

SPIRITUALITY AND ADDICTION

by: Hanli van der Westhuizen.
Clinical Psychologist

We are all powerless. We are all addicts. Our powerlessness, our addiction, may not be as visible as that of the substance dependent. Institutions, nations and cultures often exhibit addictive neurosis. Consider how Western culture draws our gaze to focus on material gains, feeds our sensual desires and teaches the importance of being in control. As mental health professionals, we need to, as in the philosophy of Alcoholics Anonymous (AA), acknowledge our addiction to our dualistic way of thinking. (Dualism: the idea that something is either wrong or right).

Shortly before Carl Jung died, he wrote to the founder of the AA, in which he said "alcohol in Latin is *spiritus* and you use the same word for the highest religious experience as well as for the most depraving poison. The helpful formula therefore is; *spiritus contra spiritum*." Jung not only highlighted the dualistic thinking when dealing with addiction recovery; but also suggested that spirituality indeed, is central to recovery.

When reflecting on spirituality in the context of clinical addiction practice, it is difficult to perform empirical research. Spiritual practice is diverse in theory and experience, both individually and culturally, making it difficult to define, and difficult to reduce to easily studied units of measurement. This may be one reason why not much research has been conducted in this area, and why it may never be taken as seriously as would comparable evidence in other areas. Research indicates that American psychologists are far less religious or spiritual than the populations that they treat¹. This could influence academic attitude and explain the dearth of research and reflection regarding this topic.

While many believe that religion and spirituality are private matters which should remain 'unseen', the majority

of addiction treatment and recovery programmes have an inherently spiritual philosophy, irrespective of whether this philosophy is explicit or implicit. It is on this 'unseen', context that Presbyterian psychologist, William R. Miller² reflected. His turn of phrase, spirituality as the silent dimension of addiction social science, illustrates the marginalisation of spirituality and religion in social science research.

Evidence indicates³ that the Twelve Step, or similar programmes, can play a valuable role in recovery from alcohol use disorder. While spiritual masters such as Richard Rohr, Rami Shapiro and Thomas Keating salute the discipline and wisdom of the AA, and the AA itself purports that it aids recovery through spiritual practices and beliefs, this claim remains contentious and has only rarely been formally investigated. Yet, there is also research indicating the opposite effect. Miller was the first to publish research indicating that spirituality in recovery programmes was not associated with positive alcohol treatment outcomes, any more than other non-spiritual programmes. However, Miller's research indicated that religion has exerted enormous influence on substance control policy. It is widely acknowledged that religious organisations have contributed largely to preventative legislation in alcohol control and other substances worldwide.

Furthermore, it seems being raised in a religious household is probably the best protective factor against becoming addicted, but once an addiction has taken hold people often feel alienated from and rejected by their religious traditions. As with policy makers and prevention professions, religions and churches are caught in the inherent conflict between prevention and treatment messages. It is similar to a problem experienced

by parents: when you tell your children something is wrong over and over as a form of prevention, you inadvertently alienate your child, who was warned, but has developed a problem. Thus, the dualistic strategies which serve us at prevention level are not the strategies which serve us at treatment and recovery level.

In our post modern society we reflect on the academic marginalisation of spirituality and religion within the social sciences, as well as the marginalisation of those with addiction problems in society. We realise that on a deep level we are working with split-offs and shadows (part objects we don't integrate). These dynamics not only pertain to the population we are serving, but also to the profession we are serving in.

Within this post modern era, it seems as if research is mostly still reductionistic and dualistic. It seems as if academia and society can't change its addiction to thinking that religion is about right or wrong. The traditional Christian stages of the spiritual journey in addiction recovery are described as purgation (cleansing), illumination, and union. Theologians state that too few addicts seem to get to the second or third stages – spiritual illumination of the self – and the richness of life experienced as union with God. Current social research hardly reflects on this. One can only speculate whether the research outcomes stating that clinicians are less spiritual or religious, impacts on the lack of depth in academic reflection on spirituality in general.

It is true that when religion does not move people to the mystical level of consciousness, it is more part of the problem than the solution. At the



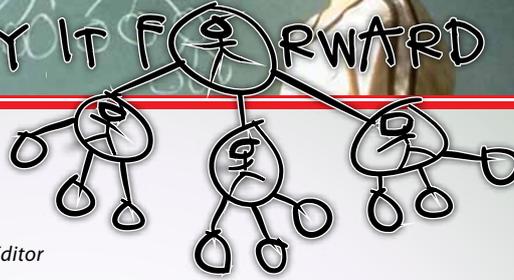
Hanli van der Westhuizen.

dualistic level, religions are largely incapable of its supreme task of healing, reconciling, forgiving and peace-making. It is in surrendering one wins, in giving one keeps, and in dying one comes to life. In true Richard Rohr⁴ fashion we can say if we stay at the problem-solving phase in our treatment and recovery interventions, we will miss out on the true ecstasy – intimacy with God.

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- 4 Rohr, R. (2011). *breathing under water: spirituality and the twelve steps*. St. Anthony Messenger Press.

PAY IT FORWARD



Sorika de Swardt

Editorial April 2013

By: Sorika de Swardt, Editor

Trevor is a bright eleven year old boy who comes from a troubled home. His mother Arlene is an alcoholic trying to hold down two jobs to support them whilst his abusive father left his family to fend and provide for themselves. Mr. Simonet, his new social science teacher, gives his class an unusual assignment. "Think about a practical way to make the world a better place, and put it into action".

How can an eleven year old make the world a better place? In the movie with the same name, Trevor comes up with the notion of "Pay It Forward". Do a needed favour for three different people without being asked, and then if they want to pay you back, ask them to rather do something nice for three other people (pay it forward). The idea is to consciously increase the goodness of the world. Furiously Trevor's mom confronted the teacher with the fact that he is setting the children up to fail, because no matter how hard they might try, the world

cannot become a better place.

But young Trevor really believed in the inherent possibility and goodness of human nature. In spite of the fact that his own life circumstances were sad and stressful, he believed that this plan could work. Even in the face of adversity and disappointment he was determined to keep on paying it forward. Watching this movie I was constantly reminded that sometimes the simplest idea can make the biggest difference. And even the smallest effort is worth more than the biggest intention. John Wooden once said, "You can't live a perfect day without doing something for someone who will never be able to repay you."

Paying it forward is a calling that Elim Clinic believes in. One such idea is the Elim Clinic Athletics Club. Ten years ago, the Elim Ex-Students' League founded an athletic club under the leadership of Judge Eberhard Bertelsmann (himself an ex-patient of

Elim Clinic). The Club is registered with Athletics South Africa and consists of 36 young people from Tembisa. As part of the youth development programme we focus on the holistic development of this group of young people, and not only on their physical development. Our athletes are going from strength to strength in road races and their development on a personal level is equally gratifying to witness. There is one condition for being a member of this group. They have to share whatever they learn with others, they have to "pay it forward".

In the movie, Trevor's efforts brought a revolution not only in the lives of himself, his mother and his physically and emotionally scarred teacher, but in those of an ever-widening circle of people completely unknown to him. And it's not just in the movie that this concept touched people. I challenge you to google the words "pay it forward". I found 460,000,000 results in 0.16 seconds, many from projects

and websites dedicated to improve communities and people's lives by "paying it forward".

In fact, Researchers from Harvard and University of California studied this phenomenon and found that when people help others (especially strangers), the recipients are then more generous, and so are their recipients to follow. In scientific terms it's called "a cascade of corporation", but I think Anne Morrow Lindbergh says it best "One can never pay in gratitude: one can only pay 'in kind' somewhere else in life". "Practice random kindness and senseless acts of beauty," says Anne Herbert. I am sure someone touched your life at some point, and just like me, you will never be able to repay them. But nothing stops us from looking for someone in need and doing something for them which they can't do for themselves.

Go pay it forward.

Quiz

Should I be concerned about my gambling behaviour?

Ask yourself the following questions to help reflect on your gambling behaviour.

In the past 12 months:

1. Did you increase the amount of money you gamble with in order to achieve the level of excitement you are looking for?	Y	N
2. Do you feel restless or irritable when attempting to cut down or stop gambling?	Y	N
3. Have you tried repeatedly but unsuccessfully to control, cut back, or stop gambling?	Y	N
4. Are you often preoccupied with gambling (e.g. persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)?	Y	N
5. Do you often gamble when feeling distressed (e.g. helpless, guilty, anxious, depressed)?	Y	N
6. After losing money on gambling do you often return another day to try and win your money back (chasing one's losses)?	Y	N
7. Have you told lies to conceal the extent of your involvement with gambling?	Y	N
8. Have you jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling?	Y	N
9. Have you relied on others to provide money to relieve desperate financial situations caused by gambling?	Y	N

If you answered yes to four or more of these questions, you should consider speaking to a professional about your gambling habit.

Forthcoming attractions

4th June 2013

Training at Elim Clinic – "The troubled employee: Managing addiction in the workplace". If you are a manager, supervisor, HR consultant or EAP then this training is definitely for you. Or perhaps you are an employee with an addiction problem and want to learn more about your rights and responsibilities.

For more information contact
info@elimclin.co.za.

23rd June 2013

Elim Clinic Athletic Club hosts an official race in Tembisa.

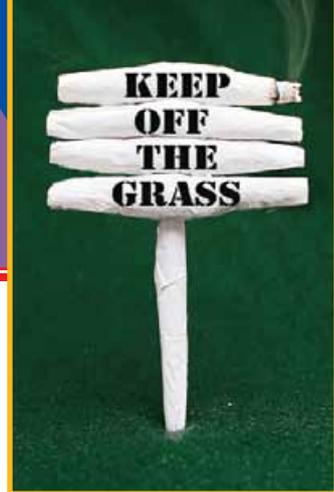
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Lena Amthenya

Dagga, the slippery slope of addiction

By: Lena Amthenya, Social Worker



Marijuana is also known as Cannabis or Dagga, Zol, Skyf, Joint, Weed, Grass, Pot, Boom, Ganja, Dope, Hash, Hemp, Green Gold and Mary-Jane. Dagga is both psychologically and physically addictive and withdrawal symptoms include: irritability; hostility; restlessness; anxiety; insomnia; trembling; sweating; and diarrhoea. Signs of cannabis abuse include: loss of motivation; memory loss; confusion;

emotional detachment; unprovoked aggression; panic; mood swings; depression and paranoia. Psychotic states and schizophrenia are common mental health risk symptoms of long term use of the drug.

Moreover, its effects go beyond the user to the family and the community at large. Social effects such as self-neglect, unemployment, violence and crime cause conflict within the family system and society due to the altered dysfunctional personality of the addict. Dagga is also known to be a 'gateway' drug because most addicts have reported that they started by

using dagga before progressing to other drugs. Where one person may be able to use dagga for an extended period without becoming dysfunctional, for most, the opposite is true and dagga starts their slippery slope into the abyss of addiction.

This is the most commonly misused; abused and underestimated drug due to the belief that it is least harmful. 'Minimisation, denial and comparison are the commonly used defence mechanisms of the drug user, which makes it even harder to give up the addiction. Below are some of the myths about the drug that reinforces the use and abuse by the addict and some facts to ponder.

MYTH	FACT
"It's better to drive after smoking dagga than to drive under the influence of alcohol"	Cannabis impairs concentration and judgment and slows down reflexes
"Smoking cannabis increases creativity"	Cannabis produces lower levels of concentration and poor perception. Short term memory is severely affected with longer term use
"Cannabis is natural and therefore safe"	Many drugs like cocaine, cat, heroin etc. originate from plants just like cannabis. It being natural doesn't make it safe to use
"Cannabis isn't as harmful as alcohol or other hard drugs"	All of them contain mind and mood altering chemicals which are highly addictive
"Smoking cannabis isn't as harmful as smoking tobacco"	Dagga is high in tar and other harmful chemicals and the THC is believed to be carcinogenic – a cancer-causing substance or agent
"Smoking dagga increases sexual pleasure"	Cannabis reduces sex drive and affects the reproductive system negatively
"Dagga isn't addictive"	It's most difficult to recover as cravings occur long after using has stopped. The psychological addiction to cannabis is also a well known fact. The use of mood altering substances stifles the normal and expected development of coping skills which leaves a person vulnerable to continued use or other forms of addiction
"Cannabis is a cure for glaucoma and is used to treat asthma, cancer and tuberculosis"	Any medicinal properties found in dagga are being replaced by treatments that have extracted the medicinal properties from THC and render them in non harmful format. So pure cannabis in its original form are not used for medicinal purposes

Reference: <http://wedorecover.com/addiction/addiction-types/cannabis-addiction-treatment.html>

Responsible Gambling Guidelines

To avoid falling into a pattern of problem gambling keep the following responsible gambling guidelines in mind:

1. Remember gambling is entertainment and you are paying for it.
2. Plan beforehand how much money you can afford or is willing to spend on gambling.
3. Be prepared to lose the money; don't chase losses.
4. Leave bank cards at home.
5. Manage how often you gamble and for how long you gamble.
6. Avoid the development a regular pattern of gambling – it might develop into a habit!
7. Gambling is all about chance. There are no strategies or systems no matter how well you think you understand the game.

Sports and Recreation

By: Action Ramaboea

On the 16th March 2013 the athletes of Elim Athletics Club ran 10 km and 50 km races "om die dam". They did outstandingly well and the Club is very excited by their consistently good performances.

Name	Time	Position	Distance
Paulos Radebe winner of the race	31 min	1	10 km
Lucky Mtshali	32 min	4	10 km
Keshoketswe Lechaba	40 min	3	10 km
Nobuhle Tshuma	41 min	4	10 km
Raphael Ndlovu	3 hrs and 5 min	8	50 km

Are you fooled by randomness and chance?

by: Susan van Niekerk, Clinical Manager

Somehow the outcome of chance – a gamble – excites most people as if there is some sort of magic to it! Gambling dates back to Ancient Greece and has become part of all cultures and societies. Today it is considered an acceptable leisure activity. It's accessible and available to most people no matter where you find yourself in the world. Whatever your preference of gambling, you are sure to find a match such as slot machines, roulette wheel, card games (poker & blackjack), scratch cards, dice games, bingo, bookmakers, sports betting, lotto, online gambling etc. Most people gamble responsibly and understand that it is a recreational activity, but unfortunately on average 3%–5% of a population will develop problematic gambling behaviour.

Gambling refers to games of chance – taking a risk to gain an advantage! In games of chance a player bets money or an object of value. Once the bet is placed it is irreversible and the outcome uncontrolled and unpredictable, because it relies on chance. In contrast to that, in a game of skill like rugby, golf or chess, we can improve our abilities and influence the outcome of the game. Gambling games are designed in ways to let the gambler believe that it is possible to predict a win when in fact the opposite is true. Gambling machines are randomly programmed, and therefore a gambler in no ways can guess, predict or modify the game's results. These principles apply to all games of chance. In card games where the gambler has a choice between accepting and refusing an additional card, the choice creates the illusion of control over the outcome of the game. The same applies to

betting on horses. Scientific research indicates that people who randomly bet on horses get the same results as those who study all the variables and consider themselves experts.

This illusion of control manifests itself in different ways such as keeping and studying previous outcomes for patterns, choosing a table where nobody has won for some time, or playing the same machine that has given a win before etc. Superstitions may also come into play, believing that certain mood states or thoughts, rituals, acts or practices, or even a lucky charm will influence their chances of winning.

Winning expectancy varies from one game to another, but it always remains negative. Regular gamblers bet repeatedly. They therefore lose money and have the occasional win. This motivates them to either chase their losses (win their money back) or continue their "winning spree". In the end, winning or losing, they continue to gamble.

Family history, genetic predisposition, impulse control problems, the need to escape, stimulation and excitement seeking and personal characteristics are all important elements in understanding gambling behaviour. Gambling provides distraction from life's challenges and uncomfortable emotions and therefore may act as a positive reinforcement to repeat the action. Any "big win" in the gambling experience adds to the potency of the reinforcement because the reward is tangible and immediate! Even if the gambler did not win, there is a chance of winning, and that keeps them going. Should the gambler be of the opinion that skill is involved they



Susan van Niekerk

might be challenged to prove their skill and abilities and satisfy a need for power when "beating the system".

All people spontaneously rely on previous observations and experiences to influence decision making. Unfortunately gamblers apply this to gambling and therefore link experiences, not keeping in mind that every bet is independent and unrelated to any previous betting results, neither a prediction of future results.

Gambling is the problem, but in the gamblers mind it is the solution. This erroneous thought pattern distorts the gamblers perception of the reality and blinds them to the consequences of gambling. As they start to feel more and more out of control, it creates major financial, relationship, work, emotional and other difficulties. Gamblers in the end reach a point where they no longer gamble to "win" or to have pleasure but to recuperate their losses. This takes them into a spiral of addiction where life is about gambling and whatever the means to get money to gamble, it is feeding an unsaturated desire to gamble.

Professional help is available. Much progress has been made over the last years to understand gambling and best practises to effectively intervene. A cognitive-behavioural approach has proven to be most appropriate in the treatment of gambling addiction.

Please refer to page 2 of this newsletter for a self test and page 3 for responsible gambling guidelines.

Next time you want to "try your luck", remember that money in your hand means that you control the outcome.

Why give control to randomness and chance?

If you have any concerns about your own or a loved one's gambling behaviour, please contact Elim Clinic on 011 975 2951.

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