



Archdiocese of Newark
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Program

DEACON NEWS

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ALCOHOLISM

Last of a Two-Part Series

SUGGESTIONS FOR THE DEACON: This final section will be a summary of practical conclusions and directives for the deacon. The deacon should not be quick to form conclusions when one presents his story, particularly amid outbursts of emotion and tears. He ought to approach the question with as much neutrality as possible. The deacon would do well when he meets a counselee to state simply: "Tell me about your drinking." Your aim is to lead him to a conclusion of his own, one way or another. It is possible that the person is not an alcoholic, that there is no compulsive drinking at all. Maybe he is using his moderate drinking as an outlet for his own particular emotional storms. There may be other problems which have nothing to do with alcohol. Therefore, if the deacon forms a quick conclusion, he could be in error. Even if he were not in error, to challenge an alcoholic outright, particularly on the first or second meeting, would torpedo any chance of "getting" to him and helping him. Remember the first step of the twelve-step program: "We admitted we were powerless...." If there is duress, there is no admission. Another good reason to go slowly is the drinker's resentment of authority. What good would it do to win a battle but lose the war? The slow approach is not an indication of weakness. Quite the contrary, it is an evidence of prudence. Digest both sides of the story and then form an opinion. Simply ask, "What about your drinking?"

When and if it is established that the person is a compulsive drinker (this takes possibly several visits and phone calls) then the deacon can stop "holding hands." Lest the deacon be "used" by the alcoholic, he ought to have it out with the problem drinker sooner or later. Let the alcoholic know exactly what you think. An extremely important point is that as deacons, our professional contribution is in the spiritual area of the disease. These com-

pulsive drinkers are away from God, His sacraments, His Church. The virtues exemplified by Christ have been almost forgotten. These people have been sick, some seriously sick. In their present frame of mind they will absorb any and all suggestions to better themselves and conquer their disease. The alcoholic does not receive the deacon's message in the tone of being "preached" to. He receives it in the sense of therapy and of information. If a deacon has the time and interest to investigate the physical and mental phases of the disease, it will be a considerable contribution to his overall outlook on the alcoholic problem. It will assist him greatly in his counseling. Attendance at a few A.A. meetings would lead to a better understanding of the physical and psychological phases of the disease.

An effective counselor will have several solid A.A. contacts. Then when he is confronted with the alcoholic, he can assign an A.A. sponsor to the inquirer. Having attended a few A.A. meetings and having had a few months sobriety behind him, the alcoholic is eventually disposed for the counsel of the deacon. Again, the sponsor is all-important here. He keeps the deacon informed as to the proper time for another visit. In these contacts, we are not just listeners. We can at least initiate some action. Then it can never be said: "He does not care." With this approach it is the alcoholic who cares or does not care. We can put him on the defensive with: "Have you called your sponsor? Have you attended weekly meetings?" If his answers are negative, he is the one who does not care.

When analyzing an alcoholic's problem, we should guard against overcomplicating it. Alcoholism is a complicated disease. It has facets which the experts do not know how to approach, let alone solve. Basically, the problem can be solved quickly, that is, the alcoholic MUST NOT DRINK. Do not feel sorry for the alcoholic (whether he is dry or not). Do not pamper him. You do not have to handle