

RELIGIOUS LIFE AND ALCOHOLISM

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The Blue Book, Vol. XXXIX, 1987
Jacksonville, Florida

For many years, alcoholism has been described by some as the nation's number one health problem. The national government, big business, and the Church have recognized, acknowledged and taken necessary steps toward understanding and dealing with alcoholism. The following five facts are widely accepted on alcoholism:

- 1) alcoholism is an illness, not a moral problem
- 2) it can be treated
- 3) the alcoholic is worth treating
- 4) the alcoholic is the last to recognize or to accept his/her illness
- 5) it is clear that the spiritual dimension is basic for recovery

Industrial Alcohol Health Programs began to appear in the 1950's. In the latter part of the 1960's similar programs were formed for the benefit of the Clergy, and in the early 1970's educational programs were initiated for Women Religious.

From that point to the present, many good, knowledgeable people have been involved in educational programs, in the form of workshops, seminars, panels, etc., presented for the purpose of creating a greater awareness and acceptance of the illness of alcoholism. Many dioceses and religious orders have policies and programs to assure identification, evaluation and referral of priests and sisters into appropriate treatment. However, there are numerous superiors who have not yet come to this kind of awareness, understanding, and implementation of helpful policies and programs that best assure identification and recovery. In still too many instances the men and women are transferred to a new assignment, sent to a 30-day retreat or hospitalized for some other reason.

The moralistic and shameful attitudes towards alcoholism remain dominant, destructive, and assure continued blindness to the presence of the illness and leave the clergy and religious without effective help and hope. Bishops and Religious Superiors who moved from denial of the existence of the problem among their priests and religious to openness have indeed found a prevalence of alcoholism and other drug addiction. What is Alcoholism? There are approximately 150 definitions for that term, ranging from a few sentences, to many pages, and even to whole volumes written on the subject. Three definitions used very frequently are:

One: Alcoholism* exists when there is a physical compulsion and a mental obsession for the chemical.

Two: Alcoholism exists when the individual no longer has the ability to drink within and according to intention. (When, what, and how much?)

Three: Alcoholism exists when the person continues to drink when the drinking is causing major life and vocation problems.

What are the major areas in a person's life? They are the BODY (an addiction); the MIND (an obsession); the WILL (a compulsion); the EMOTIONS (denial, projection and disruption); and the SOUL (spiritual blindness and deterioration).

Alcoholism is a permanent disease, there is no cure for it, but it can be arrested. Alcoholism is a progressive disease, it follows a pattern of symptoms through certain predictable phases. The total life of the individual is affected by this disease, so the total person must be treated. No one can have active alcoholism and remain untreated without becoming devastated, physically, mentally, emotionally, spiritually, and vocationally. The alcoholic will not get well until she/he is treated directly for the illness and in all these areas.

Alcoholism is an insidious illness, developing so gradually as to be well established before it becomes apparent. It victimizes its host allowing denial and self-delusion as substitutes for reality. It is a disease of denial! Not only do its victims vehemently deny its existence, but more often the denial is shared and reinforced by the people close to the drinking alcoholic.

Alcoholism is a very treatable disease. It is essential, therefore, to get the alcoholic out of the arena of denial and/or moralizing and into the hands of the people who are knowledgeable and can help her/him. The disease of alcoholism responds well to treatment. Alcoholics and their significant others can and do recover, and live effective and productive lives again through a spiritual recovery program.

Religious and clergy are but a microcosm of the world in which we live. It is naive for us to believe that alcoholism cannot and does not penetrate the hallowed walls of religious/clerical life. Immunity to the disease of alcoholism has long been assumed, yet history and facts do not support this perception and belief. We are as susceptible as any other individual or groupings in our society.

(Note: For the sake of clarity I will refer to "Sister" for the remainder of this paper.)

Who is the woman religious? What are some of the barriers to acceptance? And what are some of her special needs?

The woman religious is an individual bound by vow to a life of discipline and service and to the practice of virtue. One whose ministry is always to come first. Her background has taught her that it is virtuous to be all things to all people. And Sisters work very hard at that! A tremendous amount of energy is used to project the image of the "good sister."

High ideals and models of perfection (the Blessed Virgin, the Saints) were set as goals each religious should strive for . . . "Why not BE as pure, holy, and sacrificial as these saints were in their lifetime?" "Feelings don't count!" Whenever a woman religious failed to attain these goals, extreme guilt, remorse, intensified shame, low self-esteem, set in and fear raised its ugly head over what people would think and/or say. This can have a very controlling effect on a person. A great deal of energy goes into preserving the image of what Sister thinks people expect of a woman religious. Come what may, she doesn't want to fall from the pedestal. The pedestal SHE allowed herself to be placed on!

The woman religious has very limited personal, reliable, and economic resources. She lives a vowed life. Her community has become her family. Her "blood" family hasn't lived with her for as many years as she has been in the convent, and until recent years she only visited them at special designated times. In the early days, her training, for the most part, was regimented and her lifestyle was institutionalized, which somewhat limited her coping skills. When a person is not able to cope with a situation she feels frustrated and inadequate. She does not feel good about herself, and she does not verbalize her feelings.

Today, it appears, women religious are caught between two worlds . . . that of wanting to be an independent agent (given the changes in lifestyle/experiences, new name, clothes, etc., since Vatican II) . . . yet filled with the old feelings of fear, shame, and guilt of not presenting the "good Sister" image . . . not doing and being what is expected of her. The woman religious alcoholic is, indeed, the hidden drinker, very practiced in keeping the drinking underground. As a result, she continues to be harder to reach and more difficult to help. Watergate pales into insignificance when we look at the coverup system we have in religious life. We are protected and hidden. Our whole background dictates privacy, extreme control over feelings, be charitable, never confront, rather go to chapel and pray for the sister or the situation and the problem will go away. There is certainly nothing inappropriate in praying for a given situation and/or the individual we are concerned about, but God also has given us intelligence and understanding of this particular illness. Cover-up of any indiscretion at all cost to preserve the image of the woman religious is harmful, not helpful. When we say she has the flu, when in fact she has a hangover, we become a part of the problem and help assure further deterioration and loss.

Society has imposed the image of the alcoholic to be the stereotype of the skid-row derelict. Someone with no integrity, not very bright, lacking willpower, who has no strong family ties and is unemployed. Certainly this is not the portrait of the woman religious. Religious life has become for the alcoholic sister, a welfare state, with the community covering, protecting, and caring for her. With this type of cover-up we leave no room for any ability to help or incentive to change!

Society is more tolerant of men who drink to excess since they are often seen as having good reason: work and stress, having to support a family and so on. But in society's eyes, women aren't allowed those same excuses. Much more so, a woman religious. A woman religious is supposed to be the "good" sister, the "good" administrator, superior, nurse, teacher, etc. A "good" sister just doesn't do things like "drink to excess," or frequent bars and other public places, so . . . how could a sister be alcoholic?

She will give up all sorts of things for the alcoholic and/or pills. She will give up her honesty and truthfulness, her friends and self-respect, even her vocation, and sometimes her very life. This is not because the

sister is irresponsible but rather because of the nature of the illness. No God could ask more than her addiction asks of her.

It is not surprising then to see the isolation set in, and more and more withdrawal from community functions. She knows that she can no longer cope with the reality of life. The guilt and shame continue to worsen. She becomes paranoid to the point of feeling others are watching her, picking on her, and talking about her. She will become very resentful of anyone in authority, seeing them as more powerful, with the ability to remove her from her ministry, and very likely cutting off her supply.

Instead of growing and maturing, she is gradually dying spiritually, psychologically, and physically. The chemicals block out reality, and coping skills or options are no longer available to her. Feelings of inadequacy, low self-esteem, and inability to cope are more than she can handle, and so the vicious cycle begins of using chemicals to deal with uncomfortable feelings. She suffers a profound loss of spirituality. The more dependent she becomes on the alcohol, the less dependent she is able to be on God and the more guilty she feels. Growth in the spiritual life means a growth in dependence on God. The person who is locked into depending on a chemical is doing just that, depending on a chemical! The chemicals have taken over and have begun to dictate her life. The chemical has become her master!

At this point, the alcoholic is unable to see that in relying on God there is more fullness of life, less fear, more joy and self-confidence and as a result of this, more freedom. Reliance on the chemical produces just the opposite. There is less and less confidence in one's own abilities. There is more and more fear, especially fear that someone might suspect the dependency. Guilt increases, as does her awareness that she has become a slave to her chemicals.

Because Sister has been the hidden alcoholic and has successfully isolated herself from community, even her closest friends are fooled blind! You don't usually see Sister intoxicated . . . until the late stage of the illness. Actually, you don't usually see her drinking more than would be considered appropriate . . . in public! More often than not, Sister keeps a supply, usually hidden, in her room!

We must be aware, that the alcoholic is neither weak nor stupid. A stupid weakling could not sustain the double life which alcoholism demands. The alcoholic wears a mask, wearing what she pretends to be, while hiding who she really is!

Although WHAT she is consuming, and HOW MUCH or HOW OFTEN she is consuming it, may not be visible, the deterioration in her behavior, work performance, attitude and in relationships will be quite noticeable.

The responsibility for confrontation no longer rests solely with the local, provincial or major superior. It rests with all those individuals who can be considered the significant persons in the life of the victim of the disease of alcoholism. Those individuals who are concerned and willing to take the risk involved in a confrontation process.

INTERVENTION is the process in which persons involved in the alcoholic's life, take direct, effective action in order to bring about a positive recovery program for her.

In order to bring about an effective intervention, there must be total acceptance by the "significant others" that alcoholism and other drug dependencies are permanent, progressive disease entities which are treatable. This may require education of the significant others.

Principles of Intervention

It is important to understand that recovery, sobriety, from this illness implies a total reconstruction of the alcoholic's life, and that the new life can be projected only on the condition of total abstinence from alcohol and all other mood changing and mind altering chemicals.

Persons to be Involved

Peers

Peers are those persons who are on an equal status with the alcoholic, e.g., co-workers, friends, community/family members, equals in any group of which the person is part.

- Peers usually are in a position to witness the irresponsible behavior.
- Peers are in a position to observe the drinking habits.
- Peers are also in a position to know the gossip being spread about the victim.

Responsibility of Peers

- Peers must be made aware of the signs of alcoholism and be able to interpret them more accurately.
- Peers must have a willingness to communicate their knowledge of irresponsible behaviors in a face-to-face encounter, along with their knowledge of the victim's drinking or drug taking habits.
- Peers DO NOT diagnose! They lovingly share their concern while presenting the facts.
- Peers must have a willingness to communicate these facts to persons in authority and to professional persons who can take action.

Professionals

Professionals are those people who are normally accepted as trained and qualified to make a diagnosis and prescribe treatment for alcoholism, i.e., medical doctors, psychologists, and certified alcoholism counselors. All those involved should have an awareness of the lifestyle of Women Religious.

Caution

— ANY medical practitioner is not necessarily qualified to work effectively with alcoholics. An intensive search is needed. Consulting the AA community and local treatment facilities are two ways to get this information.

— Doctors (including psychiatrists and psychologists) who are not accepting of alcoholism as an addiction, are many times inclined not to see the addiction or to see it as only a symptom, and even prescribe medications that are equally addictive, thus compounding the problem.

— In all fairness to doctors, many do not have all the necessary information of the case because rarely will a patient go to the doctor and say simply "I drink to excess" or "I've been abusing the medication you have prescribed for me!" The doctors give the medication because Sister needs it, and . . . "Sisters don't lie."

The professionals involved in Alcoholism Intervention must have these qualifications:

— They must be trained in the intervention process.

— They must have the courage to make a diagnosis and not be in "awe" of the sister by side-stepping the real issue.

— They must have the courage to make the appropriate recommendations and encourage limit setting.

When recommending a treatment facility it is very important that the staff on the unit be aware of the lifestyle of women religious.

Authorities

Those in authority are persons in a position to insist on conditions under which their continued association will be maintained.

— They must be fully aware and accepting of the disease of alcoholism.

— They must be committed to the acceptance of their responsibility to intervene when it is appropriate to do so.

— They must be willing to use the full extent of their power in the process of intervention when it is deemed necessary.

Attitudes Necessary for Effective Intervention

— Be convinced that this sister, at this time, is incapable of making a good decision about her own welfare.

— Have a genuine concern for the physical, emotional, spiritual/moral welfare of the sister.

— Be reassuring to the sister that the action being taken is for her own welfare and that upon completion of following the recommendations of the professionals, her assignment will not be based on her illness but on her qualifications.

— Have a non-condemning attitude, i.e., "you are not an errant sister, but a sick person in need of treatment."

— Be non-moralistic, i.e., the concern is not about what people will think or say, but rather for the continuing suffering with which the sister lived as the disease progresses.

— Be non-punitive, i.e., this action is not retaliation for the harm (ill feeling, anger, resentment, embar-

arrassment of others due to her inappropriate behavior) but it is treatment for the disease she is suffering from.

Things to be Avoided in the Intervention Process

— Discussion about the FACTS being presented. The alcoholic sister will want to alibi, excuse, rationalize her way out of her responsibility.

— Discussion about her drinking, since you cannot usually verify by your own observation more than a small percent of the amount consumed. Furthermore, the amount consumed is not what this intervention is about . . . what is significant is the deterioration in behavior and relationships.

— Discussion of “threats.” In the psychology of loss as a motivation to treatment, it may be necessary to set limits, i.e., loss of employment/ministry unless the recommended treatment is followed. It is important that this limit setting not be interpreted as a threat. It is a reality, a consequence, and ought not be delayed. The “think it over” option destroys the effectiveness of the whole intervention process and makes subsequent efforts much more difficult.

— Allowing the alcoholic sister to present alternatives to the positive recommendations presented by the professional(s). We cannot expect the alcoholic to make a rational decision at this time.

We must show that recovery is possible and the alternatives and options available are: abstinence, insanity, or death. The tragedy of life is what dies inside of people while they live on as chemically dependent individuals. There is no cure for this disease, but we do know that with help it can be arrested at any given point along the progression. And, once arrested, hope and newness of life is possible with the grace of God and on-going involvement in a self-help spiritual recovery program.

*Whenever the term “alcoholism” is used, it is meant to encompass “all” mood changing and mind altering chemicals, whether drinking, popping, sniffing, smoking or injecting.

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