• The Effects of Religion on Marriage and Families
  p. 2

• Families, Physicians, and Illness
  p. 11

• Recovery from Addiction
  p. 18
Web Sites Link Families to Resources

Web surfers can now visit two new sites filled with family-friendly cyber information. Alan and Suzanne Osmond design and maintain oneheart.org and thefamily.com. Both Web sites are aimed at delivering information to families directly, supplying access to family-friendly organizations, and providing opportunities for families to donate to charitable organizations. The couple runs the Web sites along with their organization, One Heart, Inc. According to the Osmonds, One Heart’s mission is to "strengthen individuals by providing guiding principles that unite families and society through faith, courage, love, commitment, and integrity."

oneheart.org
This site produces, publishes, and distributes practical information from qualified experts in these family related areas:

- Physical health
- Spiritual strength
- Literacy and education
- Financial and resource management
- Social and emotional control
- Self reliance

The site also gives advice to families who are affected by chronic illness or financial stress. The site offers tips about how to keep families together and maintain marriages despite challenges, and also publishes books, articles, music, and resource publications that address current family issues.

thefamily.com
This site offers literature about family topics, such as parenting and marriage. The site tailors its information to specifically address the needs of couples, singles, children, and parents. Users can also visit The Family Store, which sells family-oriented products, such as books, tapes, and CDs.

thefamily.com also offers information about family organizations, such as Warming Families, a group that works to provide needy families with coats, hats, scarves, and other essentials for staying warm. Another link on the site connects to the Family Award, a Web site dedicated to honoring individuals, and groups who have made valuable service contributions to preserving and strengthening families.

More family links
Both Web sites allow users to access additional sites maintained by the following foundations. These organizations also have their own URLs.

World Congress of Families defends families and to tries to guide public policy and cultural norms. The organization seeks to assert principles of respect and uphold the vital role that the family plays in society.

United Families works to secure a safe future for families by influencing public policy and programs created at the local, national, and international level.

National School Fitness Foundation seeks to build among our youth a foundation of physical fitness that carries with it a lifelong impact.

The Children’s Miracle Network is dedicated to raising funds for 170 children’s hospitals, treating more than 17 million children annually.

American Mothers is an organization focused on strengthening the moral and spiritual foundations of the family and the home.

Marriage & Families is a journal for young couples, husbands & wives, parents, and professionals—including educators, counselors, therapists, psychologists, physicians, social workers, nurses, public health people, teachers, clergy, experts in family law, and everyone interested in marriage and families. Our editorial board members belong to many faiths—with a common belief in the importance of traditional families. Marriage & Families is dedicated to strengthening families. Without apology, our name begins with the word marriage—a concept that many dismiss or completely ignore these days. However, since marriage and fidelity are essentials, not options, in a healthy society, we are pleased to bring you a publication containing credible data supporting this and other time-tested principles and values related to the family.
THE EFFECTS OF RELIGIOUS BELIEF IN MARRIAGE & FAMILY
Loren Marks

FAMILIES, PHYSICIANS, & ILLNESS
Jacob Christenson and D. Russell Crane

SPIRITUAL EXODUS: RECOVERY FROM ADDICTION
Mark H. Butler

NEWS:
• RELIGIOUSNESS ASSOCIATED WITH LESS DEPRESSION, SAYS BYU/U. OF MIAMI STUDY

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Marriage and Family are sacred and central to most world religions. Even so, until recently many social scientists have regarded religious faith as a relatively minor factor in individual and family development. Minimizing religion is considered justifiable because although 95 percent of all married couples and parents in America report a religious affiliation, for many, religious faith consists of little more than a nominal affiliation or occasional obligatory attendance at a certain church. For many persons, however, faith profoundly influences both personal and family life.
One Christian father offers his personal feelings about his religious beliefs.

Either you believe this stuff or you don’t, and if you do and if you have a faith that is meaningful and alive...then [religious faith] is the most important thing that exists. If it’s not true, it’s the most important lie that exists. I am basing my life and my future and eternity on the fact that this is true.

This father’s assertion that religious faith is “the most important thing that exists” for him illustrates why clergy, professional helpers, scholars, and all informed people should be aware of the expressions, influences, and meanings ascribed to faith by the highly religious. In response to this need, I studied highly religious parents from three major world religions: Christianity, Islam, and Judaism. Below I share some of my findings.

**The Individual-to-God Relationship**

In order to understand the meanings and influences of religious practices at the family level, it is first necessary to convey the importance of the individual-to-God relationship. Joshua, a Jewish father of two, uses the words “connect,” “connecting,” and “connection” five times to describe his personal relationship with his God.

I think there’s three kinds of prayer; public prayer, private prayer, and family prayer... In each case, you are trying to connect with God, which is very important. For people who believe in God, we all want to connect with God...and sometimes you are more successful connecting than other times... Occasionally, I’ll have that extra special feeling that sometimes accompanies prayer... Most of the time when I’m praying, I don’t feel like I’m really connecting but the intent of going through the prayer is not just to say the words, it’s to make that connection.

Although Joshua notes three different kinds of prayer (public, private, and family) his “intent” is the same regardless of the type of prayer; to connect on a personal, emotional level with the divine. Joshua’s insight relates closely with that of Omar, an Arab-American Muslim and the father of two.

Prayer in Arabic is called salat. What does salat mean? It means connection, it is your time to connect with God.

Jessica, a Christian mother of four, offers a third example of the importance of a personal connection and sense of relationship with God.

I think that time spent with the Lord is essential. Personal time. We meet every week in meetings...and learn scripture and things, but I think it all comes down to our personal relationship with Jesus and that has to come on an individual basis. Just like any other friendship, if you want to get to know someone you need to spend time, you need to focus on him or her, and listen to them and talk to them and let them into your heart. It’s the same thing with God; we could go to church every day of the week, but if we didn’t make time when we just get face-to-face with God alone, I don’t think our relationship with Him would grow.

Jessica’s tone, like that of Joshua and Omar, is very personal and focused on a private connection with God. Note her phrases, “personal time [with the Lord],” “personal relationship with Jesus,” “friendship,” and “face-to-face with God alone.” Although Jessica is highly involved in her faith community and has served as a youth group leader for more than a dozen years, an intensely personal and private component of her faith is conveyed here. There is a shortage of social science research, however, that explores the impact of personal, relational connections with one’s God as described by Joshua, Omar, and Jessica.

**Influences of the Individual-to-God Connection**

Kim, an Asian American mother of two, has a husband who had been recently laid off from his job. She explains, “When it is a difficult time, I sing for God and I feel [much] better inside.” Note that Kim does not say that she sings
about” God. She uses the very personal phrase, “I sing for God,” indicating a strong sense of relationship. The reported effect from her singing for God is that she “feels [much] better inside.” In the language of the social sciences, Kim’s relationship with God and her personal, sacred practice of singing for God reportedly serve as important coping resources.

On this same theme of religious practices and coping, Rashaad, an African American Christian and father of three, shares the following narrative.

(The other night at work) this individual picked the phone up and got nasty towards me, I mean nasty, irate [and] I don’t know why. [I was] so angry that I wanted to go back there and confront this joker. That’s what my flesh wanted to do. Now this is where my faith kicked in... I wanted to go back there and kick in his behind, but my faith wouldn’t let me do it... The Lord told me, “This is a challenging time in your faith. Why you gonna act like the world? Don’t let something like that get you angry. Sometimes you have to pray for your enemies.” And I tell you... I was shaking... but I put my head down [and prayed]. Ten years ago there would have been no hesitation. I would have been on him... I would have either gotten fired or at least been at each other’s throats with this guy. But I just let it go. I prayed about it and the Lord told me, “Just let it go.”

Rashaad’s experience illustrates the influence of his relational prayer with his God. Note the pattern of dialogue that Rashaad reports: First, he felt that his God “told” him three things (“This is a challenging time in your faith,” “Don’t let [it] get you angry,” and “pray for your enemies”). Second, Rashaad obediently bowed his head and began to pray. Third, after he began praying he felt he received a second message telling him to “just let it go.” Rashaad’s narrative presents both internal and relational processes and, like Kim’s segment, illustrates the calming influence of a personal yet relational religious practice, which Rashaad feels may have saved him his job.

the contrast between god and family relationships

The strength of the individual-to-God relationship, at least for some, is evident in explanations like this one from Alisha, an African American Muslim mother of fifteen children (all fifteen are her biological children with her husband Rahim).

God (or Allah) is real. I talk to Him just like I’m talking to you... One thing I say to people [is], “Let no man get between you and God.” Your relationship with God is so important [that] we shouldn’t let anyone hold us back, not even friends, or a husband, or a sister or brother... We get stuff in our own time. We walk at a different pace, we can’t be looking at people who are not as far along as us and judge them. They’ve got to come at their own pace. However, I need to make sure nothing gets between God and me.

Alisha and other Muslims, as well as several Jews and Christians, reference a profound, personal connection to their God that exists somewhat independently of family relationships. It is essential to address and account for this quality of individual faith if we are to understand the influence of religious practices on marital and intergenerational levels.

the importance of the spiritual belief that “i am a child of god”

The belief of several participants that they, and all persons, are children of God reportedly impacted both participants’ sense of self and the way they view their own children. Patricia, a Christian mother of six, states,

in order to understand the meanings and influences of religious practices at the family level, it is first necessary to convey the importance of the individual-to-god relationship.
The [most important spiritual] belief I have [as an individual and as a parent is] that we are literal spirit children of our Father in Heaven and that He knows each one of us. As we get to know our children, we can almost guess what they’re going to do in a lot of instances, but our Father in Heaven knows us even better than that. He knows what our challenges are, He knows what our strengths are, and He loves us unconditionally. We love our children unconditionally, even when they do things that just drive us crazy...things that are wrong. You would do anything to help them get back to where they need to be. Knowing that we have a Heavenly Father who cares even more about us than we care about our own children is a real strength. There is nothing that we will face in this life that we can’t overcome with Him.

Patricia links her belief in her Father in Heaven with: (a) a deep awareness of the unconditional love that He has for her and all of us (e.g., “He knows each one of us...He knows what our challenges are, He knows what our strengths are, and He loves us unconditionally.”); (b) a connection with and understanding of her “Heavenly Father” that she experiences because she, like her God, is a parent; and (c) a strength in coping (e.g., “There is nothing that we will face in this life that we can’t overcome with Him.”).

Patricia’s husband, William, also comments on the “profound impact” of “knowing [he is] a child of God.”

Our faith teaches us who we are and it teaches us something very different from what the world teaches us and that has a profound impact on our lives, the things we choose to do, the way we choose to spend our time, the circles that we get drawn into, and the circles that we stay out of. I think that knowing [I am] a child of God and that I am not just a biological aberration...has had a profound impact on me and on the things I have wanted to do. My faith tells me far more than world tells me about who I am.

William elaborates on the “profound impact” of his belief by delineating some areas of his life that were duly affected, including “the things we choose to do, the way we choose to spend our time, the circles that we get drawn into, and the circles that we stay out of.” In sum, this belief influences much of what goes on in William’s life. Of note is William’s use of both the singular and plural first-person pronouns (“I” and “we”) to indicate that this belief has pragmatic applications on both personal and familial levels.

When asked how important his faith is to his sense of identity and self-concept, Joseph, a Christian father of four, responds as follows.

Jesus...I don’t know where I’d be without [Him]. Well, I do know where I’d be without Him...I’d probably be dead or insane or addicted...I’d be a mess... If [my relationship with God] wasn’t there, I wouldn’t know who I was. I would be ungrounded, I wouldn’t be me without Christ in me.... The whole way I construct my understanding of who I am is based in my relationship to God. Really, without that I don’t know who I am.... In relation to Him, I’m His child. I’ve been adopted. I’m His heir, I’m His brother, I’m His friend, I’m His servant, I’m His helper.

Joseph reports that “I wouldn’t be me without Christ in me.” Joseph cites many relationships with God (e.g., “heir, brother, friend, servant, helper”), but the first relationship Joseph establishes is “I’m His child.”

"Why do you believe in God?"

One interview question pushed a bit beyond descriptions of God (as Creator, Father, etc.) and asked participants why they believe in God. Omar responds to the question by relating this Arabic story.
A Bedouin, who believed in God was asked by a man who did not believe, “Why do you believe in God? What can you tell me? How did you get to this realization?” The Bedouin said, “When I leave my camel in the desert, it goes back to where it came from. That tells me there is a God.”

Omar’s interpretation of the story is twofold. First, he explains, those who wish to see God will see Him in everything. On another level, just as the camel in the desert intuitively knew the way home, a person of faith is drawn—though in a strange world—toward his heavenly home. Similar analogies were also presented to me by Holly and her husband, Miguel who are Christians.

Miguel: (A desire to believe in God) is innate, it’s intuitive... It’s a hunger, and [a relationship with God] is what satisfies that hunger.

Holly: There’s a hymn we sing at church that says, “As a deer longs for running streams, so I long for you.” Faith is that longing and knowing that it’s God [that you need]. Some people don’t have that, but I’ve grown up with that and have the understanding as an adult that...I [need] God in some fashion and that it’s a natural, instinctive thing. As you grow and learn more about yourself and your spirituality broadens and you understand certain things in relationship to God, you learn that you need to feed that faith.

Miguel: As you go through life and its steps, you seek fulfillment. We would say, “When we finish med school it’ll be great. When I finish residency, it’ll be great. When I get my own practice, it’ll be great.” But you get to each step and it’s cool, but there’s still that longing... That’s why we need our faith. That’s why faith is important to us, because ten years ago we were trying to “make it” but (making it) is not what satisfies the longing... Faith is the only thing that satisfies that hunger and that longing that seems insatiable.

While Omar compares faith to a kind of homing device, Miguel and Holly speak of a faith in God as “intuitive” and as the only cure for an inner hunger and longing that seem “insatiable,” even with professional success. Muslim, Jewish, and Christian parents all invested on a variety of levels in this search for a spiritual home, including involvement in their faith communities where the interviewed parents rendered a reported average of more than ten percent of their income and twelve hours a week of their time.

**The Invisibility of Spiritual Beliefs and Family Perspectives**

Although the highly religious parents I interviewed strived for a personal connection with God as previously discussed, this connection and related sacred beliefs were powerfully linked with family relationships as well, as illustrated by Seth, a Jewish father, who explains, “I don’t know how to draw a line...between my [family] values and my religious values.”

**Children, Parenting, and Spiritual Beliefs**

The connection between parent-child relationships and spiritual beliefs regarding children were discussed with richness and depth by the mothers and fathers I interviewed. William, a Christian father of six, offered the following response when I asked if he had any religious beliefs that influenced his relationships with his children.

(We believe) our children are an inheritance unto us from the Lord. In our case, none of them are “accidental” or unwanted, they came as a gift and as great blessings. Heavenly Father has been very powerful in our lives relative to them.

William’s references to his children as “an inheritance from the Lord,” “gifts,” and “great blessings” seem to reflect a gratitude and respect for the children God has given him.

Jackie, an African-American Christian mother of three, similarly describes her three adopted children as gifts from God.

I always tell them that they’re a gift from God... I tell my kids that they’re a gift because God chose me to be their mother, literally. It was the way that it came about. We (Rashaad and I) were sitting there and we were discussing, “Well, we have been trying all these years [ten years] and we haven’t been able to have any kids, let’s adopt kids.” And
Rashaad was like, “Okay, we’re going to pray about it.” We did, ... “Lord, give us some kids.” [Now we’ve got three]. I always say that they are a gift, they are special to me. Everybody says, “Man, you treat them just like they are yours.” Well, they are mine! Because I always feel God gave them to me. I just have to do right by Him...they’re so special.

Jackie’s sense of her children as “gifts from God” is supplemented in her narrative by the correlating point that “God chose me to be their mother.” Jackie later explained how this sense of being “chosen” by God to be a mother to her daughters is a source of comfort when the parenting road gets rough, as it often does in connection with one daughter who was adopted much later in life and came from difficult circumstances that she is still trying to overcome.

Another interesting point relating to the faith-parenting connection is mentioned by Oui, a Korean Christian and father of two.

“I think [children] change things.... One thing [from having a child] is that we know how God loves us...how we treat our children [lovingly] is how He treats us. The good thing is that I understand how God feels about me. That’s [one] good thing; and I am always thinking that I have to be a good parent for my child in terms of faith in God. This keeps [pushing] my efforts to keep growing in my faith for my children. This is a good thing [as well].

Oui explained his increased sense of “how God feels about [him]” due to his role as a parent. He indicates that he feels a responsibility to “be a good parent in terms of faith” and that this pushes him to continue progressing and growing so that he can be a better father for his children.

**Marriage and Spiritual Beliefs**

Faith reportedly influenced not only parenting but also marriage. Specifically, faith-based beliefs in the importance of marriage and strong aversion to divorce were frequently expressed. As one Jewish father states, “Divorce is just not on our subset of values.” Jackie, an African-American Christian, adds,

“What God hath put together, let no man put asunder.” I don’t believe in divorce.... God has enjoined my marriage in me so deeply.... [Some] women might say, “I don’t care if he [my husband] is mad or not.” Or “I don’t care if I spend all the money up.” But in my mind I’m thinking...I’ve got to get myself together and give [God and my husband] the honor of what this relationship means... We’ve been together so long, married sixteen [years], and it’s not all been great but when they see Jackie, they want to know where Rashaad is.

Jackie’s commitment to marriage and aversion to divorce are apparent, but these avowals can have a downside. Another member of Jackie’s church explained to me that in her opinion there were several marriages in the congregation that should have ended years previously, but due to this congregation’s stigma on divorce, these marriages continued on for years and years. Islam, in doctrine, presents a different view from Jackie’s. Omar posits,

Islam is the first religion that gave women rights...rights of divorce, rights of inheritance, rights in the house, etc. Show me any other religion where a woman’s rights are explained as clearly and explicitly as in Islam. Not until the 17th or even 18th century did the [Christian] church [state] the rights of women within the church.

Angie discusses divorce from the perspective of a Muslim woman.

For me, my worst fear before marriage was divorce. I have divorced parents and saw some things that I didn’t really want to see.
When I learned about Islam, it told me that divorce was looked down upon but that a woman should divorce her husband if she was being abused... It tells you point blank, "If your husband does this, leave, you have God's blessing."

Although Angie drew some comfort from these rights afforded her by her faith, she also mentioned earlier that her husband’s commitment to his faith and to her had alleviated the fear of divorce that she expressed before her marriage.

Patricia, a Christian, and mother of six presents a final perspective on marriages rooted in spiritual beliefs.

In our religion, if you are married in the temple, we believe that marriage is not just for this earth, it’s for eternity, and when you think of your marriage for eternity that has a very definite impact on how you speak to each other, how you treat each other, how you raise your children, on everything you do. It’s not something where you say, “If this doesn’t work out, then we just won’t do it anymore.” This is a forever thing.

Patricia’s narrative reinforces the “very definite impact” that spiritual beliefs can have on marriage; in thoughts, words, and “everything you do.” The gravity of marriage as a timeless covenant for Patricia is also present through her discussion of “marriage for eternity” and as a “forever thing.”

The sharing of religious beliefs
A correlation exists between religious shared beliefs in marriage and marital satisfaction, although the nature of the relationship is not certain. For example, some researchers have found that marital satisfaction tends to increase religiosity while other studies of long-term marriages have indicated that similarity in religious orientation, religious faith, and religious beliefs were frequently mentioned as key factors in marital success. The married parents in my sample similarly emphasized the importance of shared beliefs. A Jewish father said of his marriage, “Our values are always very, very close, which is why we’re so close... It has positively affected our marriage."

A more cultural aspect of the importance of shared religious belief was captured by Seth, a Jewish father of two. He explains,

I knew very early on that I wanted to marry Jewish. I never questioned that, I always knew. I always knew that it was the right path to take. I always believed, and still do, that the cultural upbringing of being Jewish is so deep that being married to someone who is not Jewish, they just wouldn’t get it. They wouldn’t laugh at the same jokes. They wouldn’t enjoy the same foods I enjoy on the same levels, you know [such as the holidays and rituals]? I thought, who would want to go through life not being able to share that and understand that?

Seth outlines his desire to marry within his faith in quite “unreligious” terms. Faith beliefs, we are reminded, are not only spiritual but also serve as a family framework and as foundations for culture and subculture. Indeed, for those who are deeply connected to their faith, faith’s influence may
literally carry into jokes, foods, holidays, rituals: in a word, life.

**Belief in marital fidelity**

Another influence of faith on marriage is exemplified by James’ statement on his belief in marital fidelity, another theme that recurred across interviews.

*Interviewer: Are there any religious beliefs that have helped in your marriage?*

*James: Yes. [The belief that you should] be faithful to the marriage covenant. Not committing adultery... That belief does a lot. You take two different individuals from two different backgrounds; I come from this type of background and she comes from that type of background and you fall in love and put trust in that person. You give that person your all and you feel that the other person is doing the same thing. You don’t want to have to go through your life wondering if this person is going to be faithful to you, you don’t want to worry about that kind of mess.*

For James, his wife, and other husbands and wives, shared spiritual beliefs regarding the importance of fidelity in marriage were reportedly a comfort and strength in an uncertain world.

**Belief in God as a marital support**

Participants also reported that beliefs in God offered marital support. Rashaad, an African-American Christian and father of three, states,

*We both feel that a marriage is a bonding thing. As God says, “Whatever I join together let no man put asunder.” I believe that my faith made me love my wife a lot more. We are very different. If it weren’t for faith, I probably would have run a long time ago. [I’d have said], “You don’t want to do what I want to do. We just don’t see eye to eye. I’m gone.” But when you believe in God...yes, the boat still gets to rocking’ but the Bible says, “In me you can weather the storm.”*

Jessica, a Christian mother of four, similarly discusses her faith and marriage.

*We have disagreements, we have things we don’t see the same sometimes, and faith is a source of help. We can pray about things together and the Lord can help us work things out. Sometimes one person has to give in and accept the other person’s point of view, it helps to be able to pray about things. The Lord, He’s the best counselor you could ever have. I don’t know how marriages can work without God. I’m sure that there are people who are so compatible that they can still get along but (our faith) has been really helpful for us.*

Both Rashaad and Jessica offer additional insight as to why shared faith was often helpful in their marriages. In addition to the earlier discussions of pro-marriage beliefs, the shared values and culture, and a mutual belief in marital fidelity, couples felt that God helped them to “weather the storm” by serving as a “counselor.” This pattern of turning to sacred beliefs and prayer during the “storms” and “disagreements” of marriage was mentioned by many as a facilitative approach to conflict resolution.

**Centrality of family in faith**

Family is a central component of most world faiths and particularly in monotheistic religions. Angie, a mother of two and convert to Islam, mentions that it was her husband’s families’ dedication to their faith and each other that initially drew her to Islam.

*I was mesmerized by how dedicated [Omar and his brothers] were to their Mom and Dad...and wasn’t just their family. The people who were true to Islam [were the same].*

Angie’s life now reflects this same inseparability of family life and faith. When asked how much time she spent each week in faith-related activities and family activities she responded in a combined answer.

*Every minute of every day we devote to faith. Our religion is our way of life. We fit our life into our religion, not [our] religion into our life.*

Although the faith and family connection had become salient and positive for Angie, the connec-
tion also carried pain for some. Oui and Kim both converted to Christianity as young adults in their native Korea, but none of their family members have joined them in their new-found faith. Oui soberly explains,

We have a deep problem with religion with our families. So actually, that's the reason religion is not good sometimes. We can't have our relatives praying for us. That's a terrible feeling...it has been a challenge.

While Kim and Oui had found a sense of joy and meaning in their faith, their faith had become a virtual line of demarcation between generations. Similarly, Seth, a Jewish father had two brothers who married outside the faith, causing pain to him and his parents and transforming their once shared religion into a source of “Di-vision” (two different visions). Whether accompanied by joy, pain, or both, however, faith is integral in understanding all these families.

Perhaps Joseph captured the connection between family and faith best. Joseph felt the connection so powerfully that following our three-hour interview, he still expressed doubts regarding his ability to adequately communicate how profoundly faith influenced him and his family. In closing, he emphasized,

There's something that...when as a family your hearts are pointed together toward the same thing, and it's God, then parenting and economics and space and food and disagreements and hassles and joys and celebrations and all that other stuff...it works different, it seems different, it feels different...Our family is all oriented in the same way. Christ is king, He's center, He's what it's all about. What if there was no dinner? What if there was no Christmas? It wouldn't be as fun and warm and fuzzy but...I don't know how to convey to you that...yes, our faith informs our relationships and everything about us.

When we seek to understand and even appreciate the struggle of families to answer life's most taxing and profound questions through their individual and familial walks of faith, we are more informed, more sensitive, and more aware of what others value and how they live. The value and importance of this topic, however, extends beyond heightened awareness.

Conclusion

Religious faith is the salient and inextricable thread and fabric in the quilt of family life for these families, and they cannot be adequately understood independent of their faith. I hope that through this glimpse into the lives of these mothers and fathers we will better understand those of various faiths and that many will learn from these faithful parents who taught me. Perhaps, as I did, you will feel a sense of brotherhood and sisterhood with these parents, who through different in denomination, have souls that are similarly seeking a sacred connection and communion with a real and relational God.

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References

2. Pseudonyms are used throughout this article to protect participant anonymity.
Families, Physicians, & Illness

By Jacob Christenson and D. Russell Crane

Health care professionals and families face new and diverse challenges in the current health care market. With the move toward managed care, providers have been required to look for ways to make services more efficient. At the same time, families have struggled to find affordable coverage that meets their needs. Contemporary research has supplied important information about some of the effects relationships can have on health. The way relationships influence health has been addressed mostly by looking at the family system and families’ interactions with health care providers. The understanding that has come from such research can be useful for families struggling with illness.

Family Relationships and Health

Different families react to illness in different ways; some are able to adjust while others are not. For some, the problems that come with illness can dominate family life and leave little energy for “normal” family activities. In other instances, family functioning and illness are dependent upon each other, such as when families only function adequately if someone is sick (Minuchin & Fishman, 1981). Most studies investigating families and health have focused on chronic illness since important interactions become more noticeable with time (e.g., Cohen, 1999; Knight, Green, & Hinson, 1997; Sellers, 2000). Within these studies, similar problems are seen repeatedly, and can be used as a model for how families react to illness. In general, dealing with stress has been identified as a significant challenge when chronic illness invades family life.

All families, at one time or another, will experience some type of stress. The idea of stress can be described in at least two different ways: (1) stress that affects an individual’s well being; and (2) stress that affects relationships. Although both types of stress have been shown to adversely affect health, under-
standing the difficulties families experience with illness will be given particular attention. Families with chronic illness who cannot make necessary changes could hypothetically find themselves in a vicious cycle with stress. Specifically, if a family is not able to meet new challenges after a chronic illness is diagnosed, conflict is likely to ensue, which in turn increases family members’ stress and negatively affects health. As the health of family members worsens, resources may be stretched even further, starting the cycle over again.

When illness creates stress, the most noticeable effect is on the way the family organizes relationships. Roles that were well understood before the illness may no longer be relevant (Rolland, 1998; Sellers, 2000). For example, a father who is the sole provider of a family may be unable to work after a significant back injury. An ill family member may not even have a substantial role if hospitalization is a common occurrence (Cohen, 1999). In contrast, a child may take on the “sick role” in an attempt to stabilize family problems (Minuchin & Fishman, 1981).

When roles are affected by illness, rules about “who does what” often change (Cohen, 1999). These changes can be superficial, like deciding who takes out the garbage. If a parent is ill, deciding who is responsible to provide financially may be important. Also, when a parent is ill, the chain of command may be challenged as responsibilities are taken on by other family members. Boundaries between family members are also likely to change as problems are addressed (Cohen, 1999). For example, an oldest daughter who is required to care for younger brothers and sisters may come to feel detached from her siblings. Illness often demands changes in roles, rules, and boundaries; and families must be able to adapt in ways that promote the continuation of healthy relationships.

If a family is unable to meet challenges, dysfunctional patterns are likely as the family attempts to regain some level of stability. One way this may occur is through the formation of alliances that ultimately alienate family members. Rolland (1999) recounts a situation where a mother focused solely on her chronically ill child, which left the father feeling distant and uninvolved. Interestingly, it was only after asking about the parents’ families of origin that the author found both parents were acting in ways that had been modeled in their families. In another instance Rolland (1998) was asked by hospital staff to come into the intensive care unit (ICU) to resolve a conflict between the wife of a patient with heart disease and his highly involved mother. The staff felt that the mother was interfering with hospital procedure, and reported that they noticed every time a conflict between the mother and wife arose concerning each other’s level of involve-

**Opportunities for Marriage and Family Therapists**

The field of marriage and family therapy currently finds itself in need of establishing and protecting its standing in the modern health care market. This endeavor rests in part on the usefulness of marriage and family therapy (MFT) in improving dimensions of physical health. Other providers (e.g., psychologists) have already demonstrated that individual counseling can result in a reduction in physician visits (e.g., Kessler, Steinwachs, & Hankin, 1982). Law and Crane (2000) assert that if marriage and family therapy is to continue to succeed, treatment using MFT must be shown to have similar benefits. So far, much of the work that has looked at the impact of MFT on health has focused on how marriage and family therapists (MFTs) can work effectively within primary care settings (e.g., Seller, 2000).

Working in primary care settings would require that MFTs have some knowledge of physiological processes. Given the limited understanding of most MFTs in this area, additional training is needed to teach MFTs how to intervene. A practical way of providing this training is to bring physicians and MFTs together during discussions of family/illness interactions in an effort to increase the flow of information between professions (Saba, 2000). Another way to improve communication between providers is to have practitioners of all types within the same clinical setting. A number of authors have described success with this type of arrangement (e.g., Mauksch, 1999; Saba, 2000; Sellers, 2000). Regardless of the way practices are set up, sharing of information and collaboration are the first steps in providing more efficient care to patients and families.

With time, collaboration and joint training will allow boundaries between professions to become less visible (Mauksch, 1999).
ment, the patient reported greater chest pain. In this narrative Rolland focused on the coalitions within the immediate family and failed to distinguish that the mother, the wife, and the ICU staff all attempted to gain his support for their positions during his visit. The fundamental problem with the formation of alliances is that overall support is less available, and as support decreases poor outcomes increase (Williams, Frankel, Campbell, & Deci, 2000).

Although the whole family is affected by illness, women are typically affected the most. Having traditionally been responsible for care giving, women may become overburdened when required to take on additional responsibilities that come with chronic illness. This seems likely to occur even in families who value equal division of labor since such transitions often force a change to more traditional roles (McGoldrick, 1989). This is compounded by the fact that women tend to be more attentive to suffering within the family, which also increases their risk of stress related problems (Kiecolt-Glaser & Newton, 2001). This understanding requires that particular attention be given to the experience of women.

It is also important to remember that beliefs the family holds about illness can impact a family’s reaction. Beliefs are capable of both hindering and facilitating adaptation to the presence of illness. Rolland (1998) provides an exhaustive list of beliefs that contribute to a family’s reaction. Among these are beliefs related to the normality of illness, interactions with health care providers, mind-body relationships, control over outcomes, ideas about the cause of disease, cultural views of illness, expected roles and behavior, and the willingness to shift beliefs as needed. Though addressing each of these areas is beyond the scope of this work, a poignant example can be seen in families’ beliefs about the cause of an illness, especially when one member is somehow blamed for causing the illness. To illustrate this, Rolland (1998) gives the example of someone who states that the nagging of their spouse caused them to have a heart attack. In the case of a life threatening illness, Rolland (1998) argues that beliefs relating to blame have the potential to hold a family member accountable for murder if the patient dies. Beliefs such as this make successful management more difficult, and severely limit the coping resources available.

One way that beliefs can facilitate healing is if families are able to create a “shared meaning” about the illness (Seller, 2000). This includes not only their views about the illness itself but also how the family will go about working with health care professionals (Rolland, 1998). When a family member has a chronic illness, frequent visits to health care providers is the norm. Boundaries between the

By being prepared to address psychosocial aspects of illness, physicians can reduce the stigma associated with this topic. This can have a positive impact in reducing the difficulty physicians have getting patients to make appointments when referrals are made to mental health providers. In addition, MFTs will be prepared to address problems that are common to specific illnesses. The blending of professional boundaries can influence positive changes in both professions as a systemic view of illness is refined.

Even in the absence of chronic illness, helping families function better can influence health. The findings of Law and Crane (2000) have been instrumental in the effort to demonstrate this effect. Their work has shown a significant 21.5 percent decrease in physician visits among those who participated in MFT. Law and Crane also reported a 30.5 percent decrease in utilization by family members of an identified patient who participated but were not the focus of therapy. To date, these findings remain the most impressive evidence that MFT can have a positive influence on general health care use.

The work of Law and Crane provides at least a foundation on which MFTs can build an argument for the continued inclusion of marriage and family therapy in the primary care dominated system. As evidence begins to mount that marriage and family therapy is beneficial to general health, the field will likely become more valued in the health care system. This will allow MFTs to work in either primary care settings or in private practice while concurrently being recognized as influential in the greater health care system. Regardless of the setting, the future of marriage and family therapy in the health care system appears to be promising.
family and "outsiders" need to be flexible as health care providers regularly participate in family interactions. This can be difficult for families who have little faith in the medical profession, or for families who discourage talking about concerns outside the immediate family. It follows that creating a shared meaning entails more than just beliefs; this process also implies the possibility of practical changes in the way the family operates.

Another crucial factor in predicting how well families cope seems to be the fit among the family's strengths and weaknesses and the demands that come with the illness (Rolland, 1998). For example, some families may be able to manage minor illnesses that can be cared for at home, while at the same time lack the flexibility needed to manage chronic illness that requires intrusive medical interventions. In effect, this means that while families facing specific illnesses can expect to face similar problems, their response will likely be very different. Some families will need to make radical changes, while others will find they are able to meet demands without much effort.

When families experience illness-related stress, conflict is typical as the family tries to find new ways to cope (Sellers, 2000). Some families will have sufficient resources to avoid major conflict, while others will find themselves amidst perpetual disagreement and turmoil. Families who are able to meet the challenges are generally those who find ways to "put the disease in its place" (Cohen, 1999), meaning the family is able to maintain a sense of normality in family life. Successful adaptation requires that the family be able to address individual members' needs and at the same time provide proper care for the illness.

While this is the ideal, families will occasionally give in and allow the illness to take over. At times "the illness may demand so much that it becomes the organizing principle of family life...dominating system, structure, and function" (Cohen, 1997, p.149). Knight, et al. (1997), provide an excellent overview of how health problems can dominate family life. The authors explain that health concerns can "assume functions in communication, feedback loops, and handling of emotional reactivity [and]...family dynamics are involved in circular interactions with the symptoms, sometimes in a spiraling cycle with exacerbation, and the various factors serve to perpetuate the symptoms" (p.143).

Knight, et al. (1997), show how relationship issues can exacerbate symptoms and promote changes. In the case of a married couple, when a change to more equal division of labor was desired, the patient was observed to experience an increase in pain. Following this increase in pain, the partner took on additional responsibilities. Families that organize around an illness may feel they are responding adequately; nonetheless, this response is by nature ineffective and ultimately risks the health of family members (Cohen, 1999).

A discussion of how families react to illness leads naturally to a discussion of how these reactions can affect physical health. Cohen (1999) cites evidence that shows family dynamics have a significant effect on the course of asthma, abdominal illnesses, cystic fibrosis, and diabetes. As has been mentioned, family relationships have also been shown to affect symptom intensity in the cases of pain and heart disease. Franks and colleagues argue that depression, which can result from illness demands (Heru, 2000), increases cardiovascular risk behaviors such as smoking, lack of exercise, and poor diet (as cited in Williams et al., 2000). In addition, the regulation of diseases such as hypertension and diabetes suffer with depression (Mauksch, 1999). Given the diverse ways family functioning affects health, helping families to cope has great potential to reduce the impact of illness.

**Interactions with Health Care Professionals**

In working with patients and their families, physicians have a unique opportunity to promote healthy responses to illness. Although a focus on biological pathology continues to dominate medicine, many professionals are now realizing the importance of recognizing the influence of relationships on health (Williams et al., 2000). Patients, on the other hand, often are still attracted to the biological explanations that prevail in the medical field (Jabar, Trilling, & Kelso, 1997). Nevertheless, physicians can act in ways that promote family
In working with patients and their families, physicians have a unique opportunity to promote healthy responses to illness. Although a focus on biological pathology continues to dominate medicine, many professionals are now realizing the importance of recognizing the influence of relationships on health.

Involvement, as well as subtly influence patients’ beliefs about the role of health care providers. If done appropriately patients will often feel more control over the illness, which will ultimately facilitate healing.

A challenge to this approach is found in a number of “unspoken” rules that seem to govern interactions with health care providers. Among these are that the physician is the expert, the physician is responsible for change, and the physician’s classification of symptoms is enough to determine a successful treatment (Jabar et al., 1997). This last rule essentially refers to the biomedical model, which assumes that identifying a biological cause is all that is needed for successful treatment. The first two rules, on the other hand, reflect power dynamics, which tend to be more problematic in health care. If change to a more global approach is desired, unspoken rules need to be explicit in the minds of health care providers and families. Only then can the status quo be challenged. This seems to be especially true for considerations of the use of power.

Goodrich and Wang (1999) argue that “prestige awarded to the profession plus greater income, education, and range of experience” provide the foundation for unequal power in relationships with physicians (p.449). The authors conclude that despite other social issues (e.g., the patient may be more wealthy), the overall balance of power typically favors the physician. Frey (1999) observed that beginning medical students frequently return from their first vacation amazed that friends and family treat them as if they hold greater authority, even though they have very little training. According to Frey, experiences like this shape physicians’ views of their position in society, which forces a choice to be made about how to use the authority afforded them. Unfortunately, power all too frequently follows the unspoken rules listed previously.

Although society is implicated in the misuse of power, medical training can also be viewed as providing doctors with abilities beyond their training. Saba (2000) argues that the training of physicians fosters the belief that physicians can “control disease, and by logical extension control people with disease” (p.356). Goodrich and Wang (1999) observe that the misuse of power by hospital faculty infects later interactions between medical residents and patients. It follows that efforts to challenge the misuse of power will be most effective when incorporated into medical education and training (Goodrich & Wang, 1999; Saba, 2000). This would help students to both learn about effective use of power and witness advantages through interactions with faculty.

Supported in training and society, misuse of power is all too apparent. One of the most noticeable ways this is seen is in the focus on compliance above all else. Focusing heavily on compliance is closely associated with the “physician-centered” model. This model is characterized by “explicitly or implicitly pressuring the patients to behave in specific ways...and involves physicians assuming that their authority is enough to motivate patients” (Williams et al., 2000, p.81). Although some physicians who use this approach allow the patient the final decision about treatment, Goodrich and Wang (1999) contend that since the physician determines which treatments to present and asserts greater knowledge about the illness, the patient remains at a disad-
The idea of fit becomes especially important when the physician is unable to find a biological cause for symptoms. Such cases require a discussion of the impact of psychosocial factors....Only 16 percent of those with physical complaints were found to have a diagnosable biological problem.

vantage. Williams, et al. (2000), reviewed numerous articles which show that limiting the focus to issues of compliance does not facilitate recovery. In fact, patients were found to be less likely to actively engage in treatment when the physician uses such tactics.

Consistent with the physician-centered approach, decisions about illness usually exclude input from the family. In light of the impact of family relationships on illness, the patient’s family necessarily needs to be somehow included in treatment planning. Williams, et al. (2000), argue for an approach that includes the family and requires the physician to be active in this effort. This approach is referred to as “relationship-centered,” and emphasizes a need for the physician to empathize with the family and share power in treatment decisions. As described by Williams, et al., the physician intervenes by “taking full account of their perspectives, affording choices, offering information, encouraging self-initiation, providing a rationale for recommended actions, and accepting the patients’ decisions” (p.81). The main idea is that the patient and family are encouraged to be actively involved in decision-making and treatment. Allowing the patient and family to participate more fully has been shown to positively influence “program attendance, smoking cessation, glucose control, long-term exercise, maintained weight loss, and adherence to medication prescriptions” (Williams, et al., 2000, p.84). The most important contribution of this approach to health care is that physicians are required to include all relevant parties (Goodrich & Wang, 1999), thereby eliminating the isolation of the family.

Saba (2000) suggests that shifting to relationship centered treatment requires a change in medical training. Two of the suggestions he presents are particularly noteworthy. The first suggestion is that physicians should be taught to “think relationally.” This would call for the physician to spend time with the family discussing the illness and the family’s ability to cope with accompanying stressors. If the family seems to be having difficulty coping, the physician can learn to emphasize strengths (Goodrich & Wang, 1999; Wetzel, 1998), as well as, enlist social support (Wetzel, 1998).

The second noteworthy recommendation is that physicians should learn to discuss their own beliefs about illness and the process of healing. Rolland (1998) suggests that one of the most important predictors of compliance is the fit between the beliefs of patients and physicians. He asserts that one common difference is likely to be found in the desire of the patient to recruit social support and the contrary biomedical beliefs of the physician. However, the opposite is also possible if a physician is relationship oriented and the family prefers a biomedical explanation. When this occurs, it is recommended that physicians validate beliefs of the patient, even if stress will need to be addressed at some time (Jabar, et al., 1997). By listening to client’s beliefs about illness, physicians are given the opportunity to show empathy and share their own thoughts about illness. An exchange of ideas can then occur that allows those involved to discover and, if needed, improve the fit between their beliefs (Rolland, 1998). Outcomes will also likely improve since the family and the provider will be more capable of working together to manage the illness.

The idea of fit becomes especially important when the
A physician is unable to find a biological cause for symptoms. Such cases require a discussion of the impact of psychosocial factors. Unfortunately, this may be a problem physicians will commonly encounter in practice. In fact, Kroenke and Mangelsdorf found that only 16 percent of those with physical complaints were found to have a diagnosable biological problem (as cited in Ruehlman, Lanyon, & Karoly, 1998). Jabar, et al. (1997), describe a common pattern that emerges in cases where psychosocial factors are found to be influencing illness. According to the authors, patients will generally hold to the belief that biological problems are causing physical symptoms. When a physician determines that psychosocial factors are influential and discounts the beliefs of the patient, the tendency is for the patient to argue against the physician's position. This, in turn, leads to the physician labeling the patient as "somatizing" or "difficult." Labeling the patient creates an impasse and inspires the patient to search for another doctor, thus starting the cycle all over again. The authors suggest that to avoid impasses, physicians should become active in changing power dynamics, work to change rigidly held beliefs, and avoid the unspoken rules discussed before, thereby empowering clients and facilitating change.

The ability of the physician to help families cope becomes problematic as time constraints are increasingly imposed by managed care. Consequently, current health care trends have made relationship-oriented approaches difficult to employ (Goodrich & Wang, 1999), leading some physicians to reduce related efforts to the smallest amount possible (Saba, 2000). As the need for intervention in family systems becomes recognized and the demands on physician's time become more intense, the burden of intervention will likely fall on mental health professionals. Regardless of who is responsible for intervention, implementing strategies to address interpersonal interactions has great potential to positively influence families' experience with illness. Thus, it becomes the responsibility of those involved with illness to be aware of common processes and have an understanding of their place in addressing concerns that may arise. Only by so doing can professionals and families hope to be effective in meeting the demands of illness.

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References


Spiritual
Exodus

RECOVERY FROM ADDICTION

By Mark H. Butler
I am a licensed marriage and family therapist, and also a practicing and believing Christian. In my work with individuals struggling with addictive behaviors such as sexual compulsions, alcohol and other drug abuse, and pornography, I have learned the power of God's grace—in conjunction with the best practices from the therapy profession—to save individuals and families from the ravages of these addictions.

A Spiritual Exodus

_Spiritual exodus_ is the term I use to describe recovery from addictive behavior. Addiction is the one area of the mental health profession that has been drenched with the language of spirituality for decades. There has been an almost universal recognition that addiction is a pernicious problem that “goeth not out but by prayer and fasting” (KJB-Matthew 17:21). Recovery is possible through combining spiritual means with all of the professional knowledge we have available. Clearly, addiction is not a good thing, but I have seen individuals and couples rise from the ashes of addiction—from sackcloth and ashes—to a newness of life. I have seen husbands and wives—with broken spirits and contrite hearts—humbly place their lives in the hands of God and meekly submit to his wisdom and will. I have seen a redemptive, healing power manifest in their personal lives and in their relationships. I have seen relationships lying, as it were, on their deathbeds like the youthful daughter of Jairus, only to be raised up and restored to life and hope and vitality. (KJB-Mark 5:22-24, 35-43.)

I would not wish the devastation of addiction on anyone. Gratefully, I have seen the power of God take this evil out of the lives of individuals, couples, and families and in its stead raise up an individual, marriage, or family that was stronger, more unified, more undivided, more loyal, more covenanted and consecrated, and more like Christ. I have seen the horrible weaknesses of addiction forsaken and replaced by new strengths in both marriage and personal life. I can echo the words of Psalms 30:5, which says that “weeping may endure for a night, but joy cometh in the morning.” Nevertheless, the journey is a long night of darkness.

A Central Message of Conviction and Hope—Relationships that Heal, and Restoration of Agency

My experience in assisting those recovering from addiction has resulted in three central convictions. First, for recovery to be undertaken, there must be both conviction of conscience and hope for change. To lack either is to lack a necessary ingredient of commitment and action. Regarding conviction of conscience, the experience of addiction is its own best teacher. It does not take long for one to want to change, only a little longer to know one must change, and only a little longer to be desperate for change. After there is conviction of conscience, though, there must be hope.

And, indeed, the central message that I would like to share concerning addiction is a message of hope. Addiction is such a debilitating condition that hope is often its most serious casualty, although hope for recovery should always exist. Stephen Glenn once said to a group of addictions therapists, “In today’s world, an ounce of hope is worth a pound of confidence.” Marvin J. Ashton has stated, “I would endeavor to instill hope instead of despair in those who have temporarily lost certain powers and privileges. Some of these people dare not hope any more for fear of being disappointed. May they and their families be helped with thoughts that will bring action, comfort, and a new sense of self-worth.”

Hope and faith are the substance from which all action springs. If you cannot instill hope in those who are struggling with addiction, you cannot motivate the kind of action that is necessary—the “blood, sweat, and tears” type of labor they will need to overcome addiction. Thus, hope and faith are embedded within and drench the narrative of therapy. Conviction of conscience and hope for recovery—these are the first things I have learned are needed for recovery.

The second conviction I have gained is closely related to the truth that addiction “goeth not out but by prayer and fasting”: it also goeth not out but by the unfailing support and sustaining influence of loving others committed to stand beside us through both repentance and recovery. Richard G. Scott has taught: “Some transgressions are so powerful that it is unlikely that you will begin to overcome them without another’s help.” Ultimately, those humiliated by addiction humbly affirm, “In
recovering from my addiction, I stand on the shoulders of giants." Successful recovery is most often sponsored in and prevails through close and committed relationships.

The third conviction tendered to me by experience is that as one progresses in recovery, feeling and agency, which together are the essence of our sense of being truly "alive," can be spiritually redeemed, after an individual does all that he or she is capable of doing. While addiction, in process of time, truly places one past the point of feeling and places agency in jeopardy, spiritually anchored recovery can bring a miraculous redemption of both. Again, Richard G. Scott has stated, "In time, with the strength that comes from continued use of agency to live truth, you will be healed through the Savior.... See your...[spiritual or religious leader]. Begin now and don't stop until you...receive [the Savior's]...healing power in your life. Otherwise, the cure will be incomplete." The three convictions—regarding the essential elements, processes, and outcomes of recovery from addiction—provide a focus and direction for family counsel and support, ecclesiastical help, and professional therapy.

Stepping Stones to Recovery

As the work for recovery gets underway, my clients and I seek to ensure that these essential elements are in place. The first stepping stone to recovery is, thus, desire (based on a conviction of conscience) and hope for change. For some, magnifying and sustaining their desire means lessening their guilt and bringing it into proper repentance perspective. The scriptures of The Church of Jesus Christ of Latter-day Saints put the suffering and guilt associated with repentance into perspective, in the account of Alma chastening his son Corianton and reminding him finally to "only let your sins trouble you, with that trouble which shall bring you down unto repentance" (Alma 42:29). If guilt is excessive, it undermines spiritual, emotional, and psychological strength, as well as other resources for change. Thus, for some, strengthening desire involves bringing their conviction of conscience down to repentance perspective, scope, and size.

For others, bringing about the proper desire requires harrowing up feelings that have long since been buried and left for dead—desensitized through the experience of addiction. For these, sparking recovery requires that they be taught the consequences of addiction—a more keen awareness of the destructiveness and devastation of addiction, for themselves personally and spiritually, and for their relationships and loved ones. Respectful exploration and interviewing by a therapist, expression of tender feelings by a spouse, and inspired correction by an ecclesiastical leader can all help magnify awareness of the "consequences of [addiction]."

Once desire is in place, we have the fuel required for recovery, and for therapy to proceed. The second stepping stone of recovery is the organization of key relationships to sponsor recovery. Again, addiction "goeth not out but by prayer andfasting", and with help—divine and mortal. If there is one beautiful flower that can bloom among the thorns of addiction, it is the nobility manifest in covenant relationships as one soul—in pure, Christlike love—consecrates his or her heart, might, mind and strength to saving another. They are literally saviors on mount Zion. Equally poignant and promising is when the suffering soul humbles himself and confesses openly that he will not and cannot make it through this life, or out of this addiction, alone. He surrenders the Invictus pride, "I am the captain of my soul," which once made him bold enough to try his luck with addictive self-indulgence.

Addiction humbles and teaches addicts that they must rely on others in order to recover. They reach out to a loving spouse who learns compassion and understanding, and who can assist them in critical ways. When relationships are organized to sponsor recovery, the addict's potential to overcome is magnified exponentially. In therapy, there are various steps to inviting, encouraging, organizing, and then supporting relationships in sponsoring recovery, which includes helping the spouse and family members with their pain and heartache. Successful therapy embraces the entire family, for they are all afflicted, not just the addicted person.

The third dimension of therapy for recovery is getting down to the work of learning principles, practices, and skills for recovery from addiction. Once desire or motivation is sufficient to fuel
Addiction is the one area of the mental health profession that has been drenched with the language of spirituality for decades. Recovery is possible through combining spiritual means with all of the temporal knowledge we have available.

recovery work, and relationships are organized to sponsor recovery, then it’s time to gain the understanding and implement that practices that steer one’s life toward recovery. While from time to time we may check up on the other two dimensions, once they have been set in place, this effort consumes the bulk of our time and attention in therapy.

Progressive Awakening in Recovery

In my experience, each individual’s and couple’s story of recovery from addiction has added a brush stroke to what is now a panoramic picture of that journey. That picture reveals recovery to be a progressive awakening—both of humility and to relationships. In order to gauge how much attention needs to be devoted to the desire, relationships, and skills that have been discussed, I find it beneficial to assess how far each person has progressed in their awakening. The story that has emerged from clients’ lives depicts a journey which follows a path of humility, along which they discover relationships and grace that heal.

“I’m Not Like Them”

When persons first enter into and entertain addiction, attitudes are anchored in pride: “I know and understand that substance abuse overwhelms and overcomes others. I’ve seen them. But I will not become one of them. I am stronger than they are.” Or, “I can have this indulgence and still hold it [my marriage, my family, my life] together.” In that pride, the temptation to addictive behavior is powerful and persuasive. Perhaps that pride is mingled with curiosity, but pride is an essential component to addictive behavior, else who would take the risk?

The exception to this scenario is the victimization of the innocent—young children exposed and habituated to illicit substances or pornography before they are ever aware of the dangers. Tobacco is not the only product marketed to the innocent in order to create lifelong consumers. The reality of evil designs and vile victimization of conspiring men calls to mind Jesus Christ’s warning to “whosoever shall offend one of [these] little ones” (KJB-Mark 9:42), and it summons protective parents to fight for the freedom of our children with vigilance, energy, and unwavering moral clarity.

“All We Can Do”

To continue our story, though, whether addiction captures the innocent or the unwise, after a period of time consequences accumulate and one realizes that, “Indeed, the laws of life apply to me too; I cannot escape this.” They then attain their first awakening to humility—the point at
which they think, “I must either quit or I will die—spiritually and perhaps otherwise.” But, usually, their humility is only awakened to the last part of the equation for recovery—“it is by grace that we are saved, after all we can do” (Book of Mormon, 2 Nephi 25:23)—and for the protection of pride, they emphasize, “I got into this problem, and I can get out of it myself. I’ll use my discipline, my will, my power, and I will overcome this.” And the unconscious intention is, “I won’t be ashamed, or lose my reputation in anyone’s eyes. I’ll maintain my self-image. I won’t risk repercussions at home or elsewhere. I’ll tell no one. I can recover and it will all go away, quietly.” Clearly, they have only begun to awaken to humility; and in protecting themselves from consequences, they remove themselves from the chastening experience that mentors repentance, as well as from uplifting, strengthening relationships.

“I Can’t Do This Alone”

After a while—“after all [they] can do”—though they make remarkable progress in recovery, most continue to relapse periodically. And their appetite is unabated. Soon, they awaken to further humility and acknowledge, “I can’t beat this problem on my own. And I can’t hold on to my pride.” About half the clients who come into my office with problems around addictive behavior have not reached this point. They come alone, and they need to be persuaded to bring their partner or another significant loved one to participate with them. The prognosis is so much better once they do. Ever and always, recovery is strengthened by the sackcloth humility to face up to consequences, whatever they may be, and to own the shame of it before those who matter most: God, religious leaders, and one’s companion. Recovery is strengthened when one is humble, and then willing to pay the price to enlist the power to repent.

Not only do relationships strengthen recovery, but relationships are strengthened by recovery. Relationships can help sponsor recovery in powerful ways. Relationships are also sponsored by recovery. “No man is an island, intire of itselfe; every man is a piece of the continent, a part of the maine” (John Donne) and thus, when the bells of addiction toll, they toll for the whole family. Any soul who struggles with addictive behavior is surrounded by others who are each affected in various ways by that addiction.

When I’m working with religious couples, I urge them to see their ecclesiastical leaders together, as husband and wife. The spouses of addicts have suffered in ways that you cannot know unless you speak with them. Spouses are as much in need of recovery and healing as their partners. Thus, an addicted person’s further awakening to humility not only blesses him or herself, but enlarges the healing of the spouse and family as well.

Eventually, addicts learn to maximize their relationships to assist in their recovery. Partners can help with accountability. Discerning partners can red flag any firsts toward relapse: “You know, I’ve noticed that you’ve been driving by that one place in town a little more frequently lately. I’m worried. Is that good for you? Are you flirting with temptation? Are you walking the edge?” Partners can engage in dialogue that helps the
addicts be circumspect and honest about their behavior. Partners can help battle euphoric recall of the addictive experience with a cooperative review of the litany of painful, destructive consequences. This includes assisting in the restoration or re-sensitization of feeling. Partners help encourage and sustain protective behaviors, too. Partners assist immeasurably by helping their recovering companions envision and remember the better, blessed life they are trekking toward. In these and other ways partners put their own shoulder to the wheel of recovery, help check any backsliding, and sustain forward momentum. With that support, the prognosis and trajectory of recovery improves significantly.

“By Grace... We Are Saved, After All We Can Do”

Still, recovering persons and their spouses find that, although they now attain significant periods of sobriety, or may even be completely abstinent, desire or appetite remains a torment. One client who stood in my office long ago literally backed into a corner and said, “I’d rather die than spend the rest of my life living with this torment.” This awakening—to the chronicity of the natural man, and of appetite that has been etched deeply into the neurophysiology of the brain and the psychology of one’s life—leads to the final awakening to humility. They reach out again for help, only this time it is with arms folded and knees bent. The recovering individuals and their companions pray now not for abstinence alone, but for transformation. Again and again in therapy, they quote that litany of scriptures upon which they anchor their hope, and which fuels their searching. The final awakening to humility leads individuals and couples to seek newness of life through a power and grace greater than themselves.

This is the final expression of humility—when those working to overcome addiction can reach out fully and completely for grace in recovery. They go before their higher power, their maker, and they say, in humble prayer, “I will give away all my sins for this change of heart. I will hold nothing back, no token of my transgression, no piece of my pride.” I remember one young man preparing to serve as a missionary who went to his ecclesiastical leader with that kind of humility. He confessed to a serious addiction he had recovered from. The leader excused himself from the office and said, “I need to go talk to someone else about this.” While he was alone in the office, that young man “had the keenest moment of soul reflection I’ve ever had in my life. I knew that serious consequences could result. Even though I had, at some level, long since repented of this sin, I felt the need to come clean; and I was, at that point in time, willing to do whatever was necessary to recover completely and forever from that addictive behavior.” This young man’s humility is the type that sponsors recovery and opens the windows of heaven for access to grace. As with this young man, it is important for each addicted person (1) to reach the point of complete humility where they can access grace for recovery, (2) to fully maximize their relationships to assist them, and (3) to be willing to do all that they can do.

This, then, is the panoramic journey of recovery, an awakening to deep humility and a reaching out for relationships—mortal and divine—that sustain, heal, and transform. Notably, this awakening serves not only recovery from addiction, but the whole of one’s life. Never again need one “go it alone.” A single thread is so easily broken, but woven together into covenant relationships, the fabric of our lives does not rend. Perhaps that is why those who recover are so committed both to receive, and to give, assistance. If there is one way that the weakness of addiction can, through repentance and recovery, resolve into one’s strength, surely it is this. They know and live by the saving power of relationships, and they sustain the humility that flows there from. No Invictus pride remains.

The Addiction Roller Coaster

Until one completes this journey of humility, the experience of addiction remains a roller-coaster ride of relapses followed by brief stints of pseudo-recovery, only to be followed once again by back-
sliding and relapse. The graphic above represents the addiction roller coaster.

At position one, a person in full-binge relapse is beginning to experience an accumulation of destructive, painful consequences. Increasingly weighed down with despondency, despair, and various feelings associated with the unraveling of his or her life, the gravity of consequences begins to pull the person away from further addictive behavior. Addictive momentum dissipates and potential energy for recovery develops.

But that potential energy is based upon the negative punishing consequences of addiction, rather than upon the motivations that will bring about lasting change. Nevertheless, at that point the addict says, "I must either quit or die." The momentum that comes from consequences drives the individuals away from their addictive behavior. They gather momentum with great rapidity, and that momentum encourages them in such a way that the addict exclaims, "I've made it! I have no more desire to engage in my addictive behavior. It really is gone. Finally, this is for real!" For the moment, they indeed have no desire to relapse. Aversion drives recovery. They are at position two.

Nevertheless, as life continues and they steer clear of their addiction, they begin to scale the ascending slope of recovery. Back again in "normal" life, one of two things happens: They either forget, or they grow proud.

For some, the challenges and difficulties of everyday life begin to pile up on them and—not having developed that newness of life yet, not having entirely altered their lifestyle—they don't have the healthy coping strategies to manage positively, or spiritually, life's stresses, challenges, adversity, and afflictions. Thus, they begin to feel "nostalgic" for the escape and pleasure of addiction. Temptations resume. Their brain cues them: "You know that when you are discouraged or depressed, one of the best options is addiction. Right? At least, you have taught me so in the past."

As the brain serves up these suggestions for addictive behavior, another critical thing has happened by the time they reach point three. They have forgotten.
The human brain is a wonderful thing. Our spirits are a wonderful thing. Each helps us forget painful experiences. But this can be a disservice if it is the truth of our experience—such as addiction—that we forget. It is all too easy to remember only the high, the pleasure, the fantasy self, the numbing, the escape, the euphoria. Because of this, one of the things we do in therapy is teach people to build a “Pandora’s Box”—a litany of the destructive consequences of addiction, how they felt the “last time”—that they can use to review the negative consequences of addiction.

For others, it is not a pileup of life's difficulties, but of prosperity, that tempts relapse. Metaphorically, they assure themselves “I have ‘money’ in the bank. I can draw down on my personal, spiritual, and relationship accounts just a little bit, and there will be no harm.” Spinning lies for themselves, they make their way to relapse.

So either challenges or ease can be equally predictive of relapse, in the absence of a clear and keen remembrance of the consequences of addiction or a clear picture of the cycle of addiction and how it works. For all too many, it becomes a sickening cycle of relapse and pseudo-recovery, cycling and recycling the pain and destruction of addiction, and taking an increasing toll on family relationships. Clearly, reliance on aversion to negative consequences and punishment to drive recovery only takes a person so far, as the explanation of the roller coaster makes clear.

The Measure Of Guilt And Shame

Similarly, those battling addiction cannot punish their way to recovery. (Nor will the punishments others try to heap upon them!) I remember a client who came in not long ago and deprecated himself beyond measure, as though a heavy enough punishment could compel him to forever give up his addictive behavior. Ironically, all too often when I see excessive guilt and shame in therapy, the result is just the opposite: not recovery, but relapse. A focus on punishment breaks down spiritual reserves of divine worth and dignity to the point where persons lose motivation and energy for change.

We need to understand that guilt and shame are to our spirits and our psyche as pain is to our bodies. The purpose of pain is protection. When you touch a hot stove, pain causes you to immediately withdraw your hand. This prevents further injury. That is the purpose and function of pain. Similarly, the purpose and function of guilt is repentance—not punishment, not vengeance, not retribution. Once a person has sufficient guilt to motivate repentance, they need no more heaped upon them—by a spouse, by parents, or by themselves. Any more than that will just weaken and debilitate a person emotionally and spiritually. Those assisting in a person's recovery should monitor carefully the appropriate measure of guilt and shame in that person's life. Some people do need harrowing, but many, many others need encouragement. You can't punish your way past position three. You can't punish your way to enduring repentance or recovery.

All this, then, begs the question, “So, how do people get out of addiction? How do they exit this sickening roller-coaster ride of addictive or other carnal behavior?”

Envisioning Enduring Recovery

Part of the answer comes in finding a compelling vision that lifts one's gaze and behavior beyond the dire consequences of addiction to the better life beyond. Compelling vision replaces a limited view of present circumstances. Real and enduring recovery comes not from looking over one's shoulder with a tunnel-vision focus of “Don't relapse,
don’t relapse, don’t relapse!” (Indeed, ironically, sometimes the more addicts focus on not relapsing, the more they do relapse, because the addiction, and discouragement, is on their minds constantly.)

FOCUSING ON REDEEMING VIRTUES

Maintaining a focus on redeeming virtues is another important intervention at position four. Along with compelling vision, people whose recovery succeeds over the long haul sustain a positive awareness of their own redeeming virtues. Spouses play a vital role in this. I have seen this often in therapy. When the recovering spouse is feeling downtrodden and discouraged, I will turn the spouse and say, “You’re still with your partner. Why is that?” And the spouse will say something like, “Because I love him (or her). He may be struggling with addiction, but he has many good qualities.” “What are they?” I ask.

What follows have been some of the most spiritual, moving experiences I’ve had in therapy. “Michael tries really hard to be a good parent and loves our children, and I know that. He goes to church sometimes and supports me taking the kids every time and works hard around the house. He provides for us. He’s compassionate. He has so many good qualities.” So often, the recovering spouse begins to weep. How grateful they are that someone sees more than their addiction. How it helps them to do likewise. How doing so renews the resolve needed for recovery!

BUILD ON YOUR GOOD FOUNDATION

Closely related to remembering redeeming virtues is building upon these positive virtues and actions. Those dealing with addiction must power their recovery beyond position three and through positions four and five by identifying all the positive, protective activities in their lives and steadfastly refusing to surrender any of them, even in the face of relapse. I encourage clients to cleave to every positive, protective influence and activity they qualify for. They must not let feelings of unworthiness keep them from church, from praying, from seeking strength in the scriptures, from serving and cherishing their spouse, from the laughter and love of their children. They must access every single positive influence they can qualify for and hold onto those with tenacious, pit-bull determination. Building from the positive is a great resource for recovery.

Recently, I had the opportunity to apply this concept of building from the positive in the life of another young man who was planning on serving a mission for The Church of Jesus Christ of Latter-day Saints. He was unqualified at the present time for missionary service due to an addiction to pornography. In LDS culture, this creates a unique dilemma for our young men, because going on a mission is viewed as a passage that opens the gates to career, marriage, and family. So what happens on occasion is that a young man puts his life on hold. This, however, only serves to draw more attention to the problem, and exacerbate discouragement. Each relapse brings the feeling, “Now I have to start all over again.”

Such young men need a way to progress, even while they prepare. Building from the positive accomplishes this. Thus, I encourage young men to identify and continue the positive things in their lives they are currently qualified for, and build from these the strength and power to overcome the problem and qualify.
for service. I tell them to continue dating. Continue in school. Continue to work. Ask Church leaders for an appropriate opportunity to serve. Serve within your home. Such positive experiences can build dignity and esteem, energy, strength, and resolve for progress toward the goal on the near horizon—missionary service—and toward enduring recovery. A focus on one’s compelling vision, on redeeming virtues, and on the good in one’s life is the foundation upon which the energy and vitality of recovery are built.

One might say, quite literally, that the admonition of Paul—to think upon those things that are pure, lovely, of good report, or virtuous—is what empowers the recovering individual, marriage, and family, up, over, and out of the roller coaster of addiction (see Philippians 4:8). Significantly, humbly reaching out, finally and fully, for God’s grace in recovery, opens our minds and hearts to receive a confirming witness of his love. And it is that love which enables us to replace our downcast perspective with the heavenward gaze that inspires, strengthens, and saves. 

Mark H. Butler is associate professor in Marriage and Family Therapy at Brigham Young University. His area of clinical specialization has been recovery from addictive behavior. He and his wife, Shelly Dee Freeman, are the parents of five children. This article is adapted from a presentation delivered at the BYU Families under Fire Conference, Oct. 3, 2002.

References
4 Scott, p. 62
RELIGIOUSNESS ASSOCIATED WITH LESS DEPRESSION, SAYS BYU/U. OF MIAMI STUDY

Using religion for social reasons associated with more depression

PROVO, Utah—A new study by Brigham Young University researchers reveals that greater religiousness is associated with fewer symptoms of depression, with religiousness defined broadly as any attitude, belief, or behavior involving spiritual or religious content.

“The findings suggest that religiousness may provide certain types of religious people with a buffer against depression,” says Timothy Smith, a BYU associate professor of counseling psychology and lead researcher on the study. Joining Smith are Michael E. McCullough, an associate professor of psychology at the University of Miami, and Justin Pole, a BYU graduate student.

Published in the latest issue of the American Psychological Association’s “Psychological Bulletin,” the research is an analysis of 147 previous studies that examined religiousness and depression. The results were similar across gender, age, or ethnicity and apply regardless of religious denomination. Religiousness was defined broadly as any attitude, belief, motivation, pursuit, or behavior involving spiritual or religious content or processes.

Ken Pargament, a professor of psychology at Bowling Green State University and author of “The Psychology of Religion and Coping: Theory, Research, Practice,” says the study adds to the growing understanding of the mental health benefits of religion.

“This is a sophisticated, up-to-date, balanced approach to the study of religion and one critical dimension of mental health,” says Pargament. “Furthermore, it moves the field forward by identifying specific forms of religion that are tied to both increases and decreases to the risk of depression. These findings underscore what is common sense to most people—religion contributes to health and well being. Now we are beginning to learn how and why.”

Other findings revolved around the distinction between what the researchers called intrinsically and extrinsically motivated religiousness. Intrinsic motivation means practicing religion for religion’s sake—praying, meditating, and serving because of a sincere belief that doing so is correct. Extrinsically motivated people practice religion for social reasons—they see church as a chance to build non-faith-based social networks or think, “This is what religion can do for me.”

The study found that those who practice religion based on extrinsic motivations or who engage in negative religious coping, like blaming God for difficulties, are associated with higher levels of symptoms of depression.

For those undergoing stressful life events, the researchers found that the buffer against depression is even stronger.

“One would think, ‘The greater the stress, the greater the depression,’” says Smith. “But that’s not necessarily the case for the intrinsically motivated religious person. Possible explanations for this include the idea that stress may prompt people to turn to religion, to become stronger in their faith in the face of trials. They are turning to God, pleading for help, seeking counsel from scriptures or pastors.”

Some of the reasons that those who are religious for intrinsic reasons may enjoy a buffer against depressive symptoms and stress include the traditional use of less alcohol and drugs, belief in spiritual intervention, and support and belief in an afterlife.

“Take the example of death. Some religions teach doctrines about an afterlife that may provide a coping mechanism that relieves stress,” says Smith. “If people truly believe in those teachings and hold to them during times of stress, they can get through the ordeal with less trauma than the non-religious or externally motivated religious person.”

Additionally, religion tends to teach principles of altruism, which research has shown to be a buffer against depression, says Smith. Self-focus, on the other hand, has been shown to be a factor that tends to increase feelings of depression.

The project was supported by grants from the John Templeton Foundation, the Campaign for Forgiveness Research, TP Industries Inc., and the Religious Research Association.

—Grant Madsen
Dear Reader:

Since its inception in 1998, the School of Family Life at Brigham Young University has been committed to strengthening families and encouraging the support of parents and their children by societies and governments worldwide. The School is involved in a variety of means to that end, including teaching, research, and outreach programs.

One of the earliest initiatives of the School of Family Life was establishing the Marriage & Families Magazine in 1999. From its first issue until the issue you are reading today, the magazine has been enthusiastically received by tens of thousands of readers throughout the United States, Canada, and beyond. Marriage & Families has consistently featured thought-provoking articles on such topics as:

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- Avoiding the Credit Trap
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- The Place of Humor within the Home
- Fathers and the Childbearing Experience
- The Need for Forgiveness within Families
- A Teaching Approach to Discipline
- Avoiding the Perils of Pornography

Earlier this year, the School of Family Life announced a fund-raising campaign to provide long-term support for Marriage & Families, and the response has been a resounding affirmation of the value you find in this unique magazine. Readers have sent contributions ranging from $5 to $5,000—and we have appreciated each one!

We hope you will join today with so many other readers in sending your tax-deductible contribution to Marriage & Families. Whatever the amount, you will be supporting this vital means of sharing significant research and insights in support of strengthening families everywhere.

With best wishes,

James M. Harper
Director

P.S. Please send your tax-deductible contribution to: School of Family Life, Brigham Young University, 380 SWKT, Provo, UT 84602, with an indication that the donation is for Marriage & Families.
“Marriage, to all believers in the Holy Scriptures, is a sacred institution, established by the Lord Himself.”

—Hugh B. Brown