The Burden of Stigma

Barrier to Treatment, Bane of Recovery

By Martha D. Burkett

Fast Facts:

- Shame and the societal stigma that accompanies it are detrimental to understanding addiction.
- There is a widespread and misinformed belief that addiction is a moral deficiency, and that those who suffer with it deserve their "self-inflicted" pain.
- Successful treatment and recovery from addiction are processes that involve extensive renegotiation of relationships with one's self and others.

It is important to be well prepared when addressing the behavior of a professional who is impaired, and to maintain a position that is discreet, yet direct; firm, yet compassionate; and, above all, respectful.

In our society, there is a very negative and prevalent association with the words "addict" and "alcoholic." This antiquated association was and continues to be born of ignorance and unhealthy shame, or *stigma*. Shame and the societal stigma that accompanies it are detrimental to understanding addiction, identifying those in need of treatment, and facilitating acceptance, treatment, and subsequent recovery among those afflicted with this debilitating condition. This position of judgment and attitude of intolerance often stem from the widespread and misinformed belief that addiction, in whatever form it takes—be it alcohol, chemical, gambling, eating, sex, or spending—is a terrible character flaw, or moral deficiency, and that those who suffer with it deserve their "self-inflicted" pain.

If the average person, as a representative of the general population, were asked to describe the mental images conjured up by the words "addict" and "alcoholic," the description would include some variation of a stereotypical skid-row bum or derelict. Sadly, within our American culture of legal professionals, many subscribe to and endorse this stigmatization as well. In his video, entitled "The Disease Concept of Alcoholism," Dr. David Ohlms presents the reality that this stereotyped "derelict" population comprises only 4 percent of those identified as addicted people in our society. So who are the other 96 percent, and what do they look like? They are students, teachers, lawyers, bartenders, chefs, postal workers, housewives, architects, gas station attendants, bank tellers, wait people, veterinarians, psychologists, dentists, social workers, anesthesiologists, clergy, physicians' assistants, nurses, doctors, mothers, fathers, brothers, sisters, aunts, uncles, cousins, and grandparents—and they look just like you and me.

There is not one definitive answer to the question, "How does addiction get started?" and it is accurate to say that scientific and social researchers have expressed differing opinions about whether addiction is inherited or learned, or both. It is undisputed that it is an insidious condition, capable of causing great harm and distress to individuals and families and of having a negative impact within the work force and society at large. Despite differing opinions about the etiology, in 1966, the American Medical Association defined alcoholism (addiction) as a disease.[1] More than 40 years later, in our culture, persons who suffer from *this* disease are seldom afforded the same compassion and support that a person who is diagnosed with the conditions of heart disease, cancer, or diabetes might experience. To assert that a cancer patient deserved his or her condition or that it was "self-inflicted" would be considered contrary to scientific knowledge, thoughtless, and even cruel. Yet such thinking is commonplace in regard to those who suffer from the condition of addiction.

Legal professionals who suffer from this disease are not exempt from stigmatization, regardless of whether they are in an acute state of the disease or in remission and active recovery. In part because of the values of our culture and the critical role played by lawyers in many settings, the legal professional is viewed as an invulnerable caretaker and problem solver. As a result of this expectation, legal professionals who find themselves in the throes of addiction are viewed both by themselves and their professional peers as broken or fallen—intrinsically flawed. Too often, these individuals bear the very heavy burden of secret shame that endures even into their recovery.

To some extent, stigma also originates out of the denial stemming from a resistance (shame) to identify one's self or another as an addict. If the prevailing sentiment is that addicted people are "bad" or "flawed" in some fundamental way, it becomes very difficult to identify one's self or another as such a person—impeding the possibilities for intervention, medical treatment, and the rebirth of hope that recovery can provide.

Denial is not really a *symptom* of addiction, per se, but is most assuredly a force to be reckoned with, within the dynamics of addiction. Denial is a thought distortion; its function is to protect the addict from fully experiencing the physical, psychological, social, spiritual, and emotional pain exacerbated by addiction, making it possible for addiction to continue and progress in the insidious destruction of its host.

Denial is very frustrating for those in close contact with an addicted person. It is important to understand that a person in the throes of addiction, by virtue of the characteristic of denial that is inherent in the disease, is *unable* to see clearly. Consequently, without the intervention of others, they may be "unaware" of the havoc wreaked on their own lives, as well as the lives of those around them.

Even intelligent, educated people who are closely involved with an addicted person will sometimes develop their own protective thought distortion (denial), which manifests itself in behaviors and attitudes that *enable* the addicted person to continue on his or her path of destruction.

Some examples of enabling in the workplace include:

- Accepting excuses/alibis for mistakes and irresponsible behavior
- Taking over the responsibilities of the impaired person
- Making excuses or covering for the impaired person
- Ignoring signs of impairment, such as:
  – excessive absenteeism/tardiness
  – changes in demeanor or temperament/mood swings
  – irritability
  – poor or deteriorated hygiene
  – stressed or fractured interpersonal relationships
  – changes in work habits
  – poor relationships with clients
  – dramatic changes in physical appearance
  – problems with resource management (time and money)

Uncomfortable and awkward as it may be, it is essential to address these symptoms and behaviors early on. It is advisable to consult with treatment professionals who are familiar with the dynamics of addiction when preparing for this process—most especially when the symptomology doesn't point to an obvious diagnosis for a non-healthcare professional. It is frequently expressed that a person who suffers with addiction must "hit bottom" before he or she experiences an epiphany and becomes willing to seek and accept help and initiate change. Allowing the impaired individual to experience the natural consequences resulting from the distorted attitudes, ideas, and behaviors inherent in the addictive process can *expedite* epiphany. It is important to be well prepared when addressing the behavior of a professional who is impaired, and to maintain a position that is discreet, yet direct; firm, yet compassionate; and, above all, respectful.

Successful treatment and recovery from addiction are processes that involve extensive renegotiation of relationships with one's self and others. Introspection and self-examination as well as the exploration and identification of feelings are part of this renegotiation. During this intervention, healing, and recovery process, the addicted person will inevitably experience shame. Addicted people will also struggle to differentiate appropriate, healthy shame about *what they did while operating under addiction* from unhealthy shame about *who they are, by virtue of identifying themselves as addicted people.* It is most helpful if those around them join in a similar, though perhaps less arduous, undertaking.

Healthy shame facilitates healing. It is an important part of the renegotiation process for the recovering individual to acknowledge shame about personal wrongdoing within the context of the disease, and to make restitution whenever possible. This is a lengthy and sometimes painful endeavor. Unhealthy shame, or stigma, not only prohibits healing, but also exacerbates the psychic pain associated with the condition of addiction. This is why forgiveness, or letting go, is also a part of the recovery process.

This part of the renegotiation of relationships is essential to healing and is most beneficial when it becomes a mutual process involving the recovering individual and his or her support network. It applies to the forgiveness of overt wrongdoing initiated by the recovering person while impaired (self-forgiveness), as well as wrongs committed against that person (forgiveness of others). Perhaps most importantly, it applies to the *letting go of attitudes, ideas, and behaviors that do not facilitate healing.* This release allows for an atmosphere of freedom and renewal in the hearts and minds of the recovering individuals as well as the environs of society.

Legal professionals are advisors and counselors, parents, children, grandparents, colleagues, friends, and—most importantly—human beings who give tirelessly of themselves helping others. Dogged commitment and dedication to this monumental task can sometimes take a toll, and in this endeavor, even the good and the strong may falter.

Perhaps this article can serve as a gentle reminder that, as human beings, lawyers and judges sometimes need diagnosis, treatment, time, and support for healing. Perhaps it can serve as encouragement for legal professionals to further educate themselves about the dynamics of addiction and professional impairment. Hopefully, it will inspire an examination of the personal and cultural attitudes that contraindicate recovery. And last, but not least, perhaps it can be heard as a call to let go of rigid beliefs and to take good care of each other. ■

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FOOTNOTE

1. American Medical Association (AMA), Illustrated Highlights of AMA History <http://www.ama-assn.org/ama/pub/category/1915.html> (accessed April 24, 2008) (declaring alcoholism an "illness" in 1956 and a "disease" in 1966).