

SAYING GOOD BYE TO ELIZE

Elize Smith's journey at Elim Clinic spans more than 25 years. Her agility was obvious from the start. She started as a Therapist, moved to Organisational Development and Employee Wellbeing Consultant, and later served as Elim Clinic's Alcohol and Drug Consultant. She then became Marketing Manager in 1999 and was promoted to Assistant Director early in 2001. Since January 2002 she took the steering wheel of Elim Clinic as Managing Director.

The therapist in Elize never subsided. She has a heart for people and believe in people's inherent ability to change. She displays an extraordinary level of empathy and her interpersonal skills are outstanding. Her non-judgemental nature allowed every patient and staff member their uniqueness. Fitting and matching staff with the right opportunity and job as well as employee wellbeing was always important to her.

As an assistant to our previous Managing Director, Elize was always excellent at networking. She was a real 'staatmaker' who could assist with wisdom and discretion. She mastered the skill of strategising because

of her 'helicopter vision', a skill that many a time left us speechless. As MD Elize could observe, strategise and manage processes, juggle a fine balance in the communication between different departments and steer the organisation very successfully on the road through many challenges.

Elize will be remembered for all of the above and so much more. She will be remembered for her sharp humour and her laughter (that sounds like many bells). She will be remembered for her love and preservation of nature. She will be remembered for her philosophy of 'Paying it forward' and her years of commitment to a community project, in her own time, with the youth members of Elim's athletic club. She will be remembered for truly having a memory like an elephant. She will be remembered, and appreciated, for being the matriarch of Elim Clinic.

We will miss her, but at the same time we wish her well to pursue her personal dreams and to contribute and make a difference where ever she finds herself. Elize, the staff, patients and ex-students of Elim Clinic will dearly miss you and wish you well.



Elize Smith

Forthcoming events

Annual Golf Day

Elim Clinic's next Annual Golf Day will be held on the 20th October 2016. Please put the date in your diary. For more information, contact Annetjie on 011 975 2951 or info@elimclin.co.za

CPD Training

Our next CPD accredited training events are as follows:

11–12 August 2016 *Love, sex and pornography addiction 101*

25 August 2016 *The FOG of emotional blackmail.* Understanding and managing fear, obligation and guilt in toxic relationships.

29 September 2016 *Managing addiction in the workplace.*

26 October 2016 *Your love is my drug.* Understanding and managing obsessive love, stalking and cyber bullying.

THE RELATIONSHIP BETWEEN INTIMACY-AVOIDANCE AND ADDICTION

By Robert Weiss, LCSW, CSAT-S

People who consistently abuse substances like alcohol or drugs and/or chase highly pleasurable experiences like gambling, spending or sex etc., most often do so as an unconscious and maladaptive attempt to tolerate difficult emotions and stressors. And although active addicts often report strong feelings of loneliness and disconnection—the “hole in my soul” as many call it—they rarely seek out the comfort that would be available via honest and open intimate friendships and relationships.

Unless they are sharing drugs, gambling, or having sex with another person (non-intimate activities that offer distraction rather than connection) addicts prefer feeling numb to feeling vulnerable. Yes, it is true that addictions can be a reliable way to feel better (i.e., to feel less), but “numbing out” via substance abuse and/or addictive behaviours never actually fills the emptiness that most addicts experience. The only real cure for that kind of longing is being intimately known—genuinely connected to people who offer consistent love and support.

That said, most active addicts will choose to disconnect and disengage because being genuinely vulnerable—known and real to others—is an emotional risk that they are unprepared to take. What if I am rejected? What if no one comes when I call? What if I get criticised? What if I’m not worthy of love? Simply put, there are endless amounts of shame and fear in the head of every addict, and these are the feelings that keep these individuals isolated and alone.

Addiction arises primarily in people who have unresolved childhood trauma, unaddressed psychological disorders, and other ongoing personality challenges, all of which are issues that keep them from getting the stability, love, comfort, and connection that everyone needs to be healthy. These are people who have learned for whatever reason that it is safer to turn to external experiences (alcohol, drugs, gambling, spending, sex, etc.) than it is to face and feel the tug of healthy human dependency needs.

These intimacy-related issues generally set in very early in life. Basically, healthy parenting involves a consistently nurturing response to a child’s needs. When this is available, children learn that there is no need to suffer with discomfort because if they cry out, mom or dad will pick them up and make them feel better. When parenting is inconsistent or non-nurturing, however, children learn that reaching out might lead to neglect or abuse and even more distressing forms of discomfort. Instead of learning healthy intimacy and trust, these kids learn that it is better to look out for themselves when they need something. Over time they come to feel as if they would rather eat dirt than ask for help. Eventually, this self-imposed isolation leads to and perpetuates the belief that they are inherently defective and therefore unworthy of love and connection. It is hardly a surprise that so many of these shame based individuals choose to dissociate from their deep emotional wounding via pleasure-inducing substances and/or behaviours.

Complicating matters is the fact that most people dealing with shame and underlying intimacy issues begin the process of self medicating relatively early in life, usually during adolescence with drugs and alcohol. Sometimes they start even earlier with food, masturbation, or another escapist behaviour. Once this non-relational self-soothing process starts, the emotional growth needed for healthy adult relationships becomes increasingly stunted. In fact, most addicts will tell you when they begin recovery that they feel as if they are the emotional age

they were when they first started using. As such, active addicts often struggle to relate to other adults in healthy, age-appropriate ways.

One issue common to both substance and behavioural addictions is an increasing tolerance to the mood-altering (escapist, numbing, dissociative) effects of the addict’s drug/behaviour of choice. Increasing tolerance is yet another dynamic that sets the addict up to chase after an insatiable intensity rather than the more fulfilling option of true intimacy. Sex addicts, for instance, may start out occasionally viewing and masturbating to softcore porn, which most people consider a relatively innocuous activity—similar, perhaps, to drinking a beer or taking a few puffs off a joint. Unfortunately for people predisposed to addictive behaviour patterns—in other words, people with attachment and intimacy disorders—what begins as harmless recreation can easily become an all-consuming activity, pushing the user away from family, friends, romance, work, school, and other life-affirming activities. Before long, sex addicts are fantasizing about, planning for, and pursuing sexual encounters all day, every day. Sometimes they find themselves looking at porn or engaging in sex acts that didn’t interest them (and may even have disgusted them) when their addiction takes hold.

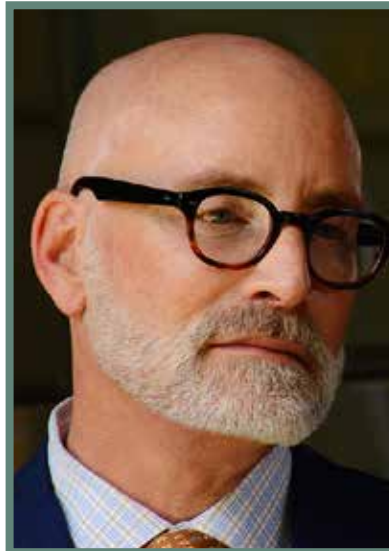
Escalation often plays a critical role in the development of cross- and co-occurring addictions. Basically, when a particular addictive substance or behaviour no longer provides the level of dissociation/ intensity

that addicts seek, a secondary addiction may join the fray. If an addict switches back and forth from one addiction to the other, he or she is cross-addicted. If an addict consistently engages both behaviours simultaneously, he or she has a co-occurring addiction. Cross- and co-occurring addictions are incredibly common and very often secondary addictions are a significant factor in relapse with the primary addiction, especially when one of the addictions is intimacy-related, as sex and love addiction are. When an addict pairs substance abuse with non-intimate sexuality (casual/anonymous encounters, porn, prostitutes, strip clubs, etc.), the sexual high reinforces the drug high, and vice versa. Over time, whether the addiction is cross- or co-occurring, such addicts develop a sure-fire “paired trigger” for relapse.

Unfortunately, addicts of this type typically enter treatment for only one issue (usually substance abuse) and not the other (compulsive sex/romance). These individuals arrive burdened with various forms of early trauma and attachment challenges over which substances mixed with non-intimate sexuality (or some other behavioural addiction) provide a sense of emotional control. These men and women both long for and fear intimate relationships, which creates in them a highly destructive push-pull attachment pattern. As such, they tend to struggle with both isolation and broken relationships, in addition to the typical health and life-productivity losses that naturally occur with all forms of addiction. Over the course of many years it has become very clear to me that addiction treatment needs to address not only the addiction for which the client has entered treatment, but the underlying challenges the client has with developing and maintaining healthy intimacy.

Full article and all references available here - http://www.ebhevents.com/wp-content/uploads/2014/08/Intimacy-Avoidance-Paradigm-Magazine-Weiss_Reprint.pdf

Robert Weiss is senior vice president of clinical development with Elements of Behavioural Health (see <http://www.elementsbehavioralhealth.com>).



Robert Weiss

THE INEVITABILITY OF CHANGE

By Sorika de Swardt



Sorika de Swardt
Addiction consultant, Elim Clinic

In my three years as Newsletter editor, I never struggled to compile a newsletter as much as this time. I am not sure if it is my resistance to change, my resistance to loss or simply because I feel cold and lazy. After I moved the release date twice, I realised I had to seriously get something done even if I cannot figure out what the resistance is about. I reminded myself that change is inevitable whether we liked it or not.

Early on in 2016 someone posted on Facebook a saying that stopped me in my tracks and really made me think. It read "a comfort zone is a beautiful place but nothing ever grows there". And I so like my comfort zone. No need to stretch yourself, push yourself, explore uncertainties or think about anything that might just push your buttons. But at the same time, no growth, no development, no new frontiers and no leaving behind of old habits and beliefs that no longer serves us. So far 2016 has not been a comfortable year for anyone at Elim Clinic. In fact, we deliberately worked very hard to change things, to challenge things, to grow things, to stretch ourselves and to push our buttons. And yes, it is uncomfortable but it is also exciting.

You, our reader will note from reading the other articles that there are losses but there are also developments and gains and as a clinic with patients, staff, ex-students and friends of Elim Clinic we are thankful for so many new developments and for the hard work that came to fruition. We are still humbled by the experience of having Robert Weiss visit us to share his immense

experience and knowledge and sad at Elize's departure. We are excited about the new look of the clinic and the amazing new programme which now include the treatment of all addictions as intimacy disorders with the specific additions of sex and pornography addiction and digital addiction.

Looking at addiction from a new angle as an intimacy disorder offers us many new avenues to reconnect with those who walk through the doors of our Clinic and for that we cannot wait. So, whilst going through change I will remind myself that the goal is progress, not perfection. Or differently put "everything will be alright in the end. If it's not alright, it's not the end".

THE NEW FACE OF ELIM CLINIC

By Elize Smith, Managing Director



Walt Disney said:

*We keep moving forward,
opening new doors,
and doing new things,
because we're curious
and curiosity keeps leading
us down new paths*

This quote is synonymous with the launch of "The New Face of Elim Clinic" that took place on 15 March 2016. So what is new about Elim Clinic? Elim Clinic will be celebrating 58 years of existence on 1 September 2016. Part of Elim Clinic's character is to take a critical view of itself and ask how we can do even better?

We embarked on giving our facilities a facelift with the assistance of Mullin House. The message to everyone coming to the Clinic is: "you are important". We create a therapeutic environment conducive to change. A patient should experience peace and tranquillity in order to focus on self and recovery.

The "New Face" is also evident in the cutting edge Treatment programmes. The programmes are continuously scrutinized and reviewed. We ensure that the latest research is incorporated. Ground breaking work was done with the implementation of our LIVSmart programme for the young addict who is lacking basic life skills,

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We thank our sponsors for their contributions and continued support

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- Mrs Betsie Jacobs

complicated by learning disabilities, often addicted to Nyaope.

We took on the challenge of treating behavioural addictions. We had the wonderful opportunity to be trained by Robert Weiss, Licenced Clinical Social worker from the United States of America and well known Author of seven books on addiction. We are now empowered to launch our Love, Sex and Pornography treatment programme.

We realize more than ever that in its core addiction is an Intimacy Disorder. Whether as a result of trauma, lack of skills, or life experiences – people experience isolation and disconnectedness and they fill the void with alcohol, drugs, sex, gambling, pornography and many others. This void can however only be filled in meaningful connection with another human being where a person experience validation, empathy and intimacy.

The biggest challenge for a treatment centre like Elim Clinic is to address the deepest core of addiction - providing a safe space where an individual can build intimate attachment with another human being. The challenge is to offer an integrated, holistic multi-disciplinary, multi-dimensional approach in treatment where co-occurring disorders, including trauma, is addressed and where the programme is process driven and patient-needs informed.

Elim Clinic acknowledges Robert Weiss for sharing his personal and professional experience with us, translating complex issues in a structure that can be implemented

and integrated in our treatment programmes. Robert modelled empathy, integrity, absence of judgement and focus on a patient's potential rather than pathology.

So who is this Elim Clinic, this small brave entity that does not shy away from challenges? The Clinic was founded by group of volunteers with a history that goes back to 1927. Ordinary people who took a stand, who said basta to the use of alcohol in the workplace. Their vision was to have a treatment centre – and they grabbed the opportunity in 1958 even though they were "not ready" for the challenge, or so they thought.

They decided to call the place Elim – an oasis where people are refreshed, where they gain new energy, recuperate and face life and where they experience meaningful connectedness.

Today Elim is because of the people – my colleagues – they invest and believe in people – they are dedicated – and they serve relentlessly

*they keep moving forward,
they keep opening new doors,
they do new things,
because they are curious
and curiosity keeps leading them down
new paths
– and I salute them!*

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