

Twelve-step group work, often an important component of the overall treatment program at Saint Luke Institute, provides a number of rewards and benefits for priests and men and women religious. This work also entails several unique challenges. Beginning with the benefits, perhaps the two most salient concepts are *universality* and *shame-reduction*. Universality--coming to know that one is not alone in the struggle with a human addiction or emotional/behavioral problem--can be communicated through any shared group experience. Because 12-step groups are designed to focus on specific struggles (e.g., AA for alcohol problems, GA for compulsive gambling, SA for sexual issues, etc.) the shared experience may be even more powerful. Prior to coming to treatment, many people mistakenly believe that they are alone with their addictive or emotional struggle. They have usually maintained secrecy while trying to will themselves back onto a healthier path. This approach usually leads to greater isolation, which only perpetuates the addictive cycle. Fortunately, participation in 12-step groups provides a tangible reminder that others share in both the problem and the solution.

Breaking the Addictive Cycle

Related to the concept of universality is shame-reduction. Along with secrecy and isolation, the addictive cycle is fueled by high levels of shame. Because 12-step groups promote safe, anonymous sharing, individuals are able to see first-hand how their stories resonate with others, and vice-versa. Through this repeated process, shame begins to recede. Since this dynamic occurs for those who make themselves vulnerable in a non-judgmental group setting, 12-step group members find a profoundly authentic experience of acceptance – a potent antidote to shame. The implicit and explicit shared acceptance provides an experience-based reduction of shame which can be difficult to replicate, even in one-to-one relationships such as individual psychotherapy. Because of the powerful factors of universality and shame-reduction, participation in 12-step programs can greatly augment an individual's treatment success at Saint Luke Institute.

Catholic clergy and religious engaging in 12-step work also face unique challenges. For those who already have a spiritually grounded approach to life, some reassessment may be required to apply the first three "Surrender Steps" to oneself: "1) We admitted we were powerless over alcohol (or another addiction/problem), that our lives had become unmanageable; 2) Came to believe that a power greater than ourselves could restore us to sanity; 3) Made a decision to turn our will and lives over to the care of God as we understood Him." These crucial steps are certainly no replacement for someone's existing spiritual practice, nor do they translate literally into "giving up." Instead, the challenge is to determine how to more effectively "hand over" problems to

God. Those in religious vocation may be simultaneously advantaged and disadvantaged in this process, because they already know well some version of this dynamic. Yet, much like a pitcher whose throwing mechanics need reworking (sometimes from the ground up) over time, individuals in religious vocation struggling with an addictive issue may need to take an analogous approach. It can be a daunting task to acknowledge a real powerlessness over a specific problem. This may be especially true for those used to living with expectations (internal and external) of a high degree of personal control in their lives and ministries. The "Surrender Steps" are a good starting point when expectations of oneself do not match behavioral reality. These steps encourage transformation as one accepts the reality that certain problems may in fact be beyond one's own power to control.

Learning to Ask for Help

Learning to ask for help presents a second, closely related, challenge. Because priests and religious have dedicated their lives to helping others, they often have difficulty making the shift to asking for and receiving help. It takes a good deal of role flexibility and genuine humility to transition from helper status to someone who needs help. Even if an individual understands this cognitively, the "muscle memory" of focusing primarily on others can be tough to overcome. One might need to swallow some unhealthy pride to move toward greater self-acceptance in the face of needing help. This process may be uncomfortable and feel foreign to priests and religious, who primarily know the dynamic from the serving side of the equation. Twelve-step groups provide models of others engaging in appropriate help-seeking behaviors, which can facilitate the shift. Witnessing others receive help through healthy vulnerability often provides motivation for similar action. Coming to grips with being "perfectly imperfect" will ultimately lead to better outcomes than constantly battling with a sense of self as "imperfectly perfect."

Self-compassion may still be hard to deliver, despite years of practicing compassion toward others. It may be important here to remember that no real good comes from shaming oneself for behavioral, emotional, or addictive problems. Instead, learning to truly "surrender" or "hand these issues over" can be freeing as well as entirely congruent with taking responsibility for such problems. In fact, how an individual learns to ask for and accept help can be a good predictor for success in both 12-step group work and within the broader treatment program at Saint Luke Institute. While uniquely challenging, this process also offers the promise of greater health, wholeness, and serenity.

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