**Marriage Essentials**

**The Top 9½ Marriage Busters**

How to avoid them and build a lasting, fruitful marriage

**Buster No. 8: Addictions**

Part 3: What perpetuates addictions / About recovery

Paul and Teri Reisser – May 5, 2024

The most important questions to answer if one or both people in a marriage are dealing with an addiction.

* 1. Does my spouse, or do I, have an addiction? How would I know?
  2. How does addiction destroy a marriage (whether or not a divorce happens)? Let us count the ways.
  3. How do addictions get established?
  4. What are the forces that perpetuate addictions? (Shame and secrecy, on top of all of the others.)
  5. How do I help someone with an addiction problem?
  6. How do I recover from an addiction?
  7. How can we in the church (the Body of Christ) help people with addictions? (And how can we do better at this?)

We are dividing our conversations into several parts:

* Part 1: What constitutes an addiction, and how addictions impact marriage. (Questions 1 and 2) See notes from April 7, 2024.
* Part 2: How addictions become established -- physiological, psychological, generic, environmental and spiritual factors. (Question 3) See notes from April 21, 2024
* Part 3 What perpetuates addictions / About recovery (Questions 4-7)
* Part 4: More about recovery. (Questions 5-7)

**Recap of Part 1: What constitutes an addiction?**

Definition from Psychology Today’s website in 2013:

Addiction is a condition that results when a person ingests a substance (alcohol, cocaine, nicotine) or engages in an activity (gambling) that can be pleasurable but the continued use of which becomes compulsive and interferes with ordinary life responsibilities, such as work or relationships, or health. Users may not be aware that their behavior is out of control and causing problems for themselves and others. [http://www.psychologytoday.com/basics/addiction]

**What are the primary forms of addiction?**

* Substances: Tobacco, alcohol, prescription or legal substances, illegal substances
* Behaviors: Gambling, sex / pornography, shopping, eating, video games
* Borderline areas: Exercise, sports, relationships, making money

**What are the characteristics of addictive behaviors?**

**Impaired control:**

**1 Taking more or for longer than intended**

**2 Unsuccessful efforts to stop or cut down use**

**3 Spending a great deal of time obtaining, using, or recovering from use**

**4 Craving for substance**

**Social impairment:**

**5 Failure to fulfill major obligations due to use**

**6 Continued use despite relationship problems caused or exacerbated by use**

**7 Important activities given up or reduced because of substance use**

**Risky use:**

**8 Recurrent use in hazardous situations**

**9 Continued use despite physical or psychological problems**

**Physiologic adaptation:**

**10 Tolerance to effects of the substance**

**11 Withdrawal symptoms when not using or using less**

The more criteria one manifests, the more severe the problem:

2-3 = Mild 4-5 = Moderate 6 or more = Severe

**The marriage issues:** Loss of trust, transparency and intimacy. (See handout from April 7)

**Recap of Part 2: How addictions become established** (See handout from April 21)

**Before we begin:** God’s overarching perspective on freedom vs. slavery. Submission to God = freedom, light, life and abundance. Submission to anything else = slavery, darkness, despair and death.

* Exodus: Deliverance from 400 years of slavery
* The commandment to observe the Sabbath as a rebuke to slavery.
* Isaiah 61:1-3, also quoted by Jesus at the beginning of his public ministry. (See Luke 4:18-30)

The Spirit of the Sovereign Lord is on me,  
    because the Lord has anointed me  
    to proclaim good news to the poor.  
He has sent me to bind up the brokenhearted,  
    to proclaim freedom for the captives  
    and release from darkness for the prisoners,[[a](https://www.biblegateway.com/passage/?search=Isaiah%2061&version=NIV#fen-NIV-18845a)]

* John 8:31-36 – The truth sets free, while sin creates slaves.
* Romans 6:16-18 – Slavery to sin vs. “slavery” to righteousness.
* Galatians 5:1 -- It is for freedom that Christ has set us free. Stand firm, then, and do not let yourselves be burdened again by a yoke of slavery.
* John Baker, Founder of Celebrate Recovery: “The basic test of freedom is not in what we are free to do but rather what we are free *not* to do.”

One more thing before we begin:

* Addiction is a multi-faceted condition, arising from the confluence of many elements—including, of course, exposure to an addictive agent. It is more accurate to think of risk factors for the development of substance abuse disorders, rather than direct causes.
* There is no way to predict who will develop compulsive substance use or gambling behavior.

1. The **spiritual** component: More than flesh and blood
2. The **biological** component**:** (Important to understand this!)

* The **hijacking of pleasure / rewards**, and the **disengagement of the frontal lobes**
* **Genetic factors**
* **Gender**

1. The **psychological / behavioral** component:

* **Trauma and abuse**.
* **Mental health factors**.
* **Unhealthy self-soothing**
* **Personality factors.**

1. The **environmental** component

* **Family**
* **Accessibility.**
* **Peer group**.
* **Employment status**.

**Part 3: What are the forces that perpetuate addiction?**

* The powerful hijacking of **neurological pathways** of reward and reinforcement. This can override judgment and longstanding commitments (such as to God, family, employment, obeying the law) that can still be articulated by an individual who is regularly violating them.
* The physical discomfort of **withdrawal.**
* **Self-medicating** -- the need for **relief** from anxiety, depression, loneliness, other discomforts, including physical pain. (How do you spell “relief”?) Along with altered reward pathways (above), this need is so powerful as to override one’s commitments and values.
* **Chaotic environments**, especially where substance use is prevalent.
* Perpetuation of **prescription drug abuse.**

**Sidebar: Why is it so difficult to identify and treat prescription drug abuse?**

* A person who is abusing or addicted to prescription drugs may be involved in a complex dance with multiple physicians, pharmacies, and family members, none of whom may have a complete picture of what is actually going on.
* Prescription drug abusers often have a list of medical problems and symptoms that can prevent or delay dealing with the drug problem, often for years.
* Most physicians want to help their patient feel better as soon as possible, and painkilling or sedative drugs are definitely effective for that purpose, at least for a while.
* Until a clear pattern of drug-seeking has become evident, doctors generally give their patients the benefit of the doubt.
* Confronting a patient about a drug problem is unpleasant, often emotional, and nearly always very time-consuming.
* As a result, getting a person who is abusing prescription drugs into appropriate treatment can be an extremely difficult and contentious process.
* **Breakdown of cultural norms** and loss of stabilizing influences: Intact families, face-to-face relationships, community, education that includes character and basic life skills, faith commitments (“de-churching”).
* **Availability** of and **access** to the substance or behavior.
  + Alcohol – available everywhere
  + Opiates – First through prescriptions (most notoriously Oxy-Contin), then heroin and fentanyl
  + Gambling – Spectacular increase in availability and modes of access over the past half-century.
  + Pornography. Ditto
  + Sidebar – the positive and negative impacts of new technologies.
* Two extremely powerful forces – ***shame***and ***secrecy****.* 
  + These work together to empower an addiction, especially in family and church settings.
  + Getting the problem out in the open – *and being willing to seek help* – have a dramatic impact on loosening an addiction’s grip.
  + Physician and author Paul Tournier: “Nothing makes us so lonely as our secrets.”
  + John Baker, Founder of Celebrate Recovery: “We are only as sick as our secrets.”

## **How do I help someone with an addiction problem?**

If a loved one’s or friend’s behavior is harming you and your family, what specific steps can you take to encourage change? There is **no cookbook answer** to this question, because each situation is unique. However, you’ll need to consider the following elements:

1. **Identify** what kind of a problem this is. You may be dealing with anything from an annoying habit to a full-blown, all-consuming destructive addiction. This determination – and the need and willingness to do something about it -- may in fact be obvious, but it could also be muddied by any number of factors:

* First and foremost, **denial**, **secrecy** and **lying** are common among those who are alcohol or drug abusers or dependent, or engaged in compulsive behaviors.
* Furthermore, family members and friends may be **unwilling or unable to deal with the problem**, for any number of reasons:
* They may be afraid of rocking the boat: Disrupting whatever peace may exist at home, risking the breakup of a relationship or fearful of potential consequences of bringing the behavior into the open – impact on reputation, loss of employment or ministry position, the possible involvement of law enforcement or Child Protective Services, etc.
* They may be intimidated or even terrorized by a user who is verbally or physically abusive.
* Users may repeatedly express remorse over their behavior, and loved ones desperately want to believe that “it won’t happen again.”
* Family members or friends may also have a drinking/drug problem.
* Family members—for example, mothers with young children—may not have the funds or support to go elsewhere if users refuse to stop.
* Access to treatment resources may be limited.

1. In a misguided attempt to support their substance-abusing or dependent loved ones, family members may repeatedly clean up the mess, so to speak, by covering, making excuses, or otherwise shielding them from the consequences of their behavior. Unfortunately, this process, commonly called **enabling**, perpetuates the problem.
   * Shielding the addict from consequences and then admonishing or lecturing him or her is an instinctive response from a spouse or family member, but is very counter-productive. [*Hey, that wasn’t so bad – and why are you bugging me about it??*] The less instinctive response – letting painful consequences play out, and then responding empathetically – is much more likely to lead to changes in behavior.
   * In some families a subtler scenario undermines any meaningful change: Nonusers (usually a spouse) may adopt a role (usually that of the victim or martyr) that, consciously or not, serves other purposes within the relationship. For example, as long as users continue the problem behavior, nonusers may feel a sense of being on the moral high ground, which can deflect the need to look at their own shortcomings.
2. One common misunderstanding, frequently fueled by frustration and a conviction that the person who is abusing a substance or manifesting a compulsive behavior can just decide to quit (like choosing a different pair of shoes to wear). (Bob Newhart sketch: “Stop it!”)
3. Obviously those who enjoy alcohol and drugs, or feel rotten without them, may not be interested in changing their habits, let alone seeking help. Unless treatment is mandated by a court order or suddenly imposed by a medical problem (such as an admission to the hospital, where alcohol or drugs are no longer available), it is important to realize that **the decision to enter into some form of treatment lies with the user alone.**
4. You, as the spouse, child, parent, or close friend of the user, needs to **address your own issues.** With rare exception, it is naive to think “everything would be just fine if only [fill in name] would stop drinking/using drugs.” Unfortunately, this problem doesn’t occur in a vacuum, but rather within the context of many relationships. If the user is going to get well, *everyone’s* life and issues need to be sorted out. (In fact, if this doesn’t happen, there is a strong likelihood that the recovery process will unravel.) This will mean going to a pastor, counselor, or other support group *for yourself*, not merely to learn how to “fix” someone else.
5. **It isn’t necessary for the user to be willing to get help, or even to acknowledge that there’s a problem, for you to start making some changes.** 
   * You cannot control what a person will or won’t do, but you can begin to change what ***you*** do in a calm, deliberate, and, yes, loving manner. (This the basic concept of **setting boundaries.**) It doesn’t require a giant confrontation, for example, to decide to stop lying on behalf of the other person, but the impact can be dramatic. Remember, however, that you probably will need ongoing support to become and stay comfortable with these new behaviors.
   * One immediate decision: Is there a need to **put some distance between yourself and the addicted person** for the sake of your own or others’ (especially children’s) safety?
     + Physical or other abuse, or other dangers related to the addict’s behavior, must not be ignored.
     + Another indicator of a need for a “time out,” a time of separation: If engaging with the addicted person on a day-to-day basis is provoking *you* to feel or act “crazy” – anxious, agitated, angry, unable to sleep, preoccupied with the other person’s behavior and protecting others from it, etc.
     + Note that separating from a spouse is not the same as filing for divorce, though consulting an attorney may be appropriate for your protection. The “time out” may be what is needed to get the addict’s attention and institute necessary changes that may in fact save and repair the marriage.
6. You are going to be working on a *process*—not usually a single event, though a “shock and awe” intervention (see below) may be called for—that is intentionally working toward helping the person with the alcohol, drug or behavior problem **understand a nonnegotiable bottom line: It’s time to get whatever help is necessary to become and stay sober.** To do this effectively you should seek input from others who have experience with this type of situation. These may include:

* **A professional counselor**, ideally one who has experience dealing with addictions.
* **Your pastor** or, if available, someone in your church who is involved in a recovery ministry.
* **The drinker/user’s physician**. Note that confidentiality laws may not allow a doctor to give you any feedback about your loved one’s medical status. That does not, however, prevent you from sharing your concerns—and possibly providing information that could affect important medical decisions.
* **An Al-Anon group**. **Al-Anon** was started in 1951 by two women, one of whom was the wife of Bill Wilson, the cofounder of A.A. Al-Anon’s purpose is to help the families and friends of alcoholics. Its structure and philosophy mirror those of A.A. **Alateen** is a part of the Al-Anon fellowship and is specifically geared to family members nineteen and younger. As of 2021 more than 24,000 Al-Anon and 1,500 Alateen groups meet in 118 countries.[[1]](#footnote-1) While people who attend are able to share their experiences and feelings in a nonjudgmental setting, Al-Anon and Alateen meetings are far more than gripe sessions. They can be instrumental not only in helping a person understand a family member’s or friend’s dependence (whether on alcohol or other drugs), but also in making constructive changes in one’s own thinking and behavior. They may also provide referrals for counselors or other professionals who can guide a more formal intervention, if necessary. (For information, including times and places of meetings, call (888) 4AL-ANON or go to [www.al-anon.org](http://www.al-anon.org).)

1. **What does “calling the question” about a spouse’s, friend’s or family member’s addiction look like?** Hopefully you will receive input from others who can guide you in broaching this subject, which is not at all likely to be comfortable.
   1. Nagging, whining, browbeating, sarcasm, finger-wagging, begging, pleading, and other forms of manipulation are not likely to be productive. Pray about what you want to say, gather your thoughts, write them down, and discuss them with one or more people who have experience with this process. **Basically, you want to communicate**:

* Your sincere love/affection/regard for the person.
* Your concern over what you see happening.
* How the problem is affecting *you* (and, when appropriate, others, especially when children are suffering as a result of the substance problem). Generalizations (such as “You always \_\_\_\_\_\_\_\_.”) should be avoided, as should “Why?” questions (“Why do you drink so much?”) that tend to provoke defensive or hostile responses. Specifics are critical. For example, you might say, “Last Wednesday, when you came home drunk and angry, the kids and I were really frightened.”
* Your unwillingness to cover, make excuses, or prevent any consequences that might arise from using alcohol and/or drugs.
* The step(s) you are asking the user to take. These might include seeing a counselor, making (or keeping) a doctor’s appointment, starting A.A. or another recovery process, or even entering a formal detoxification program. You should have specific information available, by the way, about where (and when) the next steps are to be taken.
* What will happen if the drinking/using continues. This should be thought through very carefully, because you must be willing and able to follow through with it.
  1. This conversation may take place one-on-one, but **it is highly advisable that it occur in the presence of one or more other people**—a pastor, counselor, physician, friend, family members, or any and all of the above. Not only will the impact be stronger, but also it is less likely that the user can outtalk, manipulate, or overpower (verbally or otherwise) more than one person. (Needless to say, it should *not* take place when the person is under the influence of any substance.) Timing is important as well. And unless children are specifically going to participate (see below), think twice before starting this conversation if they are present or within earshot.
  2. In some cases, **a person who is experienced** in initiating the recovery process may be asked to conduct a **formal intervention**, a surprise attack of sorts that is intended to provoke enough “shock and awe” in the user to lead him or her into immediate treatment.
     + Typically this occurs early in the morning, with the person awakened from sleep and brought into a room where several people are gathered, each of whom tells how the user’s behavior is affecting him or her. The objective is usually to convince the person that the next step—to be taken *right now*—is to get into the car and go directly to a center where arrangements have already been made to begin treatment.
     + This type of intervention must be **carefully planned and prayed over, and its purposes clearly understood.** Because it has the potential to become an emotional free-for-all, the person who conducts it needs the experience and ability to keep things under control.
     + This is not an occasion to lash out, humiliate, or retaliate for past grievances, although the impact of specific offenses will need to be spelled out. The purpose is to break through all of the denial, not to stomp the user into the ground, and to bring into stark focus how the person’s behavior is impacting those who are closest, and most vulnerable, to him or her.
     + One other aspect of an intervention such as this must be carefully planned. **What will you do if the user refuses to cooperate?** You need to give clear notice of the consequences of not cooperating in advance, and you must be prepared to carry them out. An empty bluff here will be disastrous and will seriously undermine any efforts to make changes in the future. If this situation involves a friend, then the consequence may be an end to further contacts until the user begins treatment. More often, a spouse may need to remove herself or himself (and often one or more children) from a user who is threatening the stability, sanity, and safety of the family. If the user won’t start treatment, then he or she will need to face living alone until further notice. Obviously, a warning of this magnitude must be issued with arrangements made for a place to go, in case the answer is some version of “No.”

**Recommended Reading:**

*Hope in Addiction* by Andy Partington (Moody Publishers, 2023)

*Pure Desire by* Ted Roberts (Bethany House, 2008)

**A helpful secular website:** “Put the Shovel Down,” a collection of dozens of YouTube videos dealing with all aspects of addiction, including advisories for family members. Googling this phrase will lead to the collection. **Advisory**: We have not watched all of these, so this recommendation does not guarantee our endorsement of all of their content.

**Upcoming Marriage Essentials sessions:**

* **May 19 (Part 4 – How do I recover from an addition? / How can we in the church (the Body of Christ) help people with addictions?** (And how can we do better at this?)
* **June 9 and 23**
* **July 7 and 21**

**To access previous handouts:**

* Go to the homepage at agourabible.org
* Click on “Connect” at the upper right.
* On the drop-down menu, click on “Equip-U”
* “Marriage Essentials” is the first item under “Workshops”
* Click on “Marriage Essentials Documents,” where you can download any or all of the handouts for this year.

1. <https://al-anon.org/pdf/2021-MembershipSurvey-BW.pdf> [↑](#footnote-ref-1)