools of our Diocese.

This he did in the outlines: "Four Units of Instruction," which he has made available to us. Father Lavin is here with us this morning and he will be very happy to discuss his noble experiment with any priests who might be interested.

His is a truly pioneering work, for ours is the first diocese in the country to enter into this increasingly important field. You will find his "Units of Instruction" on the literature table.

Also involved in the problem of drinking or not drinking is our attitude toward total abstinence. Our prime work is to bring people closer to God. One of the great means of doing this is preaching and teaching the virtues. Now one of the parts of the cardinal virtue of temperance, according to the Angelic Doctor, is the virtue of sobriety. This virtue can be practiced in two ways, by total abstinence or by true moderation, although there are some for whom the practice of total abstinence, objectively at least, is required. Alcoholics cannot learn to drink moderately. Of them I will speak later.

Total Abstinence

But what is our attitude toward total abstinence when it is not required of the individual, but is done freely, whether as an act of reparation or simply as a sacrificial act to manifest greater love of God? Do we teach and preach that also? Or, frankly and bluntly, are we afraid to do so?

It has been said more than once, that if one remains always a moderate drinker, he will never become an alcoholic. But it is likewise true if he always remains a total abstainer. One cannot but feel that there are many among us who look upon total abstinence as something Jansenistic or Protestant. Yet we all know, or at least we should, that it has received the highest approval of the Church.

Leo XIII, for instance, praised it as especially worthwhile for us Americans in these rather well known words:

"We esteem worthy of all commendation the noble resolve of your pious association by which they pledge themselves to abstain totally from every kind of intoxicating drink, nor can it be at all doubted that this determination is the proper and truly efficacious remedy for this very great evil."

Can we doubt that Leo had us priests in mind when he then added these words:

"So much more strongly will all be induced to put this bridle upon appetite, the greater is the dignity and the influence of those who give the example."

Also our late lamented Father, Pius XII, said,

"Intemperance in drink is a spiritual deterioration calling for enlightened study and self-sacrificing zeal for every apostle, whether lay or cleric."

The truly inspiring work of the Pioneers in Ireland, of the Catholic Total Abstinence Union in this country and, in Canada and parts of New England, the circle of the Cercles Lacordaire and Jeanne d'Arc certainly should be known to all of us.

I strongly recommend for your consideration the paper on “Alcohol Education in the Seminary,” which is included in our newest publication, *Alcoholism — A Source Book for the Priest*. That paper, combined with the chapter on “Alcoholism and Subjective Imputability” in Volume I of *Contemporary Moral Theology* by Ford and Kelly (Newman Press, 1958), should be known and studied by all of us if we are going to have correct attitudes today on the problem of drinking or not drinking.

True Moderation

Then there is the problem of moderate drinking. Now what is our attitude towards that? And again, what techniques have we developed for our pastoral work? Have we any clear ideas on what constitutes moderation in drinking? What might be moderate for one person could be quite immoderate for another; or with the same person what might be moderate on one occasion could be quite immoderate on another. For instance, compare a couple of cocktails before dinner with a couple of highballs just before driving home.

Certainly we all agree that to get drunk is not moderate drinking. But, exactly what do you mean by those words to get drunk? Are we referring to that odious and very misleading term, theologically drunk? If that expression is a capsule summary of our knowledge of the sin of drunkenness, then clearly, we are not in touch with the recognized writings of modern moralists on this important subject.

Are we acquainted, for instance, with the fairly accurate meanings of the words high and tight, as well as with the current meaning of the word drunk? Formerly slang terms, they have now been absorbed into the terminology of the moralist. Possibly there are some among us who are surprised to hear that it is considered per se sinful to get deliberately, not only tight, but even high.

Simple Excess Versus Alcoholism

The last two alcohol problems, in which we are discussing the clergy’s role, are, of course, excessive drinking and alcoholism. May I, at the very outset, stress that they are not necessarily the same? True alcoholism implies addiction, and it can, and frequently does, imply compulsion. And usually where there is addiction — always where there is compulsion — guilt is lessened and can, in fact, completely vanish.

For usually where there is addiction — always where there is compulsion — the power of the human will is lessened, and at times it is completely non-existent. Now, this is obviously not true of simple excessive drinking. There is many a man who is an excessive drinker, even frequently so, but who is not a true alcoholic.

Hence, it follows that the role of the priest in endeavoring to assist the drinker will differ basically and totally in these two cases. In the former case, the case of the simple excessive drinker, the accustomed ministrations of the priest are usually successful: a good confession, salutary advice, and perhaps the pledge.

The person has sinned, perhaps grievously, perhaps frequently, and now stands in need of the grace of God, available to him through the sacraments. Fatherly advice from a kindly, yet firm confessor, on the seriousness of the sin, together with the pledge, prudently administered as to its duration, and an exhortation that he receive the sacraments frequently — these, our accustomed ministrations, are usually both adequate and salutary.

But with the alcoholic they are totally inadequate and can even be downright dangerous. So it is absolutely essential for the priest to know whether the person he is trying to help is merely an excessive drinker or truly an alcoholic.

What Is An Alcoholic?

What, then, is an alcoholic? There are perhaps as many definitions as there are speakers and writers on the subject, yet all have the same elements, more or less, though in varying degrees of importance.

helplessness, fear. But people also relapse, people also get into the addictive process because of physical pain. Many people who have back surgeries, many people who have chronic illnesses, drink and then drug because it relieves the physical pain.

We are beginning to talk more about mental distress, which is in fact a very painful way to live. People will self-medicate their mental distress, their "mental pain." Then there's this whole concept of spiritual pain, this sense of hopelessness, that my life has no meaning, which is a big driving force in relapse and in the whole addictive cycle. So, we're talking about a response to pain of some sort.

We will respond to this pain either by using a substance or getting involved in a process, and that's why we have process addictions as well. The whole function of the substance or the process is to anesthetize the pain. All of the present medications have side effects which are unpleasant. I'm self-medicating physical pain, or I'm self-medicating an emotional pain, or I'm just going out into la-la land because I don't think anybody cares whether I live or die anyway. So it is a response. These things anesthetize or totally distract us from the pain. It relieves the pain. However, it becomes a pain in and of itself, and this is where the addiction kicks in. Secrecy isolates from ourselves and others. It deepens our sense of shame, our sense of worthlessness. The actual physical pain, if that's what we're suffering from, the physical pain gets worse. Then this is a self-perpetuating cycle, and that's when we're calling it addiction, when it is a self-perpetuating cycle, when we are using the substance to get over the use of the substance, and the original reason sometimes will be distant in our minds.

Sister Mae Kierans

The consequences of co-occurring disorders. We've talked about the mentally ill and we have separated them from mental illnesses and those suffering from addiction. But the consequences of co-occurring disorders, when you have both of those conditions together. Chronic relapse and re-hospitalization.

Because we have state contracts, we do follow the American Society for Addiction Medication criteria. We are a level 3, a long-term care program, and one of the criteria for re-admission is chronic relapse and re-hospitalization. So at some of our case clinical meetings we have to talk about how many detox and treatments this person has had.

While most of our patients come to us poverty stricken, and some have been poor all their lives, some come from middle class families and some of our people have more money than you or I will ever see and lost it all flying around the world in jet planes teaching companies how to install computer programs. Anyway there were some people that had lots of money. By the time they get to us they have burnt their bridges and are poverty stricken. They have usually burned their bridges and part of our process is to reconnect our people with their families again. We network with a lot of agencies that provide sober housing and mental health services and other services.

Noncompliance with medication and psychosocial treatment: We do have our patients that will not follow their prescribed medication procedure. Violence, accidents, and injuries, plenty. A few days ago I removed a box cutter from one of our clients. That was quite a traumatic experience. Suicide ideation and attempts. Legal problems with criminal involvement, prison time.

As Pat said earlier, the parole officers do bring our clients to the door. We ask them that they bring the medical physical with them. Prostitution, as a way of earning income. Health problems. Malnourishment. Dental neglect. HIV, risky behaviors, exchanging needles, and unprotected sex. We network with everyone in Rhode Island and the Thunder Nest Clinic in the next town over works with homeless people. They have soup kitchens on Tuesdays where they will do medicals, and we can send our homeless clients that are uninsured over to their soup kitchen to have their medical taken at that time. They also come to our clinic and give HIV-AIDS education on a monthly basis. There is a lot of networking.

Sister Pat Corley

Those are what we call the consequences of dual diagnosis. But if you didn't know that this was a dual diagnosis presentation you would have thought those were the consequences of substance abuse, or those were the consequences of mental illness all by itself.

Multiply it geometrically and you have the consequences in the lives of those who are dually diagnosed, indi-

the man's bewilderment: He is convinced that he "cannot go on without it, and yet he knows that he cannot go on with it." In a footnote in which they quote an article by Doctor Edward A. Strecker in the Journal of the American Medical Association, Ford and Kelly state in their Contemporary Moral Theology, p. 284:

Others besides doctors might meditate on this paragraph. "The attitude of the therapist should be mature, non-emotional, and objective. But much understanding and personal humility are needed. As he deals with his alcoholic patients, in all sincerity the therapist should be able to say to himself, 'There but for the grace of God go I.'"

Clerical Attitudes Toward The Alcoholic

Leaving, then, the question of techniques to Father Lenarz, I would like to put some thoughts before you on attitudes toward the alcoholic.

Many questions at once arise. Is not the alcoholic responsible for his condition? Is not his history nothing but a history of perversity? If he truly loves his wife and kids, why doesn't he "wise up"? Why must he be so selfish? Is this guy crazy? They told him they would fire him if he didn't cut it out, and he was plastered within a week! What kind of a man is he. Hasn't he any guts? Where is his willpower?

Do not these questions sound boringly familiar? I'll add a few more: "Why doesn't he make a good confession, get down on his knees and ask God's help, and then prove his sincerity by getting to Mass and the sacraments regularly?" Why? Because he has alcoholism, that's why! We are dealing now not merely with excessive drinking. We are dealing with a disease which has a three-fold aspect. It is physiological. It is psychological; and it is spiritual. It is a disease which, if not checked, leads only to insanity or death — and sometimes to both. If then it is a disease, why are we priests concerned with it? The church is not a health agency. We visit the sick. We console and try to bring supernatural motivation to the suffering; but physical health is not our prime concern.

Now all of those questions, I think, can be reduced to three: First, what is meant when it is said that alcoholism is a disease, or that the alcoholic is a sick person? Second, why doesn't the alcoholic respond to sacramental grace and other priestly ministrations? Third, what about the moral responsibility of the alcoholic?

Now, let's look at each one of these questions.

The Disease, Alcoholism

"Alcoholism is a disease." — "The alcoholic is a sick person." I consider it a distinct honor and privilege to be sharing this platform this morning with the one person in the country who has made these two sentences almost cliches over the length and breadth of America, Mrs. Marty Mann, the Founder and the Executive Director of the National Council on Alcoholism.

I have no doubt that Marty will have something to say on these two statements, but since her subject this morning is on "Counselling the Family of the Alcoholic," I know she will not take it amiss if I give now one or two of my own ideas on the subject.

There is so much that we know today about alcoholism, due in no small part, I might add, to the truly gigantic work that has been done by Mrs. Mann's National Council, but there is still so much that we do not know! Research is being carried on in laboratories, universities, and clinics all over the country. Among the things we do know is the fact that alcoholism has a physiological basis. Among the things we do not know is the exact nature of this physiological factor. There are many theories advanced. All have clinical facts to support them.

Another thing we do know is that there are many alcoholics who were normal drinkers for many years, but who then “crossed the line,” as they say in Alcoholics Anonymous, and their drinking pattern became definitely pathological and addictive. We also know that alcoholics can never return to a normal pattern of drinking, no matter how long their period of sobriety. Why? The reason as yet we do not know.

For us priests it is not enough, I think, that the medical profession, through the American Medical Association, officially recognizes alcoholism as a pathology within its area of competence. But so, too, does the American Psychiatric Association. The psychiatrists, too, have many theories.

So then there is more to this than merely a physiological condition. There is more to it, also, than the psychological condition. I might put it this way. An alcoholic may or may not need a medical doctor, but the medical doctor can only succeed in “drying him out” and in giving him some badly needed vitamin injections. He cannot by these means keep him permanently sober. An alcoholic may or may not need a psychiatrist. He may have deep underlying psychological conflicts and tensions which have led him to excessive drinking. But that excessive drinking has now developed into alcoholism. If that should be the case, the psychiatrist can be of great help to the man with his deeper problems, but after they have been resolved, the alcoholism still remains.

It may well be that because of those problems, “he crossed the line,” but, “once an alcoholic, always an alcoholic.” He still will never be able to maintain a pattern of controlled drinking. But there are, I should add, many alcoholics who do not seem to have deeper problems. We should never forget that. They are not drinking as an escape, because of frustrations, etc.

Spiritual Deterioration

And so I say, he may or may not need a medical practitioner. He may or may not need a psychiatrist. But he most certainly does need spiritual help. It is true, the Church is not a health agency, and we are here dealing with a disease. (Personally I prefer the word pathology.) But this particularly baffling malady has a very definite spiritual aspect also. This should be obvious to us as priests. It should be so obvious that it might seem to need no explanation, yet, oddly enough, there are many to whom it is not so obvious.

So I call your attention, therefore, to two facts: As alcoholism increases, the practice of Christian virtue always proportionately decreases. The “spiritual deterioration,” mentioned by Pius XII, is usually manifested first in the natural virtue of honesty. This increases to an almost total disregard of truth. There follows then the general loss of the theological virtues and usually in reverse order:

Charity, the love of God and the love of one’s neighbor, goes first. The life of the alcoholic is becoming increasingly egocentric. As a result, prayer, the frequentation of the sacraments, and attendance at Holy Mass slowly drop out of his life. Hope then begins to yield to an all-engrossing despair, and sadly enough, in some cases, this leads to a total loss of Faith.

And if this phenomenon of the spiritual deterioration is not enough to convince us of the spiritual aspect of the disease alcoholism, then look at the other side of the coin. The only widely successful therapy to this malady to date is Alcoholics Anonymous, a spiritual therapy.

It is important for our attitude toward alcoholism and the alcoholic that we priests clearly recognize and openly admit our limitations in this field. Here we certainly “have not all the answers.” Here we must recognize our part as members of a team. The alcoholic needs our help, and we have a very definite role to play. What that role is, and how to play it, I leave to Father Lenarz.

So then, in reply to our second question: “Why doesn’t the alcoholic respond to sacramental grace and other priestly ministrations?” I call your attention to a paper written by Father Sean O’Riordan, which originally appeared in *The Furrow*, the Maynooth Publication, and which is reprinted in full in our new book, *Alcoholism*

Moral Responsibility

Now, to our final question: What about the moral responsibility of the alcoholic? For clarity's sake this question must be broken down. His moral responsibility for what? For his alcoholism? Or for his continuing to drink? These are questions for the professional moralist. I am not one, so, in this concluding portion of my presentation, I will lean completely on the writings of Father Ford.

In Volume I of Contemporary Moral Theology, chapter thirteen, pages 289-302, he and Father Kelly speak as follows:

Is alcoholism a condition for which the alcoholic is responsible? Some alcoholics may be but little responsible for their condition, either because their addiction has a physiological basis over which they never had control, or because they were compulsive drinkers almost from the beginning. There seem to be some individuals, most of them neurotics perhaps, who become addicted to alcohol almost as soon as they start using it. They are addictive personalities! When they look back at their drinking history after recovery, they are convinced that they were alcoholics from the moment they took their first drink. Their condition is not the result of long overindulgence. They are no more responsible for it than a neurotic is responsible for his neurosis.

On the other hand, some alcoholics are responsible for their condition, in the sense that it is the result of long-continued, excessive drinking for which they were responsible. To the extent that they foresaw addiction as the end-result, or the probable end-result of their excess, they are responsible for not having prevented it.

Insidious Excess

But subjectively, it seems that not many alcoholics are morally guilty, as far as the addiction itself is concerned. Very few believe that they will ever become addicts. There is nothing more insidious and blinding than alcoholic excess. Men and women who are beginning to drink too much are warned by their friends what will happen to them. But they do not believe it. They are convinced that they are going to be different from the horrible examples that are pointed out to them. They succeed in deceiving themselves

With regard to the addictive drinking itself, it is impossible to lay down a rule of thumb by which we can judge the subjective imputability of an alcoholic's drinking episodes. There are so many kinds of alcoholics, and in each alcoholic there are so many stages of compulsion, and in each stage there are so many different circumstances in which the act of drinking takes place, that any exact, mechanical rule is impossible. But the following considerations justify the assertion that the responsibility of the average alcoholic for his drinking is notably diminished, especially after he has a few drinks

Decrees of Compulsion

The first of these considerations has already been explained: the compulsive character of the drinking But in saying that the alcoholic drinks compulsively, it is not meant that he always does so, or that when he does, the compulsion is always complete. Very often, after having had one or two drinks, the alcoholic finds himself in the grip of this compelling addiction. But at times, even after weeks or months of sobriety, he appears to start drinking without being responsible, or, being only partly responsible for what he is doing

The usual impediments of human acts bear upon the average alcoholic in an exaggerated way where his drinking is concerned. Ignorance as to the immorality of drunkenness, or at least of its serious immorality, is present in very many cases. The mental confusion of the alcoholic who is still drinking, even though not drunk, not even under the influence, is appalling. It usually takes months of sobriety to

bring the individual back to clear thinking and good judgment. Concupiscence, that is, the desire for the sensitive pleasure that comes from drink, is complicated by a pathological craving which some believe to have a physiological basis. This craving, after a few drinks are taken, seems to become definitely physiological. And even if it is only the result of psychological factors, it is recognized to be pathologically strong

From all these considerations, the least we can conclude is that the alcoholic's responsibility for the drinking itself is generally diminished to a considerable extent, frequently beyond the point of mortal sin, and that it is sometimes eliminated

Although the alcoholic may be powerless over alcohol, and unable at times directly to resist the craving for drink, yet it is within his power, generally speaking, to do something about his drinking. He is therefore responsible for taking the necessary means to get over his addiction

The remarkable thing about some of these cases is that the alcoholic, though he feels responsible for the sins committed while on a spree, never considers himself responsible for the drinking itself. That was something he had to do, or at least had to continue once he started. The drinking itself was presented to his mind with an inevitability that in no way attaches to the other sins committed while drinking. As one alcoholic, (not in the late stages of alcoholism) once put it: "The need of drinking, once you start, is like the need of attending to the wants of nature. You do not argue about it. You have to attend to it, and you do." This is further indication of the compulsive character of the drinking

Should the confessor forbid an alcoholic under pain of mortal sin to take even one drink, on the ground that for the alcoholic one drink is a proximate occasion of grave excess? It is true, that even one sizeable drink is so dangerous for the average alcoholic, that they are generally obliged objectively *sub gravi* not to drink at all. But usually it is unwise and improper for a confessor or a counselor to impose this grave obligation on excessive drinkers. First, because the judgment of whether a person is a real alcoholic or is one who can learn to handle drink is sometimes a difficult judgment for the confessor to make. Secondly, because in the case of the true alcoholic, it is often better to leave him in good faith on this point. Telling him that one drink is mortally sinful for him will not very likely prevent him from taking the drink. He will not be able to believe that one drink is so sinful for him. Then, too, there are certain exceptional cases, in which the sudden withdrawal of all alcohol without any substituted medication could be dangerous. General statements about mortal sin would have to make allowance for a great variety of circumstances

For all these reasons, it is not generally advisable to tell the alcoholic that for him one drink means mortal sin; and much worse to refuse absolution unless he makes a promise never to take a drink again. The alcoholic's conduct where alcohol is concerned is unpredictable even to himself, and the confessor will be realistic if he recognizes that his alcoholic penitent is often literally incapable of making and keeping such a promise

Since their condition and their craving are pathological, we should tend to be lenient in assessing the subjective moral responsibility. In the final analysis, the judgment must be left to a merciful God.

In conclusion then: The clergy's role in alcohol problems is usually a matter of attitudes and techniques. Without entering into the field to be covered by Mrs. Mann and Father Lenarz, I have tried this morning to bring out to you what our attitudes should be on four distinct alcohol problems:

First, the problem of drinking or not drinking, with its attendant question of total abstinence. Secondly, the problems connected with moderation. Thirdly, the problem of simple excessive drinking. Finally, the problem of alcoholism, its nature as a disease, and its moral implications.

Our techniques will develop naturally, if we give the "enlightened study" demanded by Pius XII to the superb materials which are available for us today. But these attitudes and these techniques will remain totally sterile unless, as the Pontiff reminded us, there is in the heart of each one of us truly "self-sacrificing zeal." That, then, is the challenge.