

THE WORLD BREAKS EVERYONE AND AFTERWARD MANY ARE STRONG IN THE

BROKEN PLACES ...

Newsletter for Oliver J. Morgan, Ph.D.

May 2016

Personal Notes

Welcome to the first issue of my *Broken Places* newsletter! My hope in issuing a bi-monthly newsletter is to build a platform from which I can make a contribution to the fields of Addiction Studies, Counseling and Spirituality. I also want to keep readers up-to-date with my scholarship and my thinking on a variety of professional issues.

I am a tenured Professor of Counseling and Human Services at the University of Scranton in Scranton, PA. This is my twenty-sixth year of teaching at the University and I have been privileged to pursue scholarly and clinical interests in addiction, family therapy, medical family therapy, and spirituality. With over 25 peer-reviewed articles, book chapters and five edited books, I believe that I offer a unique and needed perspective in my teaching and writing.

Why “Broken Places...”

I have titled this bi-monthly newsletter, *Broken Places...*, to highlight experiences of resilience and recovery. It echoes a quote (above) from Ernest Hemingway in *A Farewell to Arms*.

I think of my work as trying to assist those in need of recovery - those who have been broken by the world - and those who love them. Recovery in addiction, in disability studies, from trauma, from chronic illness is a worldwide phenomenon. Recovery happens every day. We need to celebrate!



Oliver J. Morgan, Ph.D.
Professor, Counselor, Author



“Spiritually-sensitive counseling is NOT some esoteric realm of study, but may be likened to a dimension of depth in the work we already do.”



Panuska College of Professional Studies @ University of Scranton

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Lecture @ Moravian Theological Seminary

Bethlehem PA November 2012

I was invited to address a meeting of ministry students and pastoral ministers as part of their continuing education program. What follows below is a synopsis of that lecture.

A Pastoral Counseling Perspective on Addictions, Spirituality, and Codependency

I will presume today that you have some familiarity with the evolving field of pastoral care and counseling. What I'd like to do is invite us all into a conversation about (a) the "distinctiveness" of pastoral counseling within the mental health disciplines, and about (b) its relevance for addressing the twin challenges of addiction and codependency. My own scholarly project over the last 30+ years has been to articulate such a pastoral counseling perspective through my work with persons struggling to overcome substance use disorders and those closest who are affected by them.

I want to open up with you three different dimensions of pastoral clinical care as they relate to working with persons who struggle with addictions... their own or a loved one's. First, I want to explore a pastoral clinical **attitude** toward the suffering of addicts and those affected by them. Next, I'd like to suggest a clinical **theological anthropology** as it relates to addiction and codependency. Those of us who work in pastoral counseling are by definition "clinical theologians." The work we do challenges the theologian in us to dig deeper. We cannot NOT search more deeply amid the travails and satisfactions of our work. Our profession is itself a "search for the sacred." Perhaps the deepest questions we ask involve who human beings are – whose we are – and how we relate to a Higher Power as well as how that Power relates to us. Finally, I want to discuss a "**common factors**" approach to pastoral clinical care and suggest that the spiritual dimensions of our work have been right in front of us all along.

Working with Attitude: Reflections on Pastoral Care

"Attitude," as I'm using it here, is a life-stance, a way of being in the world. "Attitude" grounds and orients everything about the pastoral counselor. Attitude is more than either a worldview, which suggests something largely cognitive, and it is more than an identity, which suggests something more conscious. "Attitude" is a quality of presence, what my mentor Chris Schlauch describes as "a person's habitual way of approaching and participating in unfolding experience." It functions like "a gyroscope or lens through which a person guides and shapes his [or her] characteristic way of experiencing."

Mental health counselors of all stripes have clinical attitudes which orient them and affect the relationship of care. Having an attitude about our work is part of who we are! We know that causing clinicians to be optimistic and hopeful about certain clients actually affects clinical outcomes. Clients in whom we believe more often than not get better.

The attitudes of counselors and mental health practitioners are rooted in an anthropology, a base of knowledge and a set of deep beliefs about human beings. For example, clinical care depends on a belief that persons can change, even though it seems that nature and nurture have conspired to determine a different course of action. We cling to the belief that even heavily damaged relationships may be mended or transformed. Our thinking or attitudes about what makes human beings tick – that is, our "working anthropology" or what family therapist Harry Aponte calls the "spiritual platform" of our clinical work – have a huge impact on how we practice.

ALL pastoral caregivers bring experiences, implicit theologies, and root metaphors – essential parts of their attitude – to the pastoral task with addicts and concerned others. Our pastoral-clinical attitude, shaped by religious and biblical as well as clinical factors, orients our work. Our clinical desire to help and provide quality care are shaped by life experience, metaphors and narratives in ways that reveal depths of meaning and motivation.

These depths may be hinted at through phrases like.... *strong at the broken places.... have this mind (attitude) in you which was in Christ Jesus.... the Kingdom of God in which all will be new...* or *tikkun olam*, the Hebrew phrase for humanity's shared responsibility to heal, repair and transform the world. The deep-rooted "attitudes" we bring can transform our investment in the work we do and provide the impetus for doing it. It can transform the ecology of our care.

It was clear to me early on that the available models for addictive behavior – moral depravity, psychological weakness, medical disease – were inadequate to my experience. I found myself sitting with struggling individuals and families, and wanting so much more for them than mere symptom relief or even a lifestyle of recovery. I needed something more profound to guide and sustain what I was doing. The essential task of moving beyond inadequate models of addiction could be facilitated, I believed, by embracing more confessional and biblical metaphors, that is, by changing my attitude.

In my own work with persons and families struggling with substance use disorders – and now in my work with cancer patients and their families – my own pastoral-clinical attitude is a mix of awe and “fierce urgency.”

Reflection on the narratives of my clients and contemplation of their lives and struggles has provided energetic motivation – a kind of fierce urgency – to the work I do. I stand in awe of addiction’s power to degrade the deepest elements of our humanity, and I remain humbled by the power of our God, who reaches into the depths and heals so many. When I am open to it, I can feel this God working at my side. This sense of co-presence is part of my pastoral-clinical attitude.

The attitude of awe and urgency comes from this sense of collaboration with God’s healing action. It is nourished and shaped not just by Church teaching but also by contemplation of our Scriptures. Over the years I have learned that recovering addicts identify with a particular “canon within the canon” of Sacred Scriptures. These select passages and stories are routinely recognized and utilized by both pastors and addicts as holding special meaning – passages such as the Good Samaritan, the Prodigal Son, the Gerasene Demoniac. These passages can nurture a pastoral clinical attitude for working with addicts and affected others. Helping caregivers to examine their “attitude” and guiding metaphors honors the spiritual dimensions of abuse, addiction and recovery. We are no longer just in the realms of moral, medical or clinical disease.

Whose are we? A Reflection on Clinical Theological Anthropology

When I look at addiction and affected relationships as a pastoral counselor, the first thing that strikes me is the accumulation of *negative vicious cycles* that comprise the addictive career and lifestyle.

- In the *biological* realm the addict manipulates the chemical processes of the brain and learns that these actions provide euphoria, analgesia, anesthesia or distraction that help her cope with life-struggles and stress. Unfortunately, over time this creative pharmacology also creates its own dis-tress, the alleviation of which through chemistry causes even greater stress and begins a neurobiological vicious cycle.

- Chronic use of psychoactive substances causes problems in the *psychological* realm as well. Low self-esteem, guilt,

shame invite self-medication with the very substances that were the original catalysts for pain. What began as potential solutions to life problems becomes its own problem in search of a solution.

- In the *social* sphere addicted persons do not develop the skills or the patience to cope with relationship demands and problems. Without intervention, these difficulties result in a downward spiral for the whole family and continued drinking and drug use.

- *Spirituality* is the final dimension of the bio-psycho-social-spiritual model to be corrupted by addiction. Over time the addict experiences deterioration in moral values, alienation, loss of life-meaning, hopelessness, and loss of a vital relationship with the almighty. This void is filled with alcohol and drugs.

Our experience teaches us that the overwhelming impact of these vicious cycles can assault human dignity and degrade the very essence of what it means to be human. This is NOT who human beings are...or were meant to be. Vicious cycles are a deep distortion of the way things were supposed to be. This leads us to the realm of theological anthropology.

God intends that humans live in harmonious relationship with all creation and with one another. This harmony is known as *Shalom*. And human beings were given the task of caring for creation and one another, of partnering with God to maintain *Shalom*. These are foundational elements of our theological anthropology, of the story about who and whose we are.

Addiction, however, has the power to poison this story and disrupt the harmony of our world. Persons degraded by addiction do not live in grace-full, virtuous harmony; they live by the law of vicious cycles. They forget their birthright as children of God. Rather than seeing ourselves as embedded in a world of loving and caring relationships, addiction convinces us that the only way to live is with crutches. Once addictive cycles have taken hold, the addict is trying to cope by reaching out and clinging desperately to creatures and experiences outside of the self. She or he hands the self over to a dark master. Idolatry is the addict’s dilemma from a theological viewpoint.

This would be an unrelentingly dark story but for the power of recovery all around us. Any theological anthropology of addiction must address the process of recovery.

A Reflection on *The Purloined Letter*

In the rooms of Alcoholics Anonymous they say that there is no such thing as luck... rather, luck or “serendipity,” that sense of things working out for the best, is really just God’s way of remaining Anonymous. In that sense things seen from one point of view as “ordinary” – a chance event, a lucky encounter – can be seen alternatively as extra-ordinary; the common sometimes comes to us already pregnant with meaning or saturated with grace. My last offering today comes as a similar idea.

In *The Purloined Letter* Edgar Allan Poe presents us with a story about a police force searching for an important stolen letter. Finally after much fruitless searching, a detective discovers the letter, hidden in the most unlikely location – out in plain sight. One way to view ⇒

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pastoral counseling and the integration of spirituality in mental health practice is to look at our most effective counseling skills and perspectives as **already spiritual** at their core. Spiritually-sensitive counseling is NOT some esoteric realm of study, but may be likened to a dimension of depth in the work we already do. Counseling that integrates spiritual perspectives does not require that the counselor speak some new language or work with things that are foreign to our training. Spiritual interventions are already available to us because the most important things we do – those perspectives and interventions that are effective because they are the most deeply human – are spiritual interventions as well. For example, *empathic listening* - hearing the suffering of others and being their holders of hope - is a spiritual discipline as much as a clinical skill. *Restoration of hope* is a necessary condition for beginning and maintaining the process of recovery.

What's Happening with A Social Ecology Model of Addiction...

My newest project is writing a single-author book of public (popular) integrative science titled, *A Social Ecology Model of Addiction*. It examines the eco-bio-psycho-social-spiritual model of addiction and synthesizes neurobiology, attachment theory, trauma studies, family systems, recovery science, and spirituality into a cohesive and readable point of view.

The book is intended for psychologists and social workers, mental health and addictions counselors, as well as addicts and those who love them. It attempts to cut through the sterile and false choice between addiction as *disease* or a *personal decision*.

For years addiction specialists have pursued explanations for addiction and found only partial answers. We blamed the drugs themselves, addicts' choices, deficient character, socioeconomic status, genes, et cetera. Currently, the scientific and public imagination is captured by a view of addiction as a "chronic, relapsing brain disease." This, too is only a partial answer and limits our vision to individual afflictions rather than communal ones.

What I am proposing is a fresh look at addiction through a synthesis of multiple scientific viewpoints, with the added bonus of proposing a new comprehensive model of addiction drawn from ecological systems and climate science.

I have drafted an Introduction and several chapters. These are being reviewed by commentators from several disciplines. Revisions will be made and contact with potential agents and publishers will be pursued.

It is an exciting time for the book. Look for further information in future newsletters.



Moravian Theological Seminary

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