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**The Use of the Concept of Divine Love when
Counseling those Trapped in Addictive Behavior**

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Introduction

The premise of this article is that addictive behaviors are a manifestation of the perceived loss of God’s love and separation from God. Furthermore, it is proposed that a counseling approach that incorporates religion and spirituality with psychotherapy is necessary to adequately address this sense of loss which is contributing to the client’s dysfunctional behaviors. Despite the emerging empirical evidence that spiritual and religious beliefs and practices are associated with mental health including decreases in addictive behaviors, these domains are typically excluded in clinical assessment and treatment.

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This article proposes that spirituality and religion are important aspects in therapy and recovery from addictions. Research that supports the link between religion and spirituality and addictive behaviors is summarized in this article. The function of religion and spirituality in the counseling process is explored. Finally, the counselor's role in promoting the personal discovery of meaning and value in life, and the return to God's love for those who are trapped in addictive behaviors is addressed.

I. Attachment and Addictions

Inherent within each of us is a longing for wholeness, fulfillment, completion, love, and a desire for closeness with God. Emotional losses and broken relationships which often occur early in life create a sense of isolation from others and a separation from God's love. Gerald May (1988) proposes that when the inborn desire for connection to God and love is not fulfilled the individual experiences an emotional emptiness that drives cravings and attachments. The desire for love makes us vulnerable and is therefore repressed. Even the desire for God's love can be repressed. While repression stifles desire, addiction attaches to the desire a yearning for certain behaviors, things or people. The longing for connection to God and God's love is diverted to attachment to objects and self-soothing behaviors that then become the individual's main concern and focus. Attachments can include compulsive behaviors that we may not ordinarily identify as addictive such as work, performance, being liked, achievement, material possessions, or approval. The spiritual significance of addiction is that the individual worships the object of the attachment. The paradox of addiction and spirituality is described below.

God wants to be our perfect lover, but instead we seek perfection in human relationships and are disappointed when our lovers cannot love us perfectly. God wants to provide our ultimate security, but we seek our safety in power and possessions and then find we continually worry about them. We seek satisfaction of our spiritual longing in a host of ways that may have very little to do with God (May, 1988, p.29).

Attachment that is not oriented to God's love ultimately leads to disappointment, suffering, and anxiety.

For those with few resources and important losses, a relationship with God or a Higher Power can fill the emptiness left by those losses. A relationship with the Higher Power can provide a process for creating meaning in often incomprehensible situations. Religious beliefs can provide stability and control in a world that otherwise feels unpredictable and uncontrollable. Religious practices can provide a resource for coping with the mental anguish that motivates some to substance abuse and addictions. Rather than acting to dull painful feelings or to sedate overwhelming memories, religious and spiritual practices such as prayer or meditation can provide a source of comfort, reassurance, and consolation (Borras et al., 2010).

II. Religion and Spirituality in the Treatment of Addictions

Numerous studies have provided empirical evidence for the protective relationship of spirituality and religion for addictions. Research findings have shown an inverse relationship between personal religiousness and alcohol use, substance abuse, and associated problems (Allen & Lo, 2010; Conner, Anglin, Annon, Longshore, 2008; Miller & Brogenschütz, 2007; Stewart, Koeske, Pringle, 2007). For example, a study conducted in an inner city heroin and cocaine treatment center found that those who reported higher levels of spiritual experiences and stronger religiousness or spiritual orientation had more cocaine-negative urines and more opiate-negative urines. Additionally, those spending more time in religious practices had twice as many negative urines and remained in treatment almost two weeks longer than other participants (Heinz, Epstein, Kenzie, Preston, 2007). Furthermore, private religious practices and attendance at religious services were found to predict purpose in life and positive affect over and above coping through the use of drugs and alcohol in the general population. This finding suggests that although some individuals might search for short term comfort by using substances, substance use as a means of coping decreases well-being while religion and spirituality contribute to enhancing positive emotions (Ciarrocchi & Brelsford, 2009).

Religion and spirituality also moderate the levels of addictive behaviors such as gambling. Gambling addiction is often used as a form of relief from emotional distress. Spirituality in the form of prayer fulfillment has been found to have the potential for reducing emotional distress for problem gamblers. Additionally, both a

personal relationship with God and a spiritual connection with others correlated with gambling abstinence (Walsh, Ciarrocchi, Piedmont, Haskins, 2007).

As is the case with studies that examined the effects of religious involvement and substance use, studies that examined the effects of participation in Alcoholics Anonymous (AA) consistently reported modest relationships between abstinence, attendance and working the 12 steps (Miller & Bogenschutz, 2007). Recent research has focused on the spiritual practices acceptance, forgiveness, meditation and prayer which are emphasized in the 12 steps of AA and other 12-step programs such as Narcotics Anonymous. Acceptance which refers to the ability to accept the realities of life has been shown to predict the length of sobriety. Forgiveness of self and others has been associated with lower levels of depression, anxiety and substance use. Finally, the practice of meditation and prayer correlated with length of sobriety and a sense of purpose in life (Delaney, Forcehimes, Campbell, Smith, 2009). The exposure of religious or spiritual thinking and practices in treatment programs may influence recovery by altering the beliefs and values that help shape purpose in life.

In a review of empirical studies regarding substance abuse in Christian church populations, Dyslin concluded that spiritual surrender was the key agent for change in recovery from substance use and addiction. The construct of spiritual surrender incorporates a number of qualities including fully giving oneself to God, self-denial, abandonment to divine providence, and abiding in Christ. In order for a person to surrender to God, the willful attachments to selfish desires must be released. In the case of chemical addictions the attachment to euphoric feelings, immediate comfort and gratification must be released (Dyslin, 2008).

IV. Religion and Spirituality in Psychotherapy

Despite the emerging empirical evidence that supports the use of religious and spiritual in therapy, many therapists remain reluctant to incorporate these domains in treatment and may in fact undervalue the role of religion and spirituality in the lives of their clients. Beyond recommending that clients attend AA meetings psychologists and counselors may feel unprepared or at a loss in terms of whether or how to explore spiritual and religious issues related to a client's problems with alcohol or substance use. However, explicit attention to

the spiritual and religious dimensions of mental health in the process of psychotherapy provides greater sensitivity to and awareness of the client's worldview. Drawing out the client's own understanding of their faith or lack of faith and how their substance use or addiction fits into their view of meaning and purpose in life is crucial to the process of change. When there are no contraindications, counselors can help clients develop and explore their spirituality so that it is a resource that can be drawn upon instead of a void to be filled (Delaney et al., 2009).

The exploration of spirituality and religiosity in case conceptualizations can increase the counselors understanding of the client's worldviews and choices. Religion and spirituality is central to the meaning systems or orienting systems of most clients and central to how life is experienced on a daily basis (Park & Slattery, 2009). Open questions that probe into the client's view and understanding of religion and spirituality can be incorporated into case formulation. Delaney and colleagues (2009) suggest questions such as: Whom or what do you believe in, have faith in? What do you image God is like? How do you understand your purpose in life? What things in your life have you regretted? When in your life have you felt truly blessed?

The following is an example of how a client's early foundation of positive religious experiences provided a source of strength and internal resources during his change and recovery process. Ralph, a 55-year-old African American male who has been free of alcohol and substance use for 17 years, recounted his story. He reflected on his youth as the oldest son of seven children and stated that he "came up hard." His father, a substance user, was absent from his life and he grew up resentful and angry, feeling disconnected and ignored much of the time. Although Ralph became involved in substance use and related criminal activities during his teen and early adulthood years, he attributes his transformation and continued abstinence to early religious experiences. He described early memories of attending church and of his mother reading from the bible and telling bible stories. The religious values and practices which were established during his childhood were at the core of his belief system and these values emerged at a point of deep despair in his life. He described asking God to deliver him from his addictions and promising to turn

his life over once free. Currently, Ralph maintains close ties with his family and is active in social and outreach ministries in his community.

For Ralph and many people of African descent, religion and spirituality is an integral aspect of their social and cultural identity. Religion and spirituality have served as a stabilizing force and a source of resilience in the African American culture for generations. Ralph reflects this cultural connection with a Higher Power as he describes his current relationship with God through biblical passage: “The Lord is my rock, my fortress, and my deliverer, my God is my rock, in whom I take refuge, my shield, and the horn of my salvation. He is my refuge and my savior” 2 Samuel 22:2-3 (NIV Study Bible).

The religious and spiritual beliefs that a client holds are a crucial aspect in case formulation as the counselor seeks to assess the internal resources that can promote and sustain freedom from addictions for their clients. For many who are in recovery from addictive behaviors such as Ralph, religion and spirituality serves as an anchor and a source of strength. Counselors who fail to address the religious and spiritual traditions and beliefs of clients, particularly for clients of African descent, are not only missing the opportunity to build an alliance but they are not tapping into the existing strengths and internal resources for coping with the challenges and difficulties of life.

On the other hand, the connection to God may be less accessible or frail for some. Although teleological in that all human beings have a striving for closeness with God, some clients may have negative experiences or a negative image of God that has caused a separation that has led to feelings of isolation. Counselors must be sensitive to the lack of connection to God and spiritual struggle that would make explicit religious and spiritual interventions inappropriate. A case that illustrates this point is Daniel a 57-year-old in recovery from substance use. Daniel describes himself as “Jewish by ethnicity but not by practice.” He stated that he was somewhat shy and withdrawn during adolescents. He recounted his life during the 1980’s as highly successful as he moved quickly through the ranks of a major corporation to the position of regional executive. He began to use cocaine socially and felt that it was harmless because he could financially afford his indulgences. He also believed that the

exhilaration he felt under the influence of cocaine was beneficial to the social interactions necessary for his career and that it assisted him in keeping up with the fast pace of his business. However, he was unaware that while his career and material wealth expanded, his drug use became his primary focus increasingly isolating him from his wife and children. Eventually his drug use and life style led to a contentious divorce. The loss of his family did not deter his drug use because his material assets continued to grow and he was receiving accolades for doing well professionally. Only a near death experience and an extended hospitalization forced him to stop using cocaine.

Interestingly, Daniel began to experience depressive symptoms after he stopped using drugs. His depression became so severe that it resulted in a psychiatric hospitalization. He retired on disability after this second hospitalization thinking that the demands of his career contributed to his depression. Now, 13 years later, he is still financially well off due to investments and assets. However, he continues to be estranged from his family and does not have close personal relationships. He smokes 20-30 cigarettes a day and constantly seeks psychiatric treatment to obtain prescription medications. Although medical doctors and various psychiatrists have recommended that he seek on-going therapeutic counseling, Daniel insists that he does not need individual counseling and that regular attendance in Narcotics Anonymous meetings adequately supports his recovery. When asked about his current life goals he stated that if he could meet a nice woman and have a romantic relationship he would probably give up the cigarettes. Daniel is separated from God and others, his life void of meaning and purpose.

In the case of substance dependence, the physical craving can be seen as a modern form of idolatry progressively displacing previous priorities, relationships and values, and becoming the central concern of a person's life (Miller & Bogenschutz, 2007). In Daniel's case the focus on one addiction was simply substituted for a different pattern of addictive behaviors. Gerald May (1988) advises that even with careful, conscious reflection by the individual in recovery, the choice of substitute addictions is not easy. Reformation for behavior usually involves substituting one addiction for another, adapting to a new, possibly less destructive normality. Sometimes substitution is intentional, sometimes unconscious. An overeater adapts to jogging

and yoga; a smoker adapts to chewing gum or eating, a television addict becomes dependent upon guided meditations; an aggressive person becomes accustomed to ingratiating behavior; an alcoholic becomes addicted to AA. Many substitutions are used intentionally as temporary aids in making the transition from one lifestyle or normality to another. These substitutions may lessen withdrawal symptoms by making the behavioral change as small as possible. This is an attempt to make the transition to independence as painless as possible. Sometimes it works; often it does not. For this reason if not no other, attempts to change a major addiction should not be done without the support of counseling. Even if the individual does not admit needing the empowerment of God's Grace, the gracious counsel of others is imperative (May, 1988).

Frankl (1978) proposes that addiction can at least partially be traced back to a feeling of meaninglessness and that the will to find meaning in life is a primary and basic human motive. The main goal in life is not to gain pleasure or power, but to find meaning and value in life. The role of the counselor has been described by Delaney and colleagues (2009) as a delicate balance between understanding the values and beliefs of the client and guiding them; knowing when to listen deeply and when to offer something new. Central to the counseling process is the exploration of universal spiritual issues such as the role of meaning and purpose in life, forgiveness, gratitude, and hope in overcoming problems with alcohol, substance use, or any addictive behavior. If Daniel were to engage in therapeutic counseling, the search for meaning and purpose in life would in fact be his spiritual journey.

V. The Therapeutic Counselor and Divine Love

First and foremost in counseling as in any helping relationship is the understanding that there is no separation between the counselor and the client, the teacher and the student, or the minister and the congregant from the perspective of the human condition. Each person struggles with their own sense of loss, suffering, feelings of inadequacy and isolation. Each of us engages either consciously or unconsciously in a pattern of addictive, compulsive, or ritualistic behaviors to numb our pain or diminish our anxiety. Christian edict teaches us not to judge hypocritically or self-righteously, as illustrated in biblical verse. “Why do you look at the speck of sawdust in your

brother's eye and pay no attention to the plank in your own eye? How can you say to your brother, "Let me take the speck out of your eye, when all the time there is a plank in your own eye? You hypocrite, first take the plank out of your own eye, and then you will see clearly to remove the speck from your brother's eye" Matthew 7:3-5 (NKJV).

The therapeutic counselor must seek to understand without judging, criticizing or blaming. Every human being's life is filled with examples which require understanding from others and that is what should compel us to share, without judgment, in the human struggle for love and acceptance. Counselors must be willing to examine their own fallacies and spiritual struggles and be willing to embrace their own weaknesses as they embrace the weaknesses of others. For those suffering with addictions as well as those who are their helpers, instead of thinking of inadequacies as terrible defects, weaknesses can be thought of as doorways through which the power of grace can enter (May, 1988). From a biblical perspective, God's grace is sufficient and God's power is made perfect in weakness. As stated in 2 Corinthians 12:9-10 (NIV), "Therefore I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me. That is why for Christ's sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong."

Henri Nouwen suggests, in his book *The Wounded Healer* (1979), that the great illusion of leadership is to think that man can be led out of the desert by someone who has never been there. He provides the following reflections for religious leaders,

Who can listen to a story of loneliness and despair without taking the risk of experiencing similar pains in his own heart and even losing his precious peace of mind? In short: Who can take away suffering without entering it? (79)

The same is true for counselors working with addictions. It is only through compassion that it is possible to recognize that the same craving for love and fulfillment that clients feel also resides also in the heart of the counselor as well. St. Paul's letters to Christian communities advise that we see indistinctly, face to face with our fellow man, "...then I shall know even as I am known. There are in the end, three things that last: faith, hope, and love, and the greatest of these is love" 1 Corinthians 13:6-13 (NIV).

Love. The therapeutic counselor's way of being with those suffering from addiction is to give the gift of love. The greatest religious tenet is love. Love in the form of empathy and acceptance is fundamental principle of counseling theory and practice. Motivational interviewing, an evidenced based counseling approach commonly used by clinicians in the treatment of addictive behaviors, proposes that change arises in an accepting, empowering atmosphere where the client is safe to explore what is wanted and valued. The role of the counselor is not to judge, humiliate, or even to persuade, but to understand through respectful listening, to build trust, and to enhance the client's self-esteem (Miller & Rollnick, 2002). Is this not love? To love in the bible is described as being patient and kind. "Love does not rejoice in what is wrong but rejoices in truth. There is no limit to love's forbearance, to its trust, its hope, its power to endure" 1 Corinthians, 13:4-7 (NIV).

God's grace and love can develop in a moment. As Henri Nouwen (1979) states, "One eye movement or one handshake can replace years of friendship when man is in agony. Love not only lasts forever, it needs only a second to come about" (67). The power of God's grace and love expands in an atmosphere of acceptance and respect as clients move toward truth, self-discovery and revelation. In these moments when clients gain insight about themselves, their beliefs, and their underlying emotions, God's grace and love is almost tangible and can be felt by both the client and the counselor.

Hope. The counselor's role in addition to the gift of love to their clients is the instillation of hope. In motivational interviewing hope is synonymous with self-efficacy. Self-efficacy refers to a person's belief in his or her ability to carry out and succeed with a specific task. If the counselor and client identify the need for change and the client perceives that there is no hope or possibility for change then no effort will be made. The counselor must believe in the client's capabilities and have the expectation that the client can change. This belief and expectation builds the client's confidence in his own capacity to succeed (Miller & Rollnick, 2002).

Self-efficacy and hope cannot be built upon platitudes or affirmations that simply sound good. Hope must be grounded in truth, meaningful experiences, and commitment. The counselor must speak "the truth in love" to promote maturity and spiritual growth Ephesians

4:15 (NIV). The counselor must accurately reflect the realities of the client's situation and behaviors as well as communicate the potential for growth and change. The counselor has a challenge similar to that given by Jesus to his disciples; to be as wise or as shrewd as serpents yet as harmless as doves Matthew 10:16 (NIV). This parable can be interpreted to mean that the counselor must be able to recognize resistant behaviors such as hostility, making excuses, blaming, pessimism, and sidetracking which can be difficult to respond to in a positive and open way. At the same time, the counselor must maintain the perspective of gently moving the client toward change and evoke optimism.

Furthermore, self-efficacy requires that the client be committed to and responsible for his or her choices and progress toward change. Although God calls us all toward a more perfect life, we cannot personally achieve perfection. However, we can and should do our very best to move in that direction (May, 1988).

Addiction cannot be defeated by the human will acting on its own, not by the human will opting out and turning everything over to divine will. Instead, the power of grace flows most fully when human will chooses to act in harmony with divine will (May, 1988, 139).

Faith. Counselors who are treating individuals with addictive behaviors must themselves believe in the process of change and have faith that their clients will find the strength, courage, and commitment to change. The parables in Matthew 13:31-33 (NIV) that foretell the spread of God's kingdom provide a metaphor for the counselor's faith in the counseling process. The counselor must look for the smallest sign of change in their clients and nurture it having faith that just as "a mustard seed is planted it will grow to become the largest of the garden plants so that the birds of the air come and perch in its branches." Faith allows the counselor to build on the first steps toward change believing that these experiences will be like "the yeast that is mixed into a large amount of flour and worked all the way through" bringing the spiritual growth that will permeate throughout the client's life providing fulfillment, meaning and purpose.

In conclusion, counselors working with clients who are struggling with addictions must be in true relationship with God and with their clients. Counseling is not about being separate from or having authority over clients. There can be no separation between

God, the counselor and the client for healing to occur. Unity and collaboration are key. The counselor and the client must work together to heal the rift and the pain the client is experiencing caused by his or her separation from God. The counselor must probe to discover the client's view of spirituality with sensitivity and awareness. The counselor must be sensitive to and aware of the possibility of painful past experiences, negative religious images, and differing religious views and beliefs. The client at a minimum must have an attitude of willingness and openness. When the counselor stands with their client in truth and love, God's Grace can filter through the relationship. It is then that the portal is open for Divine Love to enter.

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