Module Five

Assessing and Intervening in Complex Issues

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Walking the Thin Line: Health, Diets and Eating Disorders

Marian Eberly, MSW
Abstract
Adolescents are faced with constant messages denoting that “thin” is the new ideal, and acceptance is determined by weight and shape. These messages often lead to dieting, which can easily spiral out of control and develop an eating disorder. This lesson will provide information about risk factors involved with developing an eating disorder and ways to help prevent these problems in teens. Marian Eberly explores how body image issues and media influences contribute to the development of eating disorders.

Learning Objectives
1. Participants will develop an understanding of the definition of anorexia and bulimia.

2. Participants will be able to identify the signs and symptoms of eating disorders, and protective factors in the prevention of an eating disorder.

3. Participants will discuss the biblical perspective of beauty, body, and self-acceptance.
Introduction

“The thin ideal” has become the norm in westernized society as the acceptable body type. Unless one is thin they often believe they are not acceptable of good enough. Adolescents are particularly prone to believing these misconceptions. The slippery slope of dieting can lead teens into serious problems, such as the development of an eating disorder. Eating disorders are both preventable and treatable. The path to healing includes obtaining a solid Biblical understanding of one’s worth and value. God’s Word is not silent in the area of a person’s value and worth and speaks to this issue straightforwardly, warning of the potential dangers of becoming confused about one’s identity.

I. Definitions

A. Anorexia Nervosa:

1. Anorexia is a disorder defined as abnormally low body weight (typically 85% of the individual’s ideal weight or less), intense fear of being or becoming fat, body image distortions such as unfounded complaints of being fat, refusal to move toward or maintain an adequate weight, loss of a menstrual period in post menarche girls, or failure to start menstruation at all by puberty.

B. Bulimia Nervosa:

1. Bulimia is an eating disorder that always involves binge eating (consuming large amounts of calories over a relatively short time followed by some form of compensatory behavior to prevent weight gain). People tend to associate bulimia with self-induced vomiting, however some bulimics do not force themselves to vomit after eating,
but use other means of purging away those unwanted calories such as using excessive exercise, laxative, diuretic or diet pill abuse.

C. What is one’s personal definition of body image?
   1. Body Image: an inner view of one’s outer self (Thompson, 1996)
   2.

D. Prevalence:
   1. Eating disorders affect 1 in 10 adolescent girls. The National Institute of Mental health (NIMH) states that 0.5--3% of women will develop anorexia at some time in their life, while 1--4.5% of women will develop bulimia. Bulimia is more common than anorexia.

II. Development of Eating Disorders
   A. How does a person develop an eating disorder?
      1. Genetics: Recent research has revealed that there is a genetic component to the development of anorexia and bulimia of about 40% heritability.
      2. The inherited trait is more likely to be a trait for obsession or perfectionism, which, given the appropriate environmental stressors, can lead to the development of an eating disorder.
      3. Environment, society, and culture:
      4. Each plays a large role in the development of an eating disorder. Elementary school girls are 9 times more likely to develop an eating disorder. This behavior is influenced by the rampant belief that thin is better… Children as young as 8 years old are becoming very concerned with body image and weight. Some statistics show that 50--75% of school age girls consider themselves to be on diets. It is not uncommon
for children as young as 8 years old to be on diets.

III. How Does a Young Adolescent or Child Present with an Eating Disorder?

A. Classic Self---Starvation Behavior and Weight Loss (Restricting Food Intake)

B. Severe Anxiety Related to Stress in the Home, School, etc.

C. Symptoms of Depression: Withdrawal from Others and Fun Activities, Low Mood, Excessive Sleeping

D. Obsessive Thoughts Related to a Fear of Eating and a Fear of Getting Fat

E. A Desire to Eat the Food, but Cannot Do as Their Parent’s Request

F. Not a Defiant Behavior

G. Most Do Have Body Image Concerns and Obsessions, but Not All Do

H. Typical Signs of an Eating Disorder in Adolescents:

1. Weight loss:
   - Extreme thinness or loss of 15 or more lbs in 2---3 months, is exhilarated by weight loss
2. Intense fear of being overweight:
   • Preoccupied with thinness, wants to be thinner than peers, complains of being overweight, when not, obsessed with clothing size, scales, and mirrors

3. Preoccupation with dieting & food:
   • Uses diet products, talks constantly about food, calories and fat grams, reads a lot about nutrition, dieting, and exercise

4. Eating little:
   • Skips meals, eats very little, is finicky about food, appears to eat when not—e.g., pushes food around on a plate but mostly does not eat it

5. Unusual eating habits:
   • Eats one thing at a time, eats the same thing every day, cuts food into tiny pieces, fears touching certain foods, sudden vegetarianism, refuses to eat with others

6. Bathroom breaks:
   • Disappears into the bathroom during or after meals—may suggest vomiting to purge calories

7. Taking up smoking:
   • To suppress the appetite, especially for someone who would not be expected to smoke
8. Caffeine use:
   • Excessive drinking of diet caffeinated beverages or large amounts of coffee daily

9. Evidence of binge-eating:
   • A lot of empty food packages (often found in hidden places) may suggest bingeing

10. Empty laxative packages:
    • Herbal or otherwise, may suggest purging

11. Onset of hyperactivity:
    • Constantly fidgets, lots of exercise

12. Loss of menstrual period:
    • Irregular, minimal, or absent menses may possibly be an indication of dangerous weight loss

13. Intolerance of cold:
    • Constantly cold due to loss of body fat, shivering, blue skin or fingers

14. Baggy or full-covering clothes:
    • Wears baggy clothes or long sleeves, pants when normally this individual would not—used to hide excessive thinness, may indicate body image problems

15. Skin & hair problems:
    • Pasty-looking skin, very thin and dry hair, hair loss, and fine
baby–like hair growth on the face and arms (called lanugo) ― all indicate malnourishment

16. Swollen salivary glands:
   • Distended, “chipmunk cheeks” from excessive vomiting/purging

17. Broken blood vessels in the eyes

18. Change in mood:
   • Anxiety, depression, irritability, increased obsessions and compulsions

19. Social withdrawal:
   • Isolates from peers and family; unwilling to eat with other people

20. Perfectionism & low self-esteem:
   • Expects too much of self and sees self as not good enough

V. Body Image and the Media’s Impact on Culture

A. It becomes critical then to combat these cultural pressures, norms and lies by renewing one’s mind with the truth.
   1. The Scripture is clear to warn us of those who are quick to benefit from other’s dissatisfaction, and promise something better. “Do not be tossed around by waves, by the trickery of men, by the craftiness of deceitful scheming” (Eph 4:14)

B. Three Areas Affect the Development of Body Image:
   1. Perception:
• This refers to changes that occur in the brain that produce a deficit in how one views physical shape

2. Development:
• The emotional effects of early maturational experiences such as teasing, name calling or other unspoken expectations of body shape and weight related to acceptance/rejection

3. Socio-cultural:
• Accepted ideals prominent in western culture, and the influence of gender and mass media

VI. Prevention
A. Protective Factors:
1. Faith has been found to be a protective factor in the prevention of body image disturbance because one understands their value and worth come from God.

2. Parental attitudes toward dieting and prejudicial attitudes toward overweight people.

3. Providing basic nutrition education is a good starting place for a person struggling with these issues of dieting and body dissatisfaction. Proper nutritional education clarifies the myths and misconceptions about dieting and weight gain/loss.
VII. Hope for the Future

A. Research has shown that those who receive help for an eating disorder, especially in the early stages, are much more likely to recover fully. (APA guidelines for eating disorder treatment)

B. For those teens who consider themselves “damaged goods”, the truth can bring necessary perspective and healing. God considers us “worthy” – worthy enough to pour his own life into. As this mystery unfolds in a person’s life, it brings greater self-acceptance “May the Lord bring you into an ever deeper understanding of the Love of God” (2Thessalonians 3:5)

Bibliography/Reading List


Soul Care Notes
Ephesians 4:14
2 Thessalonians
3:5 Luke 16:15
1 Peter 3:3---4 I
Samuel 16:7
2 Corinthians 6:16
The Epidemic of Child Abuse

Diane Langberg, Ph.D.
Abstract
Churches are in constant need of volunteers and youth workers. Child predators know this. Statistics reveal that the average sexual predator abuses 15 to 20 kids before he is ever caught, and he only has a 3% chance of getting caught. This lesson is designed to help parents and those working with kids and teens become aware of the epidemic of child abuse. Dr. Langberg details different types of child abuse and how to recognize a child predator to help parents, leaders and counselors become aware of child abuse in the community.

Learning Objectives:

1. Participants will be able to identify the four types of child abuse, the negative effects of sexual abuse, and the factors that increase the severity of effects in children.

2. Participants will be able to recognize the characteristics of a sexual predator and know what to watch for in the adults working with kids around them.

3. Participants will be able to implement rules in the church necessary for preventing child abuse.
Introduction
There are 80,000 reported cases of child abuse each year in America. Many go unreported. With child abuse reaching pandemic proportions parents and youth workers must not be ill-informed. This lesson is designed to teach students the four different types of child abuse, the devastating effects of sexual abuse, and the factors that increase the severity of effects on children. Students will learn the mind of children, how they learn, and how they process abuse. Recognizing who sexual predators are will help people understand what to watch for in adults working the kids around them. The church’s role is vital. This lesson will provide the information necessary to combating child abuse in the church and will also show students what the church can and cannot do to help sexual predators.

I. Four Categories of Child Abuse
   A. Non-Accidental Physical Injury
      1. Bodily injuries (i.e. battering, burning, scalding, asphyxiating, kicking, or throwing a child)
      2. 1,500 child fatalities per year

   B. Neglect
      1. Failure to provide necessary supervision, shelter, clothes, or medical care
      2. Does not include issues related to poverty

   C. Emotional Abuse
      1. Hard to prove
2. Mental injuries

D. Sexual Abuse—Persuasion or Coercion of a Child to Engage or Assist in Sexually Explicit Conduct

II. Sexual Abuse

A. Most Prevalent Type: \(2^{\text{nd}}\) is Non---Accidental Injury

B. Sexual abuse is any sexual activity whether verbal, visual, or physical engaged in without consent.
   1. Verbal
   2. Visual
   3. Physical

C. Perpetrators are most often family members and those children know well.

III. Statistics

A. 80,000 cases of child abuse reported per year in America; many go unreported.

B. 20---40% of females will be sexually abused by age 18.
C. 25---33% of women have been abused.
D.
E. 20% of males have been abused by age 18.

F. Consequences of Being Sexually Abused

G. Abuse typically begins at age 6 for girls and 10 for boys.
H. 3---10% of abusers are female; most are male.

I. In 1995, 33% of all convicted for sex crimes were younger than age 18.

IV. Factors increasing the severity of effects
A. Abuse that is__________and of________duration

B. The _______ closely related the victim and perpetrator and the _______ the age
difference between the two.

C. Abuse by a ________.

D. Physical or Sexual Penetration

E. Sadistic or Violent Abuse

F. Those who respond passively may develop guilt.

G. Adolescents having a physical _______________ to the abuse may carry guilt.

H. Victim attempts to report the abuse and nobody responds.

V. Who are the Sex Offenders

A. Statistics

1. Of 55,000 attempted incidents, 38,000 were successful

2. 3% chance of being caught

3. 28% of females under age 14 were molested and numbers increased to 38% when including ages 14--17. Only 5% were ever reported
B. A Double Life

“Niceness is a decision, a strategy of social interaction; it is not a character trait.”  
–Gavin de Becker

“It’s a misconception to think that sexual offenders are somehow different than us.”  
–Diane Langberg

C. How is each church proactively planning for incidents of abuse?

D. Characteristics of the Average Sexual Predator

E. Adolescents ages 13---18 commit 20---33% of rapes and child molestations in America.

VI. Warning Signs for Adults who Work with or Spend Time with Children
   A. When an adult refuses to let a child set his/her own_______.
   B. When an adult insists on________,________,________, or_________a child even when the child refuses.
   C. When an adult is overly interested in the___________of a child.
   D. An adult demands__________ time with a child with no interruptions.
   E. An adult who spends his/her___________with children rather than his/her own peers.
F. An adult who regularly offers to [ ] children for free.

G. Adults who take children on [ ] outings alone.

H. An adult who buys children expensive gifts or gives them [ ] for no reason.

I. An adult who frequently walks in on children in [ ] places such as [ ] or [ ].

J. An adult who looks at child pornography.

K. An adult who talks about [ ] with children.

L. When an adult encourages secrets with a child.

M. An adult who refers to a child or children by sexual names such as slut or [ ] whore.

VII. The Church and Sex Offenders

A. Take extreme caution with a previous sex offender because rehabilitation rates are extremely low.

B. Churches often naively think they can help sex offenders with the resources they have in the church.

Light University
C. Very long-term, specialized treatment is required to help sex offenders; churches are not equipped to rehabilitate sex offenders.

D. This does not mean the Church should not minister to them, but should do so in a manner that protects children.

E. Any offender who pushes on boundaries that have been set against him cannot be trusted.

F. An increasing number of abusers are under 18.

G. Most states require a 4 year difference in age to be labeled abuse.

VIII. Inside the Mind of a Child

A. Dependent on Others

B. Egocentric

C. How Children Process Abuse

D. What Children are Learning

E. Environments that Shape a Child’s Character
IX. Myths about Children
   A. Resilient

   B. Malleable

X. Indicators vs. Proofs
   A. Know what one’s state says about child abuse: (i.e. what it is, when to report it, etc.).

   B. Indicators
      1. Unexplained bruises, redness, or bleeding at genitals, anus, or mouth
      2. Pain in genitals, anus, or mouth; or milky fluids in these private areas
      3. Signs of physical assaults or malnourishment
         • IF ANY OF THESE ARE PRESENT YOU MUST CONSULT WITH OFFICIAL CHILD CARE SERVICES IMMEDIATELY

   C. What are the red—flag behaviors exhibited by kids who have been abused?
      1. Internal behaviors
      2. External behaviors

XI. What Can a Church Do?
A. Be Proactive

B. Set policies in the church that will prevent and prepare for abuse cases.

C. Consult with lawyers, denominations, government officials, insurance providers, etc. to set policies in your church.

D. Have information gathered on how to respond to suspected cases with a list of indicators highlighted.

E. ALWAYS take children seriously if they report abuse, no matter who the alleged perpetrator is.

F. Children and perpetrators need to be referred to professional care for long-term healing and rehabilitation.

G. Support those who are referred or locked-up; don’t abandon them in the process.

XII. What the Bible Says
Examining Addictive Behaviors I

James Dobson, Ph.D.

and Archibald Hart, Ph.D.
Abstract
Many people struggle with addictions, whether or not they realize it. In the following broadcast, Dr. James Dobson and Dr. Hart unpack the factors of addictions. Hidden addictions occur when an individual is unaware of their addictive behavior(s). Others may suffer an addiction due to psychological, unmet needs. These addictions are still dangerous because the results force an individual to become a slave, damage relationships and anesthetize emotions. According to Scripture, we are not bound to our addictions and we possess the choice to end addictive behaviors. Dr. Hart discusses how addictions begin, thrive and be overcome.

Learning Objectives
1. Participants will identify the characteristics and results of addiction.

2. Participants will be able to articulate the difference between hidden addictions and other forms of addiction.

3. Participants will discuss why one is not bound to addiction and how to overcome addiction through balance and a biblical perspective.
**Dr. James Dobson:** The last time you were here, Arch, we had such an interesting conversation on adrenaline and stress, dealing with your book by that name. That’s an excellent book and we’re going to talk about it today. I have to tell you, having had a heart attack since that interview with you, I’ve done some thinking about the things that you’ve said. You honestly believe that the adrenaline high that we get in the routine activities of our day is related in some cases to heart disease.

**Dr. Archibald Hart:** Absolutely, it’s what I call an adrenaline addiction. I must confess that I’m bit of a culprit myself, in this regard. That adrenaline high, that excitement, that challenge, that’s the stuff in which stress is really made, the damaging stress.

**Dr. James Dobson:** It’s really interesting because I love my work, I don’t bite my nails, I don’t have trouble sleeping at nights, I don’t go home exhausted and depressed at night. But your view is that I could still be under stress and love every minute of it.

**Dr. Archibald Hart:** What you’ve just described a moment ago is what I call anxiety. You are a low anxiety person. We confuse anxiety and stress. I think stress can only be measured in terms of the biochemical effects it has, the corticosteroids, those group of hormones that are designed for the emergency response. It’s those hormones that produce the elevated cholesterol.

**Dr. James Dobson:** So, adrenaline called upon at time when you really shouldn’t be in need of what’s called fight or flight mechanism that jacks you up and excites your energy. That relates to higher levels of cholesterol.
**Dr. Archibald Hart:** Absolutely, yes. That’s absolutely right. I need to learn how to manage that and that was the whole point of my adrenaline and stress book. Stress management is adrenaline management. You can manage it with medication. Thank God we have that available to us, I thank God every day for the discoveries of medical science. Eventually, I’ve got to come back to myself and act more responsibly, live a more balance life, know when to quit, when to say no and that’s enough, and when to learn how to enjoy low arousal. We are rapidly learning.

**Dr. James Dobson:** I have had unbelievable quantities of advice since I had the heart attack, much of it nutritional in nature. There really is some misinformation there because no one has said to me, or very few have said to me what I know to be true and what I know you believe. That what you eat only affects a fairly small percentage of cholesterol levels, maybe 10%—12% percent.

**Dr. Archibald Hart:** 11%—12% is the framing that studies are finding.

Diet is important. If you load up on fats, you are going to elevate your cholesterol. But, when you boil it down and when you even if out, the best you can hope to lower it is 11%--12%. Beyond that, there have got to be lifestyle changes. You have got to learn to tolerate lower levels of arousal. Think of it in just terms of arousal. It’s very much the topic that we want to talk about today. I think that we all are adrenaline addicts. I think that lies behind a lot of the stress disease of today. When you can’t cope, when you feel helpless, when you feel out of control, then your stress levels will go up.
**Dr. James Dobson:** We’re going to talk about another source of stress today. Your book, *Healing Life’s Hidden Addictions: Overcoming the Closet Compulsions That Waste Your Time and Control Your Life*. What do you mean by hidden addictions? How is it that we don’t know that they’re there?

**Dr. Archibald Hart:** I use the word hidden with three different meanings. Hidden in the sense that the sorts of behaviors we’re talking about here, not taking in substances, but behaviors, are socially sanctioned behaviors. Secondly, it’s hidden in the sense that the person who has this sort of an addiction doesn’t know they’ve got it. But the third sense is the most important of all, I think, and I am convinced from my research that many of these behaviors that are addicting may in fact have underlying biochemical mechanisms that provide the addiction.

Such as: the adrenaline high that drives the workaholic, or the thrill seeker, or the tranquilizing effects of the body when you sit and watch the boob tube too long. We have evidence now that there are powerful, internal biochemical mechanisms at work that may go along with some of these behaviors and that could explain the so-called hidden addictions.

**Dr. James Dobson:** Let’s get some definitions straight. Describe in the context that you’re writing about here, the difference between an addiction and an urge, or a compulsion, or a strong desire.

**Dr. Archibald Hart:** Or a craving of some sort. I think we are over diagnosing addictions today. I think there’s sort of a faddish feel about addictions. To be an addict to something means you’re a slave to it, that’s really what the word means. It means that you can no longer control it. You have no choice over it. The
television addict says, “I’m going to sit down for half an hour and watch television,” and five hours later, is dead asleep because they cannot move away from that television set. In the long run though, the addiction has to be damaging to be a true addiction. No matter how often you do something, if the long-term consequence of that is not damaging, we can hardly talk about it as an addiction.

**Dr. James Dobson:** Sexual behavior between a husband and wife is something that they are urged to do, and like to do, and do regularly, and yet it’s not damaging, so it’s not an addiction.

**Dr. Archibald Hart:** It can only be an addiction if in the long term it’s damaging. I think there’s one other aspect of what makes for an addiction. That is, as with the substance addictions, it’s an addiction when what you are doing, or eating, or drinking is anesthetizing your emotions. When it is a form of escape from the reality of life where you cannot face your anxieties, your tensions, whatever it is that is to be dealt with. It’s a form of escape, a form of emotional anesthesia so to speak.

**Dr. James Dobson:** Let me press you just a little further on this definition thing. There have been times in my life when I have been 15---20 pounds overweight. I am big and I’m 6’2, so I don’t show it a whole lot, but there have been times that I’ve been up. I’m not there now, as you can see. I got that way, I believe, because I like to eat. But to enjoy food and even eat to excess doesn’t make that an addiction.

**Dr. Archibald Hart:** Take workaholics for example, the difference between the work enthusiast and the workaholic may not be in terms of the quantity of work
they do, but the work enthusiast is not using the work as a form of escape from the feelings, emotions, and reality of their life.

**Dr. James Dobson:** How can you tell? How do you know yourself? You say it’s hidden from yourself.

**Dr. Archibald Hart:** It’s hidden from you, but it is not hidden from others. Some of us may need to listen a son, daughter, wife, or husband say to us, “Honey, when you come home from work and you switch off and you will not engage your children in issues that need to be talked about. Or, you will not deal with your sons problem.” When you’re using it as a form of escape to get out of or runway from your responsibilities, then it is no different than taking cocaine or drinking alcohol to excess.

**Dr. James Dobson:** Give me some other examples of hidden addictions. You mentioned workaholism; you mentioned eating as a hidden addiction, are there others?

**Dr. Archibald Hart:** Perhaps we also think of these hidden addictions as falling into the same categories as the substance addictions. There are behaviors that stimulate, just as we have substances that are stimulants. And there are behaviors that tranquilize, or are depressants, as in the substance. There’s a very close parallel between what is substance addicting and what is behavior addicting. These stimulating behaviors, there are people who are thrill seeking, there are people who are addicted to thrills and excitement. They do risky things and they walk on the edge of parapets, they’re always looking for the thrill of some risky excitement.

**Dr. James Dobson:** Bungee cord jumping, for example.
**Dr. Archibald Hart:** Bungee cord jumping, exactly! That becomes an addiction, you see. You want that and now the other interesting thing is that there’s a crossover affect from the substance addiction to these behavior addictions. It is now very widely believed that if you are addicted to a stimulating substance, you are also addicted to stimulating behaviors.

**Dr. James Dobson:** Does it work the other way? If you are addicted to a stimulating behavior, are you more likely to become addicted if exposed to a stimulating substance?

**Dr. Archibald Hart:** Yes, you easily addict to a stimulating substance. Not only that, but to understand that one becomes addicted to stimulants, whether it’s behavior or substances, is important because long off to the biological dependence of a substance for someone who has been taking a stimulant has passed away, they find that these people re–addict very rapidly. Often it’s because they maintain the addiction to the stimulant substance by maintain stimulating behaviors. If you are using a stimulant substance that is more socially acceptable as a stimulant, you are maintaining the addiction to the stimulant.

**Dr. James Dobson:** In essence, if you had a problem in one of those areas you better be careful because you’re a right candidate for an addiction in the other.

**Dr. Archibald Hart:** The same is true for tranquilizing behaviors. An example of stimulant behaviors would be thrill seeking, I think workaholism and the true addiction form of it. There are a lot of people who are working enthusiasts. I would not like to burden them with the guilt of feeling like they’re an addict of
some sort. We all work hard and that’s what life is about, but there are some people who just go too far. The adrenaline has got to be high, they cannot stop working or doing.

**Dr. James Dobson:** Yes, the first three days of a vacation they lose their minds.

**Dr. Archibald Hart:** You go through all the withdrawal symptoms, you know? The restlessness, the fidgetiness, pacing up and down, turning your television set on and putting it off again. Ten days it takes me. If you have a two-week vacation, you’ve got about two days.

**Dr. James Dobson:** You’re referring to yourself too?

**Dr. Archibald Hart:** I am, yes.

**Dr. James Dobson:** It takes that long to come down.

**Dr. Archibald Hart:** It does, when I’m not watching it. Now I’m much more careful these days, I manage it very carefully. I build in what I call Sabbaths all the time. I take little breaks, I know how to quit, and I know how to get away from the pressures. But the tranquilizing behaviors, for example, there are a whole group of behaviors that parallel the tranquilizing drugs. Television watching is the one most recently that we’ve got evidence of. Sitting and watching a television for several hours has a profound tranquilizing effect. You can measure it on the body’s changes in the chemistry and the physiology of the body. It is a powerful tranquilizing mechanism that comes out of that activity.
Dr. James Dobson: Is there a contradiction there, Arch? You’re recommending that people gear down, so why would you not want them to use this tranquilizing effect to gear down?

Dr. Archibald Hart: Good point. I think a tranquilizer in terms of behavior is good for you, provided that it doesn’t cross one of the other criterion by which we judge whether something is addicting or not. Mainly, it’s for escape. If you’re fulfilling your responsibilities and if you are in control of the behavior, not it in control of you, then it’s not an addiction.

Another interesting tranquilizer comes from excessive exercise. We all know people who run, and run, and run, and run a trillion miles to finally get to the place where there’s this massive release of endorphins, these hormones in the brain that we’ve learnt a lot about in recent years.

Dr. James Dobson: Arch, that’s a dirty lie. I have been looking for that all my life. I get out and I run and the only thing I think about is stopping. (Laughing)

Dr. Archibald Hart: There is this massive release of endorphins that has a tranquilizing effect. There are joggers out there, bless their souls, who are running for that high. Now, I think exercise is important, but it has to be under control. It has to be not in excess, or so excessive that it takes you out of your life.

Dr. James Dobson: Paul said we should have moderation in all things. That’s the wisdom of the scriptures.

Dr. Archibald Hart: Scripture is wisdom. It’s hidden to us, often, when our whole work ethic, our whole culture is built on this super charged dream. Many
of us are living super charged lives, supersonic lives. Hidden in that lifestyle is the risk of so much of this addictive mechanism. This get’s back again to underlying all these hidden addictions.

Shoppers, we’ll get into compulsions and so forth in a moment.

But in every one instance, when someone is addicted to something like this, they are not able to face their emotions and feelings directly. They’re looking for an anesthetic of some sort. That anesthetic comes either from stimulating behaviors or from tranquilizing behaviors. Those are the two main mechanisms.

**Dr. James Dobson:** How would you break out cause and effect here? Let’s suppose an individual comes through childhood with great needs. Parents are not what they should be to that son or daughter, comes into adolescence rejected by his or her peers, doesn’t get invited to the school functions, never has a date, feels ugly and unacceptable. They come into their adult years, the person finds a profession that they can do, and not only do, but do well, the world needs their services, and they go crazy. The addiction is set up in that case by the psychological.

**Dr. Archibald Hart:** The set of unmet needs that carry over into adulthood.

**Dr. James Dobson:** How about the bio-chemical frame of reference? The person inherits from the father this vulnerability. Can you break out the biochemistry versus the psychological aspect of this?

**Dr. Archibald Hart:** Yes, but I don’t think that having a vulnerability built into your genes necessarily creates the addiction. It just so happens that the inability to metabolize alcohol, that when you do take it to excess, that it’s going
to have a more powerful effect upon you. The psychological need really has to be understood as the primary mechanism upon which these addictions are built. This just happens, really, whether you’re going to be an alcoholic or a workaholic. It depends on certain weaknesses in your system.

**Dr. James Dobson:** We’re going to talk about this next time again, but we have a couple minutes left now. Just assure us that the psychological frame of reference and the anatomy and physiology are not destiny. Your subtitle here says, “Overcoming the closet compulsions that waste your time and control your life.” Is it possible to deal with this?

**Dr. Archibald Hart:** Absolutely! If we were total victims of our bodies and our minds, there would be no free will; there would be no free choice. But I don’t think that’s true. I think that we are responsible for our choices and our decisions. We are responsible for the way that we manage our bodies and our minds, just as we are responsible for the spiritual aspects of our being. For many of us we just need to increase our awareness of what we are doing. All I needed was the awareness that my exciting desire, my need for excitement was causing me problems.

**Dr. James Dobson:** You still allow yourself to get excited,

**Dr. Archibald Hart:** I do, but I balance it.

**Dr. James Dobson:** …but not live on excitement.

**Dr. Archibald Hart:** The keyword here is balance. One has to learn to balance one’s life. I cannot use exciting behavior to avoid the responsibilities of life.
Dr. James Dobson: You still sleep nine hours a night?

Dr. Archibald Hart: I still sleep nine hours. I’m a strong advocate of that and I manage to do it, I really do.

Dr. James Dobson: Your workload, you can handle that during the day without feeling yourself sliding?

Dr. Archibald Hart: It’s the other way around. Unless I get a good night sleep, I cannot complete my work because it’s an issue of efficiency. I think for me, I’m far more efficient when my mind is rested, crisp, and clear. I don’t have to undo things as often. For me, it is a very, very important preparation for a balanced life.

Dr. James Dobson: You’re not just talking about obsessive---compulsive people, which I’m going to deal with in the next program, or those who are anxiety neurotics, or have some particular emotional disorder. This is the North American lifestyle.

Dr. Archibald Hart: Absolutely, this is the commoner’s Bible for managing your life. We are dealing here with what affects every single one of us. As parents, I’m concerned with the way in which we are setting up our children.

Dr. James Dobson: Describe the way that obsessive---compulsive behavior is. Give us some examples.

Dr. Archibald Hart: Obsessive---compulsive behavior, in the strict clinical sense, is different from an addiction in that obsessions and compulsions have to do with pain, whereas, addictions have to do with pleasure. The pleasure of addictions
may have to deal with stimulants or tranquilizers, but obsessive-compulsive behaviors are driven by pain. Let me illustrate, I believe that people who shop excessively, who are compulsive shoppers, and there are people who shop excessively because they are addicted to shopping. The dynamics aren’t different for those two mechanisms. In the addiction to shopping, the person uses the shopping as a lift, to give them some stimulating behavior. Maybe they’re in a boring relationship, or they have so many problems that they feel overwhelmed; they don’t know what to do with them. So they hit the shop. They take their money and they buy whatever they can to get an excessive lift coming out of that.

Someone told me, just a few days ago, that she went and spent $3000 dollars that she doesn’t have, recently. She was so sick and tired of all the family problems, everybody was getting on her back and that was the only way that she could deal cope that. It gives her pleasure. But there’s a compulsive shopper and the compulsion is different. For compulsions, strictly speaking, we’re talking about pain. You’re a person who can’t resist, unless they buy something, tension rises, anxiety increases, they’ve got to give expression to it. So most of the obsession and compulsion behaviors have to do with relieving pain in some way. By engaging in behavior, they relieve the pain.

**Dr. James Dobson:** When obsessive-compulsive behavior is at its most extreme it absolutely dominates life.

**Dr. Archibald Hart:** It does, it controls everything. It shapes the way you think, that’s why compulsions and obsessions go together. You may be engaging behavior that compulsive, but you also have all these thoughts that are obsessive. You lie awake all night and you can’t think about anything else.
Examining Addictive Behaviors II

James Dobson, Ph.D.
and Archibald Hart, Ph.D.
Abstract
In continuation to Part I of the broadcast on Addictive Behaviors, Dr. Archibald Hart and Dr. Dobson discuss the difference between compulsive behaviors and addictive behaviors in more detail, recognizing that compulsions are results of past or present pain. Compulsions are more difficult to treat; yet just like other addictions, they are rooted in and are a consequence of sin. Dr. Hart discusses the element of free will and choice in addictive behaviors and how a person’s choices can cause an addiction to thrive or cease. Through exploring different types of addictions and how they can be passed down from generation to generation, Dr. Hart provides a more focused understanding of how addictions and compulsions begin and can be treated. Dr. Hart identifies steps to overcoming addictive behaviors from a biblical perspective.

Learning Objectives
1. Participants will be able to describe how compulsive addictions differ from other types of addiction.

2. Participants will discuss multiple examples of compulsive addictions and how they gain precedence in one’s life.

3. Participants will explore strategies to help an individual overcome compulsive addiction from a biblical perspective.
Dr. Archibald Hart: I mean that the addiction is hidden because the behavior itself is socially sanctioned. We don’t think there’s much of a problem with certain types of behavior, and yet, beneath those behaviors could be the form of an addiction. It’s hidden in the sense that these are the addictions people never think of as addictions. Thirdly it’s hidden because I happen to believe that many of the behaviors that drive our addictions may have some underlying biochemical basis for those addictions. Time will tell whether I’m right, but I think for some of them I can make a very strong case. That is, the biochemistry of the body inappropriately triggered and overused can be the basic for a hidden addiction.

Dr. James Dobson: Let’s start today by talking about the most dramatic addictions of all; the obsessive--compulsive behaviors. Describe what obsessive--compulsive behavior is. Give us some examples.

Dr. Archibald Hart: Obsessive--compulsive behavior in the strict clinical sense is different from an addiction in that obsessions compulsions have to do with pain wherein addictions have to do with pleasure. Now the pleasure of addictions may have to do with stimulants or tranquilizers, but obsessive--compulsive behaviors are driven by pain. Let me illustrate, I believe there are people who shop excessively, who are compulsive shoppers. And there are people who shop excessively because they are addicted to shopping. The dynamics aren’t different for those two mechanisms. In the addiction to shopping, the person uses the shopping as a lift, to give them some stimulating behavior. Maybe they’re in a boring relationship or they have so many problems that they feel overwhelmed, they don’t know how to deal with them, so they hit the shop. They take their money and they go and buy whatever they can to get an excessive lift coming out of that. Someone told me just a few days ago that she went and spent $3000
that she doesn’t have, recently, because she was so sick and tired of all the family problems. Everybody is getting on her back and it was the only way that she could cope with that. It gives her pleasure, but there’s a compulsive shopper and the compulsion is different. For compulsions, strictly speaking, we’re talking about pain. Here is a person who can’t resist. Unless they buy something, tension rises, anxiety increases, and they’ve got to give expression to it. Most of the obsession and compulsion behaviors have to do with the relieving pain in some way. By engaging in the behavior they relieve the pain. I think this is true for some of the sexual behaviors. I think there are sexual behaviors that are addicting. Pornography can be addicting for many people. But there are certain people who I have encountered who have an obsession and a compulsion for pornography that comes out of this pain mechanism, for whatever reason, to punish themselves, to hurt themselves. Why else would a pastor, a deeply committed devout Christian pastor be so hooked on pornography sometimes? It doesn’t give him pleasure, but is driven out of this compulsive need. And they only way he can relieve his pain is to reach for some pornographic literature.

Dr. James Dobson: Relate that to the person addicted to infidelity. It’s not just the search for a new relationship; they are driven to find the forbidden fruit.

Dr. Archibald Hart: Sometimes that activity is addicting in the sense it gives pleasure, gives an extra boost, an extra high.

Dr. James Dobson: For a moment.

Dr. Archibald Hart: For a moment, yeah. It’s taboo, it’s condemned, it takes on an extra thrill and excitement to do something that elicit. That can be
addicting. Then there is the illicit behavior that comes out of the compulsive urge. It’s a pain that they want to relieve and they’ve got to do it. It’s like the person who can’t leave home without going back a dozen times to make sure that the stove is turned off.

**Dr. James Dobson:** When obsessive--compulsive behavior is at its most extreme it absolutely dominates life.

**Dr. Archibald Hart:** It does, it controls everything. It shapes the way you think. That’s why compulsions and obsessions go together. You may be engaging in behavior that’s compulsive, but you also have all these thoughts that are obsessive. You lie awake all night and you can’t think about anything else. It is just something that dominates your thinking and you can’t let it go.

**Dr. James Dobson:** For the benefit of the family member of an obsessive---compulsive person, or one who is addicted on a strange behavior like shoplifting, for example. Try to put in to simplest terms an explanation of what in the world is going on. Here is this person who doesn’t need the item that they’re stealing, and they’ve been arrested repeatedly and they’ve paid such a price for that. Why in the world do they go back and do this over and over again?

**Dr. Archibald Hart:** This behavior has some similarity to addictions in that the mechanism underlying this behavior is usually some form of escape for the individual. They have a pain, an emotional pain, some problem, a carryover from their past that they quite can’t get a handle on. Or their life circumstances could be so miserable, so unhappy, that this behavior becomes an urge. In the obsessive compulsions at any rate, the more you try to resist something, the more the urge is there to do it. Something has gone wrong with the way you approach these sorts of activities. You feel the urge and the more you resist and the more it’s
condemned, the more you want to do it. I think that it’s important to make this differentiation.

**Dr. James Dobson:** Which is more difficult to treat?

**Dr. Archibald Hart:** I think the compulsions are more difficult to treat than the addictions. The compulsions involve deep psychological mechanisms that go way, way back for the individual. You could go back and maybe find a child abuse situation or a sexual abuse. This person is not willing to confront openly, and yet there’s a pain deep down, then drives you to compulsive behaviors as a way of relieving that pain.

**Dr. James Dobson:** Arch, you are describing now circumstances that almost put the individual who’s addicted, or the obsessive compulsive individual in the category of being a victim. Yet, in your book you refer to sin as a basis for addictive behavior.

**Dr. Archibald Hart:** Absolutely! All addictions ultimately are aspects of sin, of violating your life before God. I don’t want to sound deterministic, but there are certain people who’ve lost the element of choice and I’m thinking more in terms of compulsions than I am in the addictions. For me, addiction is always a behavior of choice, always. The fact that you are dependent on that physiologically or psychologically, to me, is irrelevant.

**Dr. James Dobson:** Even chemical addictions?

**Dr. Archibald Hart:** Even chemical addictions. There is an element of choice, there’s a time when you have got to take responsibility and say, “no, I must stop.”
Dr. James Dobson: I absolutely agree with that, and yet you will hear the wives of alcoholic men say he told me he would never do it again. He meant it, and he went right back and did it. Dr. Archibald Hart: It is a disease of choice, though. When I turn to the compulsion behaviors, I have a lot more sympathy. Now it’s not so much the choice I’m going to make, do I not turn to this behavior, do I stop doing this. You are reaping the consequence of behaviors that were patterned many years ago. They only element of choice at that point is to seek treatment and to make sure you have the necessary safeguards. There is a sense in which we are responsible because we could turn to and reach for outside help, we can set up accountability, and we don’t have to be the victims of that urge. I think it’s a different mechanism to the addictive mechanism.

Dr. James Dobson: Your book promises to help us overcome closet compulsions, the addictions that dominate our lives. How so? Give us an overview of that release.

Dr. Archibald Hart: I think that since I come at it very specifically from a Christian perspective, I believe that all healing begins with God, all healing begins with getting your life right before God. There can be no healing until you get that in place first of all.

Dr. James Dobson: You don’t mean that if you’re a Christian you won’t have these problems.

Dr. Archibald Hart: No, but I think that it’s got to be in that context. There could be Christians out there who have these problems, but haven’t really begun to think in terms of the more basic issues of life. In all these disorders, in all these sorts of problems, you’ve got to increase your ability to cope with life. The starting point has got to be the denial issue. As with substance addictions, hidden
addictions, denial is at work. That’s what would categorize a true addiction. A person says, that’s not a problem for me, I can control it, I can stop this, I can stop looking at that pornographic literature any day I chose. And yet, never ever choses to stop. People who smoke, “Oh, I can stop anytime I want.” Denial is at work, Jim. It’s at work as powerfully in these hidden addictions as it is in any form of addiction, and that’s the starting point. You’ve got to come to a place of accepting that I need this help. How do you know whether you have a hidden addiction or not? I think you have to be sensitive to what those around you have to say. I think you need to ask a spouse, ask a child, ask a parent. Give me some feedback; do you think this is out of control? I sense that I do it a lot, but is it an addiction? From there, begin to move out. And I think that this first step is to recognize that you need help from the outside. This is why I think that every addictive program that has been successful is a program that recognizes you’ve got to reach for help outside of yourself. I don’t like the notion of a higher power; I don’t need that at all. I think God is ready and willing to step in personally to help you. You may very well need a spiritual resource to overcome your hidden addictions, even more so than substance addiction.

**Dr. James Dobson:** Because we talk a lot about the problem of pornography in our culture, we hear from a lot of women whose husbands are addicted to pornography. If such an individual came to you and he’d been into pornography since he was thirteen years of age and now is into violent fantasies and things that are very destructive in his relationship with his wife. What’s your first step?

**Dr. Archibald Hart:** The first step is to help that person comes to the place of accepting they’ve got a problem. Even when they come to you, they’re still not willing to admit it. Until they admit it honestly and frankly and openly and express a willingness to change, it’s going to be very difficult to control them.
work hard at that initial phase of overcoming the denial. Then I think one has to look beyond the behavior to determine what it is that the person is running away from. Why are the incapable of facing their real life circumstances directly? In severe pornographic type problems, I think that we have another mechanism at work and that is that engaging in that behavior is itself a stimulant that is addicting. That behavior gets their hormones going and gets their juices going and gets their body stimulated, just as powerful as a drug does. And one may have to go cold turkey and set up some system of control where you stop the behavior and you face whatever the consequences are and you resist that behavior as powerfully as you possibly can, with God’s help.

**Dr. James Dobson:** The same way you go cold turkey in alcohol.

**Dr. Archibald Hart:** No different, but with dependence upon God and upon God’s spirit to help you and to empower you to do that.

**Dr. James Dobson:** And accountability to man.

**Dr. Archibald Hart:** And accountability to someone else and this is why to think that you can overcome these addictions by yourself, I think, is foolish. You need to set up some system of accountability; you need to know that there are people out there who are praying for you, and who will be hurt by your failure. Then perhaps you can get enough control going.

**Dr. James Dobson:** All the sexual addictions are difficult to treat.

**Dr. Archibald Hart:** They are all very difficult. There is such a complicated biochemical system that underlies things. And they’re also difficult to treat
because often I think that we may be dealing with compulsive behaviors, not just addictive behaviors, perhaps, a more mixing of these two.

**Dr. Archibald Hart:** Isn’t that interesting in that there are people who really misuse their religious faith. I’m not just talking about those other religions, I’m talking about Christians who misuse their religious faith and for whom religion becomes a form of addiction. There are two aspects of that I can just mention briefly. The first is, people who become addicted to religious ecstasy. All around our country there are people who, every Sunday, every weekend, are looking for some high, some fix. They’re gathering up all the problems of the week, problems they haven’t resolved, problems that haven’t even faced directly or dealt with, and going for a fix on Sunday. They go from church, to church, to church, to church, no sense of belonging, no sense of responsibility, just hoping that they’re going to get an ecstatic experience going for themselves. I think that can become a form of addiction.

**Dr. James Dobson:** When the search is for the experience in and of itself, apart from the contact with God.

**Dr. Archibald Hart:** Whenever we lose contact with the substance of our faith, the substance of the addiction. When God meets somebody intimately and closely, there is an emotional upheaval. One can’t help but experience it that way. But you can’t tell me that that’s the only way we worship God, or that every week you’ve got to have such an experience.

**Dr. James Dobson:** In fact, I have dealt with a number of people, and I bet you have too, who believe if they don’t have that kind of experience every few days, that God’s gone. That he has rejected them, that there wasn’t anything to their relationship with Him.
**Dr. Archibald Hart:** I experienced this very early in my life. My wife and I, shortly after we were married, very close friends with another couple who’s whole pilgrimage was looking for a spiritual fix. Finally they gave up on it, and to my knowledge today, they’re not even Christians. It was the experience that for them was the primary thing rather than the substance of it.

**Dr. James Dobson:** It would sure be easy for people to misunderstand what you are saying right now. Jesus did say, “Come unto me all who are labor and heavy laden,” and that’s a fix. He is saying, in effect, come bring your burden to me.

**Dr. Archibald Hart:** Put this in the context of a much larger concern that I have, particularly for us as Christian parents, mainly that I think we are an over stimulated society. I think that we depend on stimulation excessively and this is a cultural milieu in which I think these addictions develop. We can’t tolerate silence. We can’t be alone. People don’t have relationships with themselves. A day before yesterday a fellow was telling me, I never want to be with myself alone. If my wife goes out, I pace up and down, I’m restless. I have to turn the radio on as loud as I can so I don’t have to think or focus on myself. I think there are people, and this is true in the Christian church, that there are people who can no longer worship God in the spirit of silence or quietness. Who never have time to listen to God, but want to experience the ecstasy of an encounter with him.

**Dr. James Dobson:** I must admit that this is an area that I have a problem with. I like intellectual stimulation coming into my brain all of the time. I’ll have a tape, radio, or television, or something going to feed my thought process. It is difficult for me to quiet that down.

**Dr. Archibald Hart:** I have very intentionally tried to choose time when I don’t have anything stimulating going. I think the key word here is balance. There are...
times when I want stimulation, when I want ecstasy. I want ecstasy in my love for my wife and my experience of my wife. There are other times when I just want to be still and quiet with her. All I want to do is feel a soft touch. We don’t speak anything between us. I think worshipping God and our experience of God should have some of that about it, also.

**Dr. James Dobson:** There a subject that will take more time than we have left, but it’s so important and that has to do with our children and getting them addicted on that adrenaline rush by whipping them back and fourth to Disneyland, and 31 flavors for ice cream, and all these things. Where they live on this exciting peak. Can you set them up for a lifetime of vulnerability to addiction?

**Dr. Archibald Hart:** I think we can, if you over stimulate your child through the formative years, that child becomes dependent on high levels of stimulation for its feelings of well-being. It cannot tolerate boredom; it doesn’t handle being alone very well. All of the time, got to have the TV set on, got to have radio on, got to have music going. What categorizes people today is walking around with headphones on their ears all the time.

**Dr. James Dobson:** That seems to be a major problem. You imagine how different life was like a hundred years ago when a kid was raised on the farm. The loudest noise he heard was a cow mooing. Long hours of quiet.

**Dr. Archibald Hart:** Music is getting louder and louder, and more ‘beaty’. We’re shouting so loud we can’t hear His voice. We have so many other distractions and stimulations going, I don’t think we really know the difference between what is a true religious experience of God and our own adrenaline that’s over aroused.