

Sermon: Double Trouble
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One of the major activities of my community minister is to be the producer of a public access TV program focused on mental health issues. One of my shows focused on the topic of today's service: co-existing disorders; that is when a person has both a mental disorder and a substance abuse problem.

A guest on that show was Linford Gayle, who is such a person. I'll let him describe it for you

Watch Linford's story at: <http://blip.tv/mental-health-matters/linford-gayle-co-occurring-disorders-4000137>

Not everyone is going to go from the homeless shelter to the head of a State commission, but everyone can be helped.

Definition of Co-occurring Disorders

It is estimated that the prevalence of substance abuse is as much as 50% for people with mental illnesses.

This arises because people self-medicate with alcohol or drugs, in order to deal with the symptoms of a mental illness such as depression or anxiety. They can get a feeling of relief that lasts for a short period of time. If this is done for long enough it can become an abuse or addiction problem.

Role of Religion in Addiction

Addiction is in part a spiritual disorder, and long-term recovery is in large part a spiritual process. The spiritual component of addiction can be defined this way: Addiction causes a separation of the person (a) from her/his true self (the self that is free to exercise choice in matters of behavior and attachment); (b) from meaningful, loving, freely chosen relationships with other people; and (c) from God, however God is understood (the transcendent, ultimate meaning, the good, etc.).

Addiction takes on the big questions in life, who are we, what do we have power to change, who do we love and how do we love them. It takes on all of these big questions and makes a mess out of them, especially for families. (from UU Church in Westport www.uuwestport.org/addiction.htm)

A substance abuse problem involves a kind of belief system. Let me share some of its commandments:

Read - The 10 commandments of addiction –

Most people with substance abuse problems would deny that this was their belief system yet their actions would tell another story. This system of beliefs will effectively cut off any advice, caution or confrontation which threatens the addictive behavior.

Twelve Step Programs – One kind of Recovery

The twelve steps were inspired partly by the words of Carl Jung suggesting that a religious conversion experience might be the only way to overcome addictive behavior patterns. Bill W., the founder of A.A. took this encouragement and did himself have a transformative religious experience which he later tried to systematize as the 12 steps. Two 12-step organizations address co-occurring disorders,

Dual Recovery Anonymous and Double Trouble.

- The 12 steps. This version is used by Among the 12 steps are:
 1. We admitted we were powerless over our dual illness of chemical dependency and emotional or psychiatric illness - that our lives had become unmanageable.
 2. Came to believe that a Higher Power of our understanding could restore us to sanity.
 3. Made a decision to turn our will and our lives over to the care of our Higher Power, to help us to rebuild our lives in a positive and caring way.
 4. Made a searching and fearless personal inventory of ourselves.
 5. Admitted to our Higher Power, to ourselves, and to another human being, the exact nature of our liabilities and our assets.
 6. Were entirely ready to have our Higher Power remove all our liabilities.

7. Humbly asked our Higher Power to remove these liabilities and to help us to strengthen our assets for recovery.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when wrong promptly admitted it, while continuing to recognize our progress in dual recovery.
11. Sought through prayer and meditation to improve our conscious contact with our Higher Power, praying only for knowledge of our Higher Power's will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these Steps, we tried to carry this message to others who experience dual disorders and to practice these principles in all our affairs.

Millions of people all over the world have been helped by 12-step programs. But it doesn't work for everybody.

Rational Recovery From Sam Trumbore^[1]

Rational Recovery is another way that people deal with addiction through relying on oneself rather than on a higher power. It starts with the idea that the addict's mind is full of irrational thoughts and beliefs about substance abuse. The most important delusion is the need to use the substance which is slowly killing the individual. The person's thinking is so affected that he or she cannot see that this is in fact what is happening.

The individual must confront oneself and learn which thoughts are coming from the addiction, in Rational Recovery called "the Beast", and which thoughts are healthy. The person's rational mind and the Beast are two separate forces. The person learns self-talk to counter the Beast.

Thus, the power of a person's own awareness and rationality are harnessed to protect from irrational and self-destructive behavior.

People have used this technique and it has worked for them. It doesn't work for everyone.

Some have observed that there is a synergy between the Rational Recovery method and Unitarian Universalism's view of the importance of self-reliance.

UU Addictions Ministry

Since 2006, there has been a UU-wide ministry called the UU Addictions Ministry. It is called to walk together with congregations and religious professionals to educate individuals, families, congregations and communities about the suffering caused by addiction. The UUA's purpose in doing this ministry is to transform cultures of misuse and abuse into cultures of healing, wholeness, and health.

The UUA Addictions Ministry grew out of the work of UU minister **Rev. Denis Meacham**, author of the Skinner House book, *The Addictions Ministry Handbook*. Denis recognized the effects of addictions on individuals, families, and the larger congregational community. Meacham envisioned a congregation-based program to identify and support individual members affected by drug, alcohol and other addictions. Rev. Meacham was a persistent, early voice in holding up addiction and recovery as issues often neglected by faith communities in general and Unitarian Universalism in particular. Through his encouragement, a group of activists from throughout the United States met in Chicago in April 2006.

I have applied to be named to the Addictions Ministry team, hoping to augment their resources with mental health resources for co-occurring disorders. The team has recommended to the UUA that I be named, and the UUA has recently received a list of names, including mine, to add to the team. They should formalize this soon.

What is the Church's responsibility

When I have given talks in this church and others, often at the end of the sermon, I ask people to stand if they or a loved one is living with a mental illness. Usually, about 75%-100% stand, confirming that people suffering from mental illness, theirs or a loved one, fill the pews.

I'd like to do a similar experiment with respect to addiction.

- If you will indulge me for a moment, I'd like everyone to close their eyes. Now keeping your eyes closed, raise your hand if you have had a close friend struggle with addiction.
- I'd like you to raise your hand if you or someone in your immediate family has struggled with addiction.
- Raise your hand if you have a co-worker who has dealt with addiction.
- Now raise your hand if anyone close to you, family or friends, or co-workers, children, spouses, any of the above who have dealt with addiction.
- Keep your hands up, and I'd like everyone to open your eyes. I would estimate x% hands are up.
- Thank you for helping make my point.

What can a church do to help in recovery?

Suggestions for the Minister / Congregation

- Impart to the person the knowledge that he or she is loved and accepted
- Hope – which is necessary for the beginning of recovery
- Visits when hospitalized, just as you would visit any other hospitalized congregant
- Encouragement to continue on the road to recovery, especially when a person has had previous failures, maybe even harmful failures
- Help in addressing any spiritual dimension of the person's illness
- If a person has a substance related disorder, suggest that he or she also be screened for mental disorder. Sometimes the need for the substance can go away if the mental disorder is treated.
- If a person has a mental illness, suggest that he or she also be screened for substance related disorders. After all, half of all such people do.
- If the person has a co-occurring disorder strongly suggest a therapy program that treats both in an integrated way, because these programs give the person a much better chance of recovery.

- Recognize that a person's motivation level may be at a different points in dealing with each disorder. He or she may be willing to admit addiction, but not mental illness, or vice versa.
- Don't be an enabler for substance abuse through your forgiving and helpful behavior. Clearly and repeatedly confront the person until he or she gets over denial. Confront family members as necessary if they are enablers.

How would co-occurring disorders be treated together?

To answer that, I'd like to give you a vignette of such co-treatment from *Integrated Treatment for Co-Occurring Disorders*, SAMHSA, p 14

Kevin is a 40-year-old African American homeless man in Chicago who, for a decade, cycled between jail, street, and shelter. At the shelter, the staff recognized that he had a long-standing combination of untreated schizophrenia and alcoholism. He became so drunk one night that he walked in front of a car and was seriously injured.

While in the hospital, he was treated for his injuries, as well as placed on anti-psychotic medications after psychiatrists diagnosed him with schizophrenia. When he was discharged from the hospital, Kevin was referred to an integrated treatment program for co-occurring disorders.

Realizing that Kevin needed aggressive treatment to avoid spiraling into homelessness again, the head of the treatment team recommended concurrently treating the alcoholism and schizophrenia.

An integrated treatment specialist who was an African American psychiatrist appreciated the years of alienation, discrimination, and victimization that Kevin described as having contributed to his co-occurring disorders. The integrated treatment specialist worked hard to develop a trusting relationship. He worked with the treatment team to ensure that, in addition to mental health and substance abuse treatment, Kevin received social skills training and a safe place to live.

When Kevin was well enough, and while he continued receiving group counseling for his co-occurring disorders, one of his first steps

toward recovery was to reconnect with his elderly mother who had not heard from him in 10 years.

Facilities with special programs or groups for clients with co-occurring disorders were more likely than those not offering special programs for these individuals to offer a number of services, including: (*DASIS Report Issue 2, 2006.*)

- family counseling (83 vs. 73 percent),
- Hepatitis B testing (30 vs. 19 percent),
- transitional social services (65 vs. 49 percent),
- domestic violence services (40 vs. 29 percent),
- HIV testing (38 vs. 28 percent)
- operate a substance abuse hotline (27 vs. 21 percent)

Conclusion

Because addiction is in part a spiritual disorder, and long-term recovery is in large part a spiritual process, recovery from addiction needs to encompass spiritual healing: a process of reconnection to true self, others, and God. Such healing always takes place in community, and a community of faith – a church – can be an ideal environment for spiritual growth toward wholeness.

(from UU Church in Westport www.uuwestport.org/addiction.htm)

For many, there is also a strong spiritual dimension to healing from a mental illness.

I suggest that a Unitarian Universalist church community, which professes the inherent worth and dignity of every person and acceptance of one another, and encourages spiritual growth in our congregations is a good place for healing of both kinds of disorders, addictions and mental illness, as well as when they co-occur.

May it be so.

Amen