

Greater Lynn Senior Services (GLSS): Conversations for Caring

Topic: ***Habit Energies: Addiction & Elders***

Presenter: ***Melissa Porter, GLSS Protective Services Supervisor***

10 Caring Points

1. “Addiction” and related words “alcoholism” and “substance abuse” ... carry a great deal of baggage in our culture: *failure, lack of willpower, disease, sin, and crime.*
2. The “energy” of addiction is the energy of “habit.” Human beings all tend to develop habits - things we do over and over again in the course of everyday life. Addictions tend to be those habits whose outcomes or consequences are experienced as negative.
3. Addiction can be so consuming that it distorts a person’s personality, causes confusion and chaos in the family, and shrinks the person’s world. The chronically addicted person’s story can feel like a long tale of conflict, wounds, and either enmeshment or estrangement. The story’s weight grows with the years.
4. The addicted person is preoccupied with maintaining the addicted behavior. Tremendous emotional and mental resources can go into defending the habit. This energy shows itself most clearly in denial – the rejection of any information that threatens the habit.
5. Addictions frequently register their damage on the body. This can be particularly true of elders. However, it can also be a challenge to figure out what physical conditions are addiction-specific, aging-specific, or a combination of both. Comprehensive health care assessments can be so helpful.
6. For some elders, addiction is a chronic condition that has developed over many years. For others, it is a something that arises later in life due to factors such as significant life-style changes and/losses, the need to take medications for the management of pain, and changes in body chemistry that cause the elder to tolerate alcohol and other substances differently.
7. Although an addicted person’s denial can make it seem almost impossible to discuss any concerns about addiction, such discussions are indeed possible.
8. A healthy and caring rapport based on safety, respect, and consistency is a place to begin addressing someone’s addiction – to “name it.” Such caring relationships can create a space in which addiction’s defenses can ease a bit. In that space, various degrees of recovery can possibly be explored – abstinence, harm reduction, connections with other recovering persons, and/or accessing medical care.
9. There are many ways to have such conversations. Some care providers prefer a more direct approach while others use a more incremental approach. Both manners of care seek to genuinely understand the addicted person, to name what denial hopes remains unnamed, and to invite the possibility of healing and recovery.
10. In being present with someone with an addiction, it is critical to have deep empathy of the person but not be drawn into their denial. It is also helpful to be patient, to not take things personally, and to be realistic around expectations – but always maintain hope.

*These 10 Caring Points are intended to be a summary of best practices.
For citations, references, and additional information,
please contact Dan Collier at 781-586-8620 or dcollier@glss.net*