Voices of Sisters



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When I started to work with people with addictions, I heard many comments about it being an unimportant and useless service field. Yet I felt it was more meaningful and had more of a sense of connectedness to human beings than working in an administrative post of an educational institution.

Yes, when one enters completely into another's life, one finds true identity and belongingness. Julian of Norwich was amazed at the existence of a hazelnut, which is very small and insignificant. But being a mystic, she found it important and precious since it is "God loves it."

Each and every thing is created out of the love of God that gives the uniqueness and importance to each being. I see part of me in the other, and I also see the face of God in the other — even with all our weakness and failures.

India has more than 500 tribal groups, with separate ethnic situations and cultural traits. Some of our sisters working in these areas invited me for "conscientization" — motivation of people with addictions. I have also worked in Africa, mainly East Africa, with two diocesan training sessions for grassroots level family health groups, and I also conducted a treatment camp for people who are addicted.

Though primary health care is effective, mental health and addiction issues are still not under control, either in India or Africa. But many Christian churches, working with other ecumenical efforts, are spreading the activities nationally through the Christian Medical Association of India, one of the largest health care networks in the country.

In the absence of knowledge about the harm caused by alcohol and drugs, tribal people, working-class people, students, and people living in slums are easy prey to these addictive substances —compounded by easy access due to tradition, as well as legalized or illegal trade. So, I became involved among fishermen, tribal people, those living in slums and daily workers like headload workers and plantation workers.

But pioneering in a field dedicated to bringing out positive changes among people with addictions was always a challenge, both from professional groups and communities. But with the help and support of churches, other organizations, and movements like Gandhi Peace Foundation and the Sarvodhaya Movement (a joint religious group working for social change), campaigns could be developed in the preventive field of addiction all over my state of Kerala and also at a national (all India) level.

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I would like to share the story of a tribal young man who started using sleeping pills as a student in a college, away from his family and culture. He felt lonely, and study was difficult for him. He did not have any close friends to share his struggles and loneliness. He started using cannabis but soon felt that it was not strong enough to numb his anxiety, inferiority complex and orphaned feelings.

He shifted to the Nitrazepam group of drugs and soon he found himself confident, rested and making friends — who were also using addictive substances. Then he tried to stop using it and shifted to MDMA; that made him feel very high and living in the hallucination of achieving success in life.

But he found it difficult to manage the day without it as the withdrawal was severe, making him restless and violent. Slowly he became a social menace, picking fights and frequently getting involved in quarrels. He was referred by police for counseling and treatment, and told me his story of addiction in detail. The treatment was holistic, with psychiatric and medical help as well as counseling and social rehabilitation to bring him back to his studies. He not only recovered but even brought other companions for help and treatment.

Jesus teaches that only the one who loves God can love the neighbor. It is only by that sign that everyone is going to know that we are his disciples (John 13:34-35).

The celebration of a jubilee year is described in the book of Leviticus, and it teaches us how God the Father was caring and accompanying the marginalized. Jesus also had a preferential option of concern for the outcasts.

So let us also as religious women give a life witness by sharing our service skills among the oppressed and marginalized groups of people. Our healing presence and willingness to be a prophetic hope even when problems are beyond us and the solution is in darkness, will be a witness and model to many others to respond to the cause of people with addiction, and their families, who are always in the periphery.

To serve in health care for the marginalized who have addictions requires faith, courage and compassion. We can't always measure our success from immediate and permanent cures. Let us not forget that life in any form is a gift of God, and our life is connected to others who need strength and support — for they are also part of us and loved by God.

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