CONFRONTING LOSS OF CONTROL

We must attempt to utilize the loss of control experience in the addict's favor. In effect, we must not allow him to waste his mistakes. We have to confront him, empathetically, with the reality of his loss of control.

I said empathetically. That's why I believe the alcoholic counselor has the edge in counseling the alcoholic—especially if the alcoholic counselor has been sober for some years and has had training in confrontive counseling methods. The non–alcoholic counselor, however, can build bridges between himself and the alcoholic. He may, even early in the counseling process, let the client know that he doesn't see himself invulnerable to addiction and doesn't look on the alcoholic as some strange creature. The counselor admits he has problems of his own.

In theological terms, the counselor lives under God's judgment and feels it, as does the alcoholic. Perhaps because pastors know and feel this reality greater than physicians, or clinical psychologists, they make better counselors for chemically dependent persons than those of other caring professions. Religious sensitivity and theological training do make a difference—a considerable one.

Don't underestimate your own experience with addiction. If you smoke cigarettes or consume food excessively, you are an addict. You have much to share with, and perhaps something to gain from sober alcoholics, especially from those who don't smoke. Nicotine is currently considered the most addictive substance known to man. In the book *Licit and Illicit Drugs*, Dr. A. M. Hamilton Russel of the Addiction Research Unit of the Institute of Psychiatry, London, reports: "It requires no more than three or four casual cigarettes during adolescence... virtually to ensure that a person will eventually become a regular dependent smoker." Both tolerance to and need for the drug build up so swiftly that the vast majority of casual smokers smoke most uncasually in a matter of weeks. Furthermore, nicotine must be consumed by the addict more frequently than any other known mood–altering drug. The average nicotine addict does well if he limits his intake of nicotine to one dose per hour, day after day, without stop. If you smoke regularly, you are just as surely an addict as any alcoholic who drinks out of control. You have much in common with him.

No matter how empathic we become toward the alcoholic client, however, we must ultimately confront him with the reality of loss of control over alcohol and/or similar mood–altering chemicals. To do this, we listen carefully to the alcoholic and accumulate data to show him he is an alcoholic. Though the alcoholic may insist that he drinks only a

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