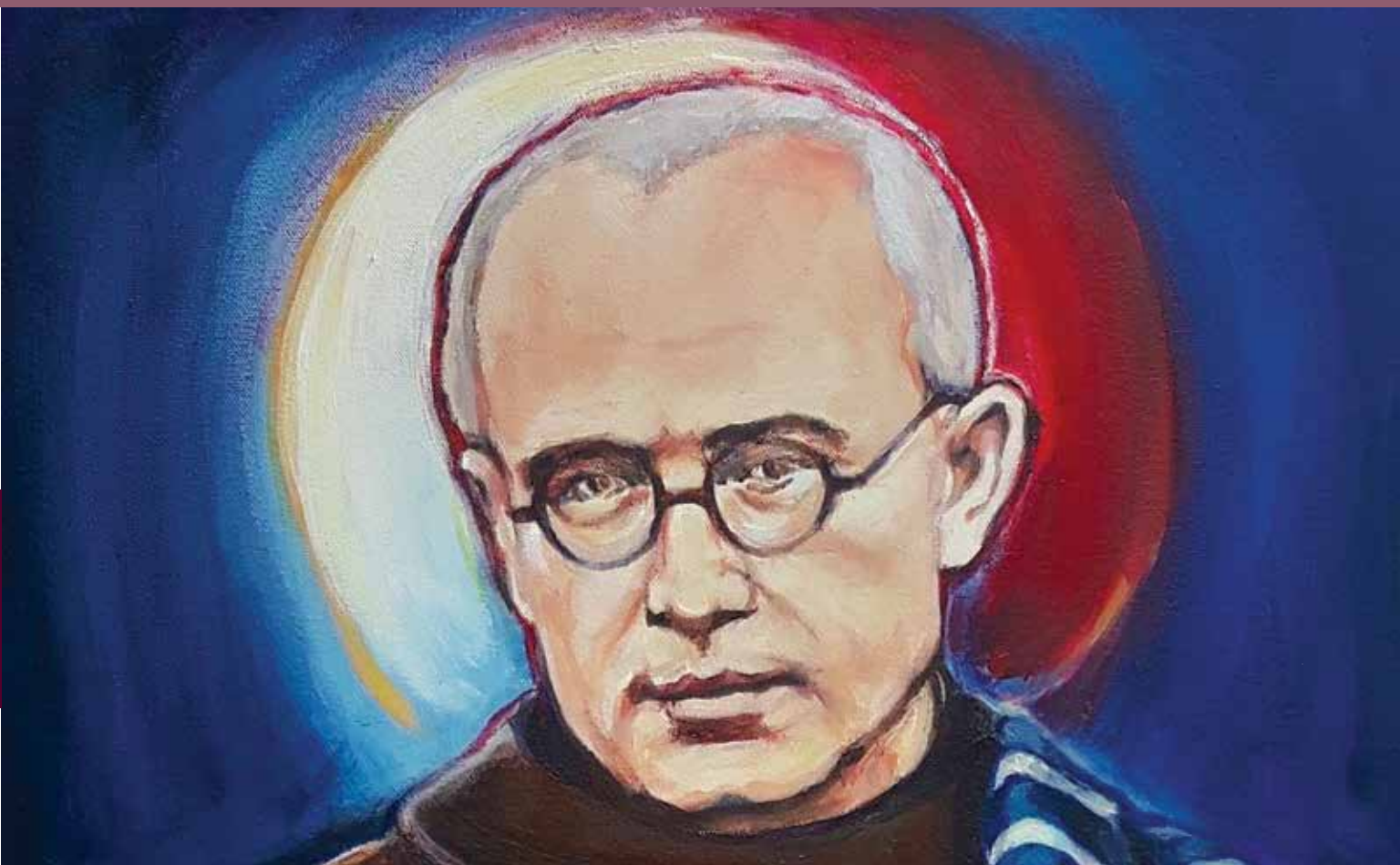


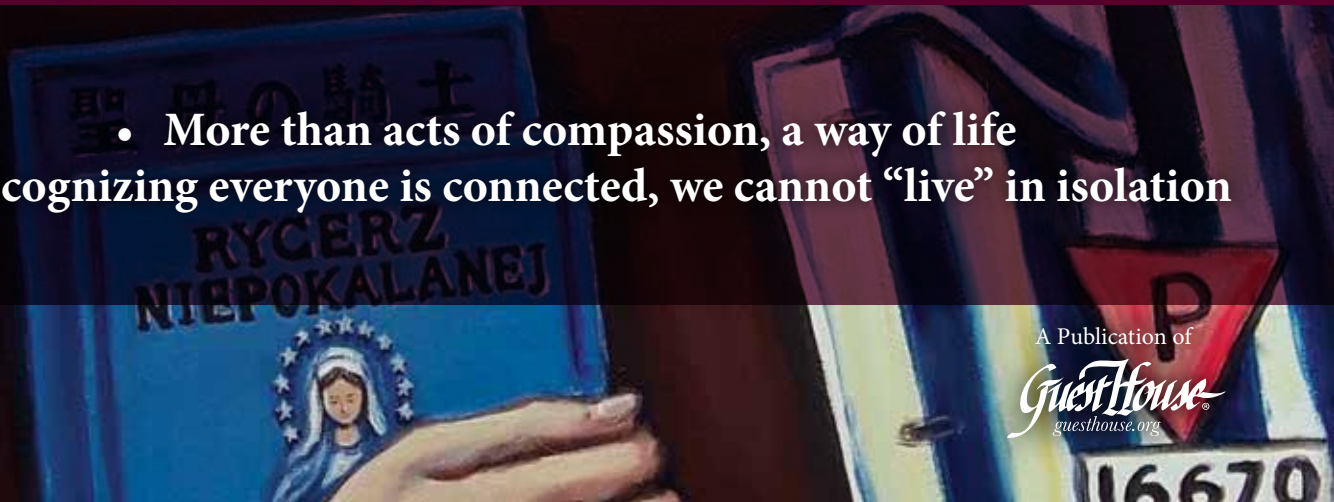
HD HUMAN DEVELOPMENT

Volume 41 Issue 3 Spring 2021



SOLIDARITY

- More than acts of compassion, a way of life
- Recognizing everyone is connected, we cannot “live” in isolation



A Publication of
GuestHouse
guesthouse.org

CONTENT

HUMAN DEVELOPMENT

Human Development magazine is a quarterly publication for people involved in the work of fostering the human and spiritual growth of others. This includes persons involved in religious leadership and formation, spiritual direction, pastoral care, education, counseling, health care, and those interested in the development of the whole person.

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Dear Archbishop

LETTER FROM THE EDITOR

Spring 2021

Dear friends of Human Development,

In his most recent encyclical, Frattelli Tutti, Pope Francis has suggested solidarity as a theme which is essential for our world as we move out of pandemic. He builds on a theme that was also near and dear to Pope St. John Paul II and indeed a way of living the Gospel that goes back to the earliest Church. In this issue of Human Development, we hope to provide you a spectrum of ways to understand and live this virtue of solidarity.

Ideally, “solidarity” as a way of thinking and acting could and should permeate every aspect of our lives including our prayer, work and leisure, shaping our decision-making use of resources on the personal and institutional level, and even as we relate to each other in business and the professions. It is a principle that should also be invoked to re-shape global politics; recall the impact of solidarity in Poland in the late 1970’s and the eventual collapse of Communism in Eastern Europe.

As you know, Human Development magazine is largely funded by Guest House as one of its tools for education, formation and renewal, and helping people develop balanced lives in the midst of an addictive society. Solidarity is another way of speaking about the consolation (and challenge) people with addiction experience in settings of group support and therapy. Most of us make regular commitments to faith-sharing and Scripture groups; all these are powerful examples of solidarity – vitally needed in this time of social unrest, pandemic isolation and quarantine. We all need to remember we are not alone!

To set a tone for the issue, I wrote an introductory essay giving some general background and perspective on solidarity. Seeking to address the violence which haunts our culture, Fr. John Celichowski, OFM, Cap., offers insights from Pope Francis’ encyclical on solidarity. Most notably, he emphasizes “attachment to the good,” rather than letting ourselves be held back by fear.

Msgr. John Strykowski, retired priest of Brooklyn Diocese, offers interesting insights regarding the internet and solidarity: he recognizes the positive opportunities of the internet and also the many dangers through its misuse. He teases us with the thought: Jesus “invented” the internet.

In the fourth essay, Carolyn Humphreys of Boston College reminds us that dealing with physical pain, psychological stress, limitations and loss are all “moments” where solidarity is most critical: the acute reality of pain calls us out of self and helps us recognize the mystery of Christ’s cross that we share together. The way Christ died and was raised is the ultimate expression of solidarity.

In a similar vein, Linda Bauer describes her own experience of deep personal vulnerability in marital breakdown. Her vulnerability brought her into solidarity.

Sherry Gaugler-Stewart writes from her experience as one engaged in recovery programs; she describes the way “family” is vital to recovery – another way of emphasizing and expressing solidarity.

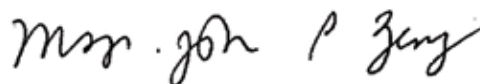
Ted Quant offers some timeless advice which is extremely needed in today’s media sound-bite culture: we can only dare to speak after we have truly “heard” the “other.” Unless we truly want to understand the other, we remain stuck in our own isolation and will never come to solidarity.

Finally, Fr. Michael Verschaeve, a life-long friend, classmate and fellow Detroit priest, shares his reflections as he reviews more than four decades of priestly ministry. Without using the word “solidarity,” his humble “confession” from the heart will stir many reflections in your heart as well.

Finally as an image for the cover; we chose St. Maximilian Kolbe, OFM, the priest at Auschwitz who offered to trade places with a prisoner sentenced to death so that the prisoner could perhaps one day return to his family after the war. And so it happened: like Christ, Fr. Maximilian performed the ultimate act of solidarity.

Thanks for your support. Please encourage others to read our journal – that too would be an act of solidarity!!

Your brother in the Lord,



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“The community of believers was of one heart and mind and no one claimed that any of his possessions was his own, but they had everything in common.”

(Acts 4:32)

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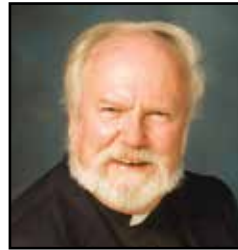
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July 9-11, 2021
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Men's Annual Alumni Reunion
August 2-5, 2021
Eastern Point Retreat House
Gloucester, MA

Walking With the Wounded
September 22-24, 2021
Virtual

Men's Fall Alumni Retreat
October 3-7, 2021
Miramar Retreat Center
Duxbury, MA

Detroit Bishop's Dinner
October 26, 2021
Detroit Athletic Club
Detroit, MI

Women's Alumnae Fall Retreat
November 1-4, 2021
Villa Maria Del Mar
Santa Cruz, CA

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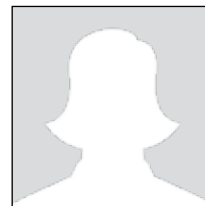
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Sherry Gaugler-
Stewart



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Rev. Michael
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INFORMATION FOR AUTHORS

The editors of *Human Development* are quite eager to publish articles that translate the latest research in psychology, health, medicine, and spirituality to ministry, formation, and practice. Our hope is that *Human Development* will be known as the most user-friendly ministry publication. This will require making complicated theoretical knowledge, research, and concepts understandable and applicable to the personal and professional lives of our readers.

Since ministry is in a time of significant transition and change, we anticipate that the articles we publish will enlighten and positively influence the daily decisions and practices of those in Church leadership, ministry formation, spiritual direction, and counseling of any kind. There are also a number of previously under-appreciated forces that uniquely influence ministry and ministers: cultural, organizational, and situational factors. We intend to highlight and honor these factors in the pages of *Human Development*. Accordingly, we ask prospective authors to be mindful of these considerations in their manuscripts. Manuscripts are received with the understanding that they have not been previously published and are not currently

under consideration elsewhere. Feature articles should be limited to 4,500 words (15 double-spaced pages); shorter articles will be considered. All accepted material is subject to editing. When quoting sacred scripture, the New Revised Standard Version is preferred. All manuscripts are to be prepared according to the Publication Manual of the American Psychological Association (6th edition).

Letters are welcome and will be published as space permits and at the discretion of the editors. Such communications should not exceed 600 words and are subject to editing.

Authors are responsible for the completeness and accuracy of proper names in both text and bibliography/suggested readings. Acknowledgments must be given when substantial material is quoted from other publications. Provide author name(s), title of article, title of journal or book, volume number, page(s), month and year, and publisher's permission to use material.

Manuscripts should be submitted to Msgr. John Zenz at jzenz@hnchurch.org as an email attachment.



FAMILIES IN ADDICTION RECOVERY:

FINDING OUR WAY BACK TO “WE”

by Sherry Gaugler-Stewart



A FAMILY PROBLEM REQUIRES A FAMILY SOLUTION

Addiction to drugs and alcohol is a family disease. Most often when families hear this, they think we are saying that addiction runs in families – and there is some evidence to support that conclusion. But, what we mean by “family recovery” is that when you love someone struggling with this disease you cannot help but feel the impact of their pain. This reality of shared pain is also true for other diseases such as cancer or diabetes - especially if our loved one isn't following the protocols prescribed for their healing! So, the question becomes: why do our reactions in the case of addiction seem so much more pronounced or troublesome?



Part of the answer lies in the misunderstanding of alcoholism and addiction we have learned from our society. What we hear and believe is that if our loved one goes somewhere for treatment or recovery, and at the conclusion of that process everything will be fine. But that isn't the full scope of how recovery happens. When someone goes to a treatment center for addictions, the staff there help create enough stability to build a foundation. But the real work of recovery – work that leads to lasting change – happens when someone leaves the facility and starts practicing the skills they've learned. It's amazing to watch these miracles take place! In fact, I live with one of those miracles as I witness my husband's continuing recovery. But we need to recognize that changing a dynamic takes more than one person!

So, where do we start helping families understand this disease? In her book, "Family Strategies: Practical Tools for Professionals

Treating Families Impacted by Addiction," Claudia Black, PhD, MSW shares about the symptoms that happen on both sides of this disease. Sometimes in addiction, family members get into an "us vs. them" stance – looking at their loved one as *the* problem, rather than having *a* problem. From almost any perspective, that makes some sense, as the consequences experienced due to active addiction are typically evident and dramatic. It can be helpful for families to discover the ways that they are much more similar to their loved one than they may have imagined.

ISOLATION

Isolation often accompanies addictive behavior. Over time, a person with this disease will isolate more and more for a variety of different reasons. Sometimes they just want to be left alone to use their substance without interruption. At other times, shame or guilt keeps them isolated. At times they choose

isolation so as to protect loved ones from the painful reality of what they are going through. But in fact, such attempts to shield others do not take into account the pain that is caused by pushing others away.

Family members isolate too, although they may not even be aware of it. They stop engaging in activities that they normally would, because they want to make sure they are available if their loved one needs them. They find themselves turning down invitations they would otherwise accept due to exhaustion, or finding that they don't want to be put in a position to answer the simple question of "how are you?" They don't know if it is okay to talk about it, or if they should lie about it, so it feels easier to just avoid the situation entirely. On both sides of this disease, worlds become smaller and smaller.

DENIAL

Another characteristic of alcoholism or addiction is denial. In a session I conduct with our residential guests, I often ask them what their denial sounded like: "I can stop anytime." "I'm not an alcoholic, because I still have my job." "At least I'm not as bad as *that* guy!" "I'm not hurting anyone!" "I'm only affecting myself." Practicing denial gives us permission not to have to take any action. Why would we need to fix something that isn't a problem?

Family members buy into this denial, and truly

want to believe that their loved one can stop using if they muster enough will power. They also get caught up in what I call "situational denial" where they seek the magic bullet that can make all of their loved one's problems go away. The sounds of family denial often start with the words "if only you would..." The hope is if their loved one changes one thing, then all of the other things will fall into place. This approach is refusing to see a larger disease at play. Families often deny that their behavior has had a part to play in the dynamic of the disease, even though most family members haven't been feeling very good about their reactions and behaviors in the midst of active use.

PREOCCUPATION

In 2016, the Surgeon General published a report on addiction that was 413 pages in length, clearly stating that addiction is a disease of the brain. One of the characteristics that happens with the brain of someone struggling with alcohol or drug addiction is a preoccupation. The focus, which often seems to border on an obsession for the person in active addiction, is on their substance. They wonder if they have enough; when can they get more; when can they use it; and spend a lot of time planning for that use. They stop being present to those around them, fixated almost exclusively on the substance that their body is telling them that they need. It's difficult to have any sort of meaningful relationship with

Family members isolate too, although they may not even be aware of it. They stop engaging in activities that they normally would, because they want to make sure they are available if their loved one needs them... On both sides of this disease, worlds become smaller and smaller.

anyone else when your primary relationship is with a substance.

Family members become preoccupied, as well. Their preoccupation isn't with a substance, it's with their person. They wonder when they are coming home; why they aren't responding to their text; are they okay; and the biggest fear, of course, are they alive? They also stop being present to what's happening around them, other relationships, or their employers, and often become completely absorbed with this person that they love. This preoccupation can lead them to behaviors that cause them shame. In the Family Program that I oversee, I've heard family members talk about how they have figured out online banking passcodes, or monitored cell phone records, so that they can track what's going on with their loved one. Their thought is that if they know who they are connecting with, or how they are spending their money, they'll have an indication as to whether or not their loved one is okay. I heard a woman once talk about how frustrated she had become with her husband's preoccupation, and the image that she would describe is that when he has his arms wrapped around the bottle, nothing else seemed to matter. When she started to get support for herself, she was able to take a few steps back and see a bigger picture: there she was in the same stance, except instead of her arms being around a

bottle, they were around her husband – and nothing else seemed to matter to her when she was in that frame of mind.

INCREASED TOLERANCE

An increased tolerance is a characteristic of addiction. For a person active in their addiction, this increase may involve using more and more of a substance in order to have a similar effect or feeling to what they experienced in the past. Unable to achieve the desired result can lead to making a choice for a stronger substance; in drug addiction, that choice might likely be something more deadly. In later stages of the disease, that tolerance leads people to need to partake in a substance on a regular basis, just to be able to function, so that they don't become sick from withdrawal symptoms. As this disease progresses, the magnitude of the increase becomes terrifying to watch for those who love the addicted person.

Where families are concerned, there is an increased tolerance to the chaos that happens with addiction. In the midst of the escalating experiences and consequences, families find ways to cope. They often make excuses or take on responsibility. They find a way to work around it. They step more deeply into denial to keep the pain at bay. And then, when a larger crisis happens, they wonder how they could have ever gotten to this place.

When she started to get support for herself, she was able to take a few steps back and see a bigger picture: there she was in the same stance, except instead of her arms being around a bottle, they were around her husband – and nothing else seemed to matter to her when she was in that frame of mind.



LOSS OF CONTROL

The way the disease of addiction works in a person's physiology: once the addicted person ingests their substance, something in their body wakes up a craving for more. It's something that is difficult to understand for someone who doesn't struggle with addiction personally – and often for those who do. When I discuss this concept with those who we serve who are seeking recovery in our programs, the topic of this loss of control often becomes a conversation of the other losses that have happened: relationships, jobs, self-esteem, financial status, the ability to engage in things that are important to them...the list goes on and on. Addiction is a thief. It robs everyone with whom it comes into contact.

As a family member, myself, affected by my husband's alcoholism, I had a loss of control, too. My loss of control didn't involve a substance – it involved my emotions. I stopped

talking to my husband about his drinking, as those conversations often turned back around on me. I didn't know anything about the disease of addiction at the time, but what I now know is that when his disease was driving his behaviors - and I started a conversation about the problems I was seeing - his first impulse was to get me out of the way. He would often do that by saying "if you had a wife like you, you'd drink, too." He had found a statement that worked every time.

I stopped talking to him about his drinking, because hearing that over and over again was too painful to bear. But, I still had all of those emotions. They would come up in full force at inappropriate times. I remember one day very clearly: I got up in the morning and cleaned up the kitchen before work. When I got home, there was a pile of dirty dishes in the sink. I flew off the handle. Even in that moment, I knew that was a really big reaction for the



situation at hand! But once those emotions started coming out, I couldn't reign them in. I had a loss of control, too.

OVERCOMING FEARS

I find that most reactions from families are based in fear, and in my experience, that fear doesn't just go away from someone's stay at a recovery facility. If families aren't learning about this disease and aren't finding a way to get support for themselves, the fear that they have about their loved one finding recovery turns into fear about whether or not their loved one will maintain that recovery. Their loved one could be doing everything "right" in their recovery journey, but if family members aren't learning about addiction and recovery, too, they may not see it as such. And even though their reactions weren't helpful in the past – to themselves *or* their loved one – they

may still revert back to them in times where they feel triggered. This adds additional stress and pressure on someone who is already experiencing plenty of stress and pressure by attempting to change how they've been living their lives.

Those of us working in the addiction recovery field have come to expect that the first year of someone's recovery is the most difficult. People that we serve will have spectacular, breakthrough days that are a joy to behold. They will also have days that feel incredibly dark, especially when trying to figure out how to navigate their lives without using the thing that they had relied on previously to help them. When a family is a witness to these ups and downs, their first instinct is to immediately talk to their loved ones about what they see. They want to point out and celebrate the good.



recovery from alcohol or drug addiction. A publication from the Substance Abuse and Mental Health Services Administration (SAMHSA TIP Series #39, 2015) explains that when family members understand how they have participated in the loved one's addiction, and are willing to actively support their recovery, the likelihood of successful, long-term recovery improves. Broken down, this means that families educating themselves, and finding their own support, helps to create the space for their loved one's recovery. In almost all types of family recovery, that means taking one's focus off someone else, and placing it back on oneself.

This idea can be counterintuitive at first – or at least it was for me. I thought it was my job as the woman who loved her husband to place myself in the center ring with alcoholism and battle it. I did this in a myriad of ways, depending on the day. I was always looking for an angle to break through to him and would sometimes approach him out of love and concern – and other times out of deep anger and frustration. I got it in my head that if I could stop him from the first drink, I could stop him from the rest of them, as well. I spent my time pouring alcohol down the drain, hiding car keys, and cutting up credit cards. None of these things helped. But these are the things that family members do when they don't know what else to do. These are the things that family members do when they are scared.

They want to warn against those that appear negative. While apparently well-meaning, they can add an extra layer of complication to a situation where someone is putting in great effort. It's beneficial for all involved to offer everyone the opportunity to learn tools and skills to deal with their own emotions.

In addition to helping family members find peace, the process of family recovery creates beneficial outcomes for their loved ones in

I spent my time pouring alcohol down the drain, hiding car keys, and cutting up credit cards. None of these things helped. But these are the things that family members do when they don't know what else to do.

The 3Cs stand for the fact that family members did not cause the disease of addiction in their loved one, and that they can't cure it or control it. Finding a way to embrace these truths, although not easy, creates a space for some relief.

THE 3CS

So, where do families start to learn a different way? First is the understanding of the characteristics mentioned above. The second step is to find a way to shift their perspective. In the Al-Anon Family Groups, the entry level family recovery concept is something they refer to as the 3Cs.

The 3Cs stand for the fact that family members did not cause the disease of addiction in their loved one, and that they can't cure it or control it. Finding a way to embrace these truths, although not easy, creates a space for some relief.

Parents, especially, struggle with this concept. We live in a society that tells us that if our kids are “good” or “bad” it has to do with our parenting. And we still look at addiction as a moral failing or a bad choice – even though alcoholism was first listed as a disease by the American Medical Association in 1956. That's a really long time for something to still be met with such stigma. The truth of the matter is that good parenting doesn't stop addiction. And bad parenting can't purposely create the physiology needed in someone else to make them susceptible to this disease.

Although we most often hear the 3Cs in relation to families, they actually apply to their loved one's disease, as well. Most people wouldn't mindfully choose a life that comes

with so much pain, disappointment, and loss. The initial actions that led to that destructive path are things that most of the population has engaged in, without any consequences at all, hence the nature of the confusion for all involved that comes with addiction.

Sometimes when families learn about the 3Cs, they feel a little hopeless. They feel like this means that there are no further actions that can be taken to help their loved one. This is untrue. In fact, the learning of the 3Cs shows the reality of the situation, which is that families spend a lot of time, energy, and resources focused exclusively on changing their loved one. They come to realize that if they had the power to change that person, that change would have happened long ago, particularly with all of the effort they've put forth! There is a magic that happens when we stop trying to change someone else: we find the space to start focusing on positive changes that we ourselves could make.

That awareness starts us on the path to healing our relationships. It's a spiritual dichotomy of sorts: when we are each focusing on our own recovery journey, we are more readily able to come together in our relationships. Our own individual healing helps to connect us to family healing. This is how we find our way back to “We”.

QUESTIONS FOR REFLECTION

1. Sherry Gaugler-Stewart has a husband and other loved ones in recovery and ministers in family recovery programs; she knows well the challenges and opportunities she describes! Her main point is the necessity of each person in the family recognizing they themselves need to focus on their own recovery journey rather than seeing the addicted loved one as “the problem.” Has that been your experience in your own family “issues?” Has that insight also been applicable in ministry of all kinds in which you’ve been engaged?
2. The author points out that “real” recovery begins when the addicted loved one returns home and has to put their new insights and life-skills into practice. Have you seen that insight proven true in your life?
3. She suggests that most families dealing with recovery have to overcome quite a few reactions based on fears. Two of the primary ways to face these fears are education and understanding our own need for integration and healing. The key for all parties seems to be honest, on-going self-assessment and a willingness to practice humility and seek help. Do you agree? Would not these same conclusions also apply to many other relationship issues beyond addiction? Some might phrase this as a letting go of “ego.” In some way is this not the message of Christ about “losing oneself” to “find oneself?” “Death-to-self” makes possible genuine community – the paschal mystery and solidarity.



ABOUT THE AUTHOR

Sherry Gaugler-Stewart is the Director of Family and Spiritual Recovery at The Retreat in Wayzata, MN. She has worked with The Retreat’s Family Program since its inception in 2005. Sherry is a trained spiritual director, a certified Structured Family Recovery (R) Counselor, and has been an active participant in 12 Step family recovery since 1999. In addition to her work with the Family Program, she has led spiritual retreats and workshops internationally, and is a meditation teacher. She speaks on the topic of family recovery regionally and nationally, as well as contributes to blogs and publications. She also oversees Kids CAMP at The Retreat, a program for children aged 7 - 12 years who are growing up in families impacted by someone’s addiction.

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Upcoming Issue of HD

Summer 2021 - "Vulnerability"

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