



# Alcohol Use Disorder: A Psychological Perspective

by Nancy Kluge, Ph.D., LCPC

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**H**umans have been using alcohol to alter their psychological and emotional state since prehistoric times. On the positive side, alcohol's calming and relaxing effects can soothe the tensions of everyday life. It is often part of social gatherings because it lowers inhibitions and increases sociability. Lowered inhibitions can result in a feeling of self-confidence that can cause a person to turn to alcohol more and more frequently.

Over time and increased use, the impact of alcohol is less positive. This is particularly true for those already feeling lonely, angry, depressed, or suicidal. For these individuals the depressant and disinhibiting effects of alcohol can intensify these vulnerable emotions and can lead to verbal and physical aggression and violence. A person can become increasingly dependent on alcohol to soothe, build confidence, or deal with vulnerable feelings. This use can result in diminished psychological and emotional capacity to deal with life without it.

## Factors that Increase the Likelihood of Alcohol Misuse

Anyone can move from appropriate use of alcohol to misuse, but those who have high levels of stress in their lives and who lack adequate healthy stress reduction strategies may be more susceptible to alcohol misuse. Stress may also serve as the switch that turns on a genetic predisposition to alcohol misuse and abuse.

Those who struggle with feelings of anxiety or low mood are also particularly vulnerable to alcohol misuse. This is true partly because of the calming effect of alcohol, but also because of the numbing effect, an anxious or depressed mood is not felt as keenly when under the influence. A history of trauma is also often present for those who misuse alcohol. While not all those who misuse alcohol have a history of trauma and not all those with a history of trauma turn to alcohol, there is a link between the two, and the calming and numbing effects of alcohol are likewise appealing to someone who has experienced trauma.

## Relationship between Alcohol Misuse and Psychological Illnesses

Clinicians and researchers have long noted the higher incidence of alcohol misuse among those diagnosed with anxiety and depression disorders. Some of this is for the reasons already mentioned, but it is also because of the ease of obtaining alcohol, a legal substance in most countries. For those who, for a variety of reasons, either do not have access to medical or therapeutic help or who prefer not to seek such help, alcohol is an easy anti-anxiety or anti-depressant "street medication."

Complicating the diagnostic and treatment picture for clinicians is that alcohol can both help alleviate as well as cause symptoms of anxiety and depression. There is also a relationship between mood disorders such as anxiety or depression and alcohol use disorder in that having one increases the likelihood of having the other. Additionally, having both a mood disorder and an alcohol use disorder speeds the development of both.

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**"Those who struggle with feelings of anxiety or low mood are also particularly vulnerable to alcohol misuse."**

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# Case Study | **Father Bob**

**F**ather Bob is a diocesan priest, much loved by parishioners and brother priests alike. He has served in both parish and service positions for the diocese, frequently at the same time.

In the last several years he has noticed feeling both physically and mentally exhausted. He seems to have less patience for the issues and people he must confront. He has also noticed a gradual demise of his spiritual life; he no longer engages in private prayer and is feeling cut off from God.

Others have noticed that Father Bob seems tired, and his smile is not as ready as it once was. He also seems more irritable with parishioners and brother priests. Office staff have had increasing difficulty locating him when needed. At first, they assumed that this was due to his heavy workload, but recently they

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**He now has a roadmap to identify danger signs of his depression and/or alcohol misuse returning and can use his recovery tools.**

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have found him alone in the rectory in the middle of the day.

The office staff become concerned enough that they approach the bishop, hoping that he might relieve Father Bob of some of his many duties. The bishop is considering his options when things reach a crisis point; Father Bob slipped and fell at Mass and the parishioners who helped him up smelled alcohol on his breath.

Father Bob came to Saint Luke Institute for a psychological and spiritual evaluation. The bishop, concerned that Father Bob might be slipping into depression, wanted to get a complete picture of any mental health issues and recommendations for help strategies. The bishop mentioned the incident at Mass to the evaluation team, but only in passing.

The Saint Luke Institute evaluation team conducted a complete clinical assessment, including screening for symptoms of depression, other mental health disorders, and alcohol misuse. They found that Father Bob did indeed meet diagnostic criteria for a low-grade depression known as

persistent depressive disorder. They also discovered that Father Bob's use of alcohol had been increasing over the years as he dealt with the stress of his ministries and the workload of multiple assignments. The evaluation team diagnosed an alcohol use disorder, mild, meaning that Father Bob had two to three of the eleven possible symptoms. He was not addicted to alcohol but appeared to be headed in that direction.

The Saint Luke Institute evaluation team recommended that Father Bob engage in a course of outpatient psychotherapy in his home diocese with a therapist who was experienced in treating both mood disorders and substance abuse. This therapist practiced Cognitive-Behavioral Therapy, an approach to treatment that has good results for both depression and substance misuse. Together Father Bob and his therapist explored how some of the ways that he thought about himself and his role as a "good" priest might not be realistic, and he reframed his thinking along healthier lines.

Additionally, Father Bob discovered that he had classified some emotions

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## Case Studies *continued*

as “good” and some as “bad,” and that he was not allowing himself to express or even recognize the “bad” ones. With the help of his therapist Father Bob improved in recognizing and expressing his full range of emotions. In addition to these recovery tools, Father Bob also made some changes to his lifestyle that included regular exercise, a healthy diet, and time with friends.

Finally, at the recommendation of the Saint Luke Institute evaluation team, Father Bob began regular work with a spiritual director to address the disconnection he had been feeling with

God. His spiritual director helped him rebalance his spiritual life so that it was a source of strength and connection with God rather than something that was a source of shame.

Father Bob is like many who are eventually diagnosed with a mental health issue and an alcohol use disorder. His symptoms developed over a long period of time and for many years were not evident to either himself or others. Eventually the combination of symptoms reached a crisis point and others noticed. The diagnosis of both a mood disorder and an alcohol use

disorder allowed both to be addressed in treatment. Additionally, Father Bob made lifestyle changes and addressed spiritual issues. Moving forward Father Bob now has a roadmap identifying danger signs that his depression may be returning or that his use of alcohol may be increasing to unhealthy levels. He also has a toolbox of coping strategies that he can use on a regular basis and when danger signs appear.

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*For confidentiality, reasons, names, identifying data, and other details of treatment have been altered.*

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## Alcohol Use Disorder *continued*

Recovery outcomes are poorer for those who have both a mood disorder and an alcohol use disorder.

Of particular concern for clinicians is the relationship between trauma and alcohol use disorder. According to the U.S. Department of Veterans Affairs, National Center for PTSD (23 March 2022), up to three quarters of those who survive abuse, or a violent traumatic event report a problem with alcohol. A regular consumer of the news might conclude that trauma in the world seems to be on the rise. This assumption is correct. The 2017 World Health Organization World Mental Health Survey found that 70.4 percent of respondents across 24 countries experienced lifetime trauma, with exposure averaging 3.2 traumas per capita (reported in the 27 October 2017 edition of the European Journal

of Psychotraumatology). Thus, we can expect to see increased use and misuse of alcohol as incidents of trauma increase and as general stress levels rise across the planet.

The treatment implications for alcohol misuse and another mental health diagnosis present are complicated by the fact that both need to be treated. The symptoms of a mood disorder or trauma need to be addressed along with their underlying causes. Additionally, the misuse of alcohol along with any accompanying addictive patterns need to be tackled.

Frequently, a person will come to therapy to address anxiety, depression, or trauma and may not report alcohol misuse. This may occur for a variety of reasons ranging from shame to a lack of understanding of the connection between the person’s alcohol use, mood

disorder, or trauma. If the clinician does not do a comprehensive background assessment, they may not be aware of the alcohol use and any therapeutic work done on the mood disorder or trauma will be compromised.

The good news is that when both conditions are treated in tandem, real progress and recovery can be achieved. When psychological and emotional factors are addressed through talk therapy, frequently in the form of Cognitive-Behavioral Therapy, and healthy coping tools are developed for symptoms, the use of alcohol decreases as do symptoms of this mental health disorder.

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*Dr. Nancy Kluge is a primary therapist at Saint Luke Institute in Silver Spring, Maryland.*

# Search for New President and CEO Continues

Fr. David Songy, O.F.M.Cap., S.T.D., Psy.D. returned to his Capuchin community in Denver this summer. Even as he enjoys being back with his community—walking with seminarians on their formation journey and teaching—he remains Saint Luke Institute's President and CEO.



He will continue to oversee finances and the centers in Maryland, Kentucky, and Manchester, UK. The Board of Directors is grateful that he can continue to work with them and be available for consultation with dioceses and religious institutes, and to share his knowledge and experience through speaking engagements, webinars, and publications.

The search for a new President and CEO continues and hopefully will yield the right and best person to build upon the legacy of Saint Luke Institute.

## SUPPORT THE 2022 SAINT LUKE INSTITUTE BENEFIT

It's not too late to donate!

We are still accepting donations for Saint Luke Institute's Annual Benefit held on October 17. This event is our biggest fundraiser of the year and helps fund essential services provided through Saint Luke Institute.

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