


COVID-19 lockdown in South Africa: Addiction, Christian spirituality and mental health

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In attempting to manage and cope with the coronavirus disease 2019 (COVID-19) pandemic, varying health strategies were implemented by governments worldwide. The South African government passed legislation implementing a lockdown in the country which included a prohibition of the sale and transportation of alcohol and cigarettes. In this contribution, the impact of this legislation on the mental health of those in addiction and those in recovery was explored. Against the backdrop of the global political climate of COVID-19, factors influencing the concepts of health and healing were questioned. National online recovery groups were identified as interventions aimed at promoting a sense of community in the face of social isolation and social distancing. The integration of shared ideas between Christian theology and positive psychology relating to the concept of self-control was explored. Building forth on, 'The interface of religion, spirituality and mental health in a South African context: Naming the unnamed conflict' attitudes of collaboration between the two worlds of psychology and pastoral ministry included, amongst others, humility, integrity, honesty and teachableness. These attitudes were linked to underlying spiritual pillars of recovery evident in the Christian-based online recovery groups of Project Exodus.

Intradisciplinary and/or interdisciplinary implications: These online recovery groups provided an example of an interdisciplinary approach to healing where psychology and Christian spirituality, as represented by mental health professionals, pastors and others in community, collaborated and encouraged the taking of personal responsibility, and supported the collective love, compassion and care towards those struggling with addiction, and those in recovery during the COVID-19 lockdown in South Africa.

Keywords: addiction; psychology; online mental health intervention; Christian spirituality; interdisciplinary; COVID-19 pandemic; lockdown; South African context.

Introduction

Coronavirus disease 2019: A pandemic: Politics and health

The rapid spread of the coronavirus disease 2019 (COVID-19), an infectious virus, that initially emanated from Wuhan, China, resulted in the World Health Organization (WHO) declaring it a pandemic on 11 March 2020 (Ducharme 2020).

In response to this pandemic, health risks and potential loss of lives, President Cyril Ramaphosa, on 23 March 2020, announced a national lockdown in South Africa for 21 days commencing from midnight on 26 March 2020, as part of efforts to curb the spread of COVID-19 in the country (Kiewit, Harper & Macupe 2020). The President said that 'This is a decisive measure to save millions of South Africans from infection and save the lives of hundreds of thousands of people' (Kiewit et al. 2020).

For the purposes of this contribution, specifically focusing on addiction, it is important to note that the lockdown regulations, as announced by the President, included a prohibition on the sale and transportation of alcohol and cigarettes throughout the initial lockdown period of 21 days. Governments throughout the world were announcing changed health policies and implementing new legislation in response to the presumed ever-increasing risk of infection and loss of lives. Aaltola (2020:11) points to how the governance of a country's health system is an invaluable tool that can be used to confer status onto respected actors on the political stage. President Ramaphosa and Dr Zweli Mkhize, the Health Minister of South Africa, in instituting the national lockdown, were applauded by the Council on Foreign Relations (CFR) for their leadership in the fight against COVID-19. The lockdown was one of the strictest lockdowns

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enforced worldwide, outside of China (Nkanjeni 2020). The implementation of the lockdown for purposes of healthcare gave perceived credibility to South Africa within the global political arena, where a threatening disease running rampant could easily be perceived and propagated as governance failure.

Aaltola describes the global political reality and how 'COVID-19 is very likely to contribute to the reshaping of the global order by triggering further distancing between the major actors and strengthening calls for economic decoupling instead of interdependence' (Aaltola 2020:4).

He points out how China, a country whose economic prominence has functioned as part of a global order where efficient mobility systems are needed to accommodate a reliable, global flow of products, will be seriously challenged by the effects of COVID-19. Accusations against China's initial management of the disease have led to China attempting to ease political tensions, by providing aid to other outbreak zones. An example being that on 13 April 2020 at 19:00, a Boeing 777 flying from Guangzhou, China, landed at OR Tambo International Airport in South Africa with a consignment of medical supplies and equipment donated by China (SANews 2020).

Aaltola (2020:4) foresaw the possibility of WHO being increasingly delegitimised as discontent regarding their governance would increasingly be brought to light. This has since been evidenced by President Donald Trump halting the US funding to the WHO on 15 April 2020, during the pandemic, whilst insisting on a review of the organisation's reported mismanagement regarding the spread of the virus (Sulcas 2020). The withdrawal of US funds will necessarily have a huge impact on African countries that are dependent on WHO funding for national healthcare programmes. Aaltola's working paper (2020:10) explores the complexities of COVID-19 in world politics, as the shifts in the prevailing balance of power become apparent.

'The epidemic becomes only one symptom of a more acute and dangerous "political dis-ease"' (Aaltola 2020:11), where governments vie for recognition and power globally in the face of a contagious disease. Mental healthcare as part of broader healthcare systems globally is necessarily directly impacted on with the implementation of changed legislation. The disease within global politics therefore inadvertently affects notions of health and beneficial healthcare (including mental healthcare) strategies and interventions.

Coronavirus disease 2019 and the concept of health

In a recent online article, David Cayley (2020) questions the current COVID-19 pandemic from the point of view of Ivan Illich, a Croatian-Austrian philosopher and Roman Catholic priest, known for his critique on the corrupting impact of institutions of modern Western culture. Amongst Cayley's concerns is whether the way in which COVID-19 is

being managed, and the exorbitant costs and efforts involved are really the only possible way to respond; or whether these efforts are attempts at controlling that which is obviously out of control, with serious, negative, long-lasting future damage being caused.

Included in Illich's ideas on health, medicine and well-being were the facts that although medical treatments early in the 20th century had caused a watershed and showed evidence of benefits beginning to exceed harms, he described the potential for a second watershed, where counterproductive, medical intervention would begin to generate more harm than good. The counterproductive effects of too much medicine were classified as clinical, social and cultural effects, using the term iatrogenesis. Iatrogenesis is defined as the 'inadvertent and preventable induction of disease or complications by the medical treatment or procedures of a physician or surgeon' (Anon 2020). Healthcare practitioners could thus be implementing services that might not be supportive of the intentions, goals and best interests of the person being treated. According to Cayley (2020), it was particularly the weakening of social and cultural aptitudes through excessive medical intervention that concerned Illich.

Illich (2003), in an article republished, abridged from a lecture based on his book *Medical Nemesis*, describes how he foresees the paradoxical backlash of progress. Illich (2003) describes how:

[T]o be human and to become human, the individual of our species has to find his destiny in his unique struggle with Nature and neighbour. He is on his own in the struggle, but the weapons and the rules and the style are given to him by the culture in which he grew up. Each culture is the sum of rules with which the individual could come to terms with pain, sickness, and death – could interpret them and practise compassion amongst others faced by the same threats. Each culture sets the myth, the rituals, the taboos, and the ethical standards needed to deal with the fragility of life – to explain the reason for pain, the dignity of the sick, and the role of dying or death. (p. 920)

From his traditional Christian perspective, Illich affirmed suffering and death as part of human life. Contemporary medicine, however, has a new set of goals aimed at killing pain, eliminating sickness and pursuing life (i.e. struggling against death). He further comments on how in modern medicine, pain is an item on a list of complaints, and suffering expresses a demand for increased medical intervention. As pain has become seemingly unnecessary, the experience of it has become unbearable, and needs to be eliminated as quickly as possible even at the cost of addiction, and even at the cost of physical and/or mental health. And finally, he points to how contemporary social organisation enlists all major institutions, medical agencies, international relief and ideological bureaucracies to wage war against the tolerance of sickness and death. 'Producing "natural death" for all men is at the point of becoming an ultimate justification for social control' (Illich 2003:921).

As Cayley (2020) reiterates, in the face of this global crisis of COVID-19, the risk of getting the disease and the risk of lives being lost has been intertwined with the concept of danger. He emphasises how danger is based on experience and practical judgement, whereas risk is based on statistics and relates to populations. An individual's personal story and destiny is not considered as a risk is an abstract of a population, and public health policy has become based on a risk curve, and what is generally expected to happen. Cayley (2020) acknowledges the crisis, but warns that 'at present, "the crisis" holds reality hostage, captive in its enclosed and airless system'.

Mental health: Being locked down within systems and patterns of behaviour

In this contribution, I endeavour to also explore the individual's experience and how at a micro-level lockdown could be experienced by individuals as not only being held hostage, captive within homes and isolated for the perceived benefit of their physical health, but also isolated and faced with an ongoing sense of uncertainty mentally. How do those addicted to substances, such as alcohol and drugs or behaviours such as gambling, engaging in pornography, pursuing dysfunctional love relationships, video gaming, television viewing or other self-harm behaviours and struggling to maintain the stability of their mental health, respond to this current situation where isolation, limited access and availability of resources for support and social fear and tension become increasingly evident?

Addiction and isolation

Alexander (2008:57–64) describes the dislocation theory of addiction in exploring what he terms the globalisation of addiction in the 21st century. He bases his theory on three underlying principles. Firstly, that psychosocial integration is a necessity. This understanding of the integration of vital social needs of belonging with a vital need for individual autonomy, as an inherent aspect of human wholeness, follows on the work of Erikson (1959). There is a necessary and delicate dance between a sense of belonging to a community whilst maintaining individual freedom and creativity. Alexander (2008:57–64) speaks of the enduring lack thereof as dislocation. This term was used by Polanyi (1944), denoting not only geographical separation or even never leaving home, but rather specifically psychological and social separation from one's society. Secondly, that a globalising free-market society undermines psychosocial integration, and thirdly, that addiction is a way of adapting to sustained dislocation. His understanding includes the globalisation of a free-market society that has intensified individual competition, with an underlying promise of personal happiness. Governments function to protect private ownership and the efficacy of markets. This type of economic individualisation, where the buyer and seller enrich themselves, however, destroys any possibility of safety of community and of being psychosocially integrated in society.

The emotional distress and anguish of continued dislocation result in some people being unable to adapt functionally, with an addiction becoming the substitute of a normal lifestyle (Alexander 2008:57–64).

The underlying psychosocial theories of attachment and interpersonal neurobiology substantiate the idea that humans are 'wired to connect' (Morgan 2019:98). John Bowlby's original works of attachment theories included attempts to fuse ideas from psychoanalysis and ethnology, where he studied detailed interactions between infants and their caregivers (Saugstad 2018:473–475). His focus was specifically on how, in this case, a mother's sensitivity to the infant's needs necessarily impacts the quality of the infant's attachment to her, and to the interpersonal exchange that develops between them.

'Interpersonal neurobiology assumes that the brain is a social organ built via experience', Cozolino (2014:XVII). Between the neural structure of the brain and social experience, there is bidirectional causality, resulting in change and adaptation. As discussed by Cozolino, this means that the brain can adapt and survive difficult, unexpected challenges, especially 'when good-enough parenting combines with good-enough genetic programming' (Cozolino 2014:XVI). However, this also implies that because of the brain's ability to adapt, people can adapt to caretakers and environments that are hurtful, pathological and psychologically unhealthy. Morgan (2019:104) shows how addiction can be viewed as a 'disorder of attachment and human connection' where unfulfilled attachment needs can move towards bonding with a substance or a behaviour which then acts as a substitute, fulfilling the roles of reward, comfort and/or the alleviation of pain.

He also reiterates the importance of communion, connection and a sense of belonging needed by those in addiction, as part of a sustainable recovery. He states, 'the "soul" of addiction is lack of connection and belonging' (Morgan 2019:XXVII), and that the current public health crisis of addiction requires, in addition to law enforcement and public education, the restoration of connection in meaningful relationships. In helping people to adapt and seemingly cope with dislocation, alienation and disconnection, addiction has a purpose (Morgan 2019:XXV–XXVII). But by examining the social ecology, acknowledging interpersonal neurobiology and incorporating psychosocial integration as an integral aspect of recovery, where the restoration of hope-filled and purpose-driven lives in relationship with others is apparent, addiction can lose its adaptive purpose and related power over peoples' lives.

Lockdown in the South African context

Against the backdrop of the complexity of South Africa's socio-political history, the relevance of dislocation and

disconnection from community is particularly apparent when considering rural–urban migration and the effects thereof. ‘Circular labour migration was an ingrained and deliberate feature of colonial and apartheid-era South Africa’ (Njwambe, Cocks & Vetter 2019:413), resulting in the break-up of families and households. They show how even many years post-apartheid, whilst economic opportunities are found in the city, many migrant labourers and city dwellers still experience a sense of deep belonging, or spiritual attachment to the rural area, which is often still perceived as being ‘home’. This is the place where city dwellers return to gain strength from family bonds and interaction with friends (Njwambe et al. 2019:427–429).

Greyvensteyn (2019:351) reiterates the notion that if the people of South Africa are innately spiritual, then any mental health intervention should ethically include spiritual/religious beliefs as these are historically intrinsically immersed within cultural traditions. However, socio-historic challenges being faced in caring for the people of South Africa are described by McMaster (2011), a Cape Town-based theologian and counsellor, to include poverty, unemployment, crime, violence, illegal drug trafficking, drug abuse, gangsterism, sexual abuse, acquired immune deficiency syndrome (AIDS) orphans, child-headed households, racism, corruption and the abuse of power, amongst others. Could this imply that because of social distancing and physical isolation from each other, the nationwide lockdown implemented in the interests of the health of the people of South Africa may also be detrimental to aspects of peoples’ mental health, particularly for those struggling with addiction?

There have been ongoing debates, struggles and court cases between the National Coronavirus Command Council (NCCC) and scientists, medical experts, the Fair Trade Independent Tobacco Association (FITA), British American Tobacco South Africa (BATSA), Gauteng Liquor Forum and many others regarding the restrictions regulating the sale of alcohol and cigarettes during this period. Whilst much varying statistical data are debated, legal actions continue and the illicit trade of substances increases, many people struggling with addiction remain isolated, withdrawn from society and in many cases, in acute withdrawal from their drug of choice. As reported by Grobler (2020) as the lockdown was implemented, there has been an increase in South Africans showing signs of depression, anxiety and suicidality. The operations director of the South African Depression and Anxiety Group (SADAG), Cassey Chambers, reported that this was indicated by an increase in calls to their helpline from about 600 calls to between 1200 and 1400 calls per day. He added that substance-abuse-related calls were amongst the top five main reasons for calls for help.

Those who struggle with addictions, as discussed previously, are already struggling with isolation and disconnection and are now needing to face a further threat to a sense of belonging as both physical and emotional isolation and experiences of exclusion are perpetuated. Twenge, Catanese and Baumeister

(2002:613–614) confirmed the importance of the need to belong, with the studies suggesting that self-defeating tendencies are likely to increase when social ties are threatened, and social exclusion exists. They further suggest that (Twenge et al. 2002):

[A] strong feeling of social inclusion is important for enabling the individual to use the human capacity for self-regulation in ways that will preserve and protect the self and promote the self’s best long-term interests of health and well-being. (p. 614)

When people are excluded socially, and perceive themselves to be alone and socially isolated, as is the experience of many South Africans in lockdown because of COVID-19 restrictions, a major concern would be that self-regulation by individuals (i.e. the capacity to control or change their responses) would be negatively impacted. The studies conducted by Baumeister et al. (2005:601–603) are invaluable in showing that not only does self-regulation suffer when social exclusion occurs, but also that those excluded do ‘not want to put forth the effort or make the sacrifices that self-regulation often requires’ (Baumeister et al. 2005:601). Self-regulation includes focusing attention on the self and having to become aware of personal shortcomings. When excluded and isolated, individuals may avoid this self-reflection, as it requires effort to remedy personal shortcomings. Baumeister and Alquist (2009:119) describe how at the heart of self-regulation, there are trade-offs between sacrifices and benefits. In delaying gratification, short-term costs, including having to put in effort to curb selfish impulses are paid and deemed worthwhile in relation to the long-term benefits. These are often connected to a sense of being accepted and belonging. However, the behaviour of those struggling with addiction is usually self-defeating, with short-term impulses being fulfilled, despite the associated, very detrimental, long-term costs thereof.

The question which follows is: During this time of lockdown, are many people, particularly those struggling with addictions, losing their willingness to pay the costs of self-regulation, as the perceived benefit and inherent need for social acceptance and belonging can be experienced as being withheld because of the uncertainty of ongoing social distancing and isolation? For those caught up in behavioural addictions such as pornography, online gambling, gaming and food addictions, the consequences may be dire, as the conditions of lockdown are perpetuating experiences of isolation, loneliness, availability of time, boredom and lack of accountability to others. These factors may exacerbate cravings and the need for instant gratification, with those with addiction struggles, subsequently relapsing. A perpetuating cycle of the related shame and guilt of relapse, lowered self-esteem and further social withdrawal and isolation can thus develop.

For those addicted to substances including alcohol and nicotine, other types of negative behaviours are occurring. Smith (2020) on 04 April 2020 reported that BATSA warned that the cigarette ban could force 11 million smokers to seek

and buy from underground traders selling illicit products. Following an extension of the lockdown and continued ban on cigarettes, a University of Cape Town survey conducted between 29 April and 11 May 2020, pointed to 90% of smokers surveyed having purchased illegal cigarettes (Nicolson 2020). Petersen (2020) reported that there had been four liquor store lootings within 24 h in the Western Cape alone. Increase in illegal activities can be expected, as those in addiction find ways to satisfy their intense cravings.

Whilst living within the culture of addiction, White (1996:98–101) describes how certain personality adaptations occur in accommodating an addictive lifestyle. Those suffering from addiction learn to manipulate, lie and deceive others for their own personal gain and instant gratification. 'Expediency in the service of addiction replaces personal morality' (White 1996:101). The addictive lifestyle presupposes a disdain towards and ridicule of authority. Risk-taking behaviour is highly valued within an addictive culture, adding to the perceived excitement and rush of the high. In South Africa, at this time, the government leaders are perceived as the authority that has enforced rules that have become obstacles to the addict's continued use of alcohol and nicotine. Aspects of addiction including high risk-taking behaviour and deception could thus potentially be exacerbated as those addicted to these substances turn to criminal activity. Core moral decline within the social context becomes evident.

Encouraging a culture of recovery during lockdown

In seeking to assist those with addictions living in lockdown in South Africa during this COVID-19 pandemic, whilst necessarily acknowledging the importance of mental health and well-being within the broader social context, a culture of recovery needs to be encouraged and supported. Within the wider social context, an extensive body of literature points to an increasing awareness of an association between spirituality and recovery from addiction (Selvam 2015:398–400). In reviewing the literature, Selvam (2015) explored whether the mediators of the association between spirituality and recovery from addiction could be identified in terms of the character strengths of positive psychology. Ten salient character strengths that emerged as being relevant to addiction and recovery included wisdom, integrity, vitality, humility, forgiveness, kindness, love, self-regulation, hope and spirituality.

The notion of spirituality and recovery from addiction has been central to the Alcoholics Anonymous (AA) approach to recovery. Kurtz (1986) shows how:

From their own experience, the earliest AA members worked out a way of life that involved a way of thinking that became incorporated in a 'language of recovery' – a way of seeing, and of thinking about, and of feeling, and of responding to, and especially of *expressing* their reality that emerged in the practice of their telling their own stories of 'what we used to be like, what happened, and what we are like now'. It is in this 'language of

recovery' that I find the cornerstones of the enduring reality that deserves to be called an 'A.A.' or 'Twelve Step' *spirituality*. (p. 36)

In Tiebout (1961:52–68), he described the profound, transformative process that occurs when an individual turns to recovery, as a spiritual process of conversion and surrender. When the person struggling with addiction acknowledges powerlessness in the face of the unmanageable chaos of his or her life, surrenders unconditionally to the reality of this powerlessness and commits to a power greater than himself or herself, the transformative process of recovery can occur. By surrendering the individual self-will, and idolatrous nature thereof, the person begins to move from a culture of addiction into a new lifestyle and culture of recovery (Albers in Morgan & Jordan 1999:150–151).

'While the essence of spirituality is grounded in a relationship with God, the expression of spirituality is experienced in community' (Albers in Morgan & Jordan 1999:143). In journeying and recovering from addiction, the importance of community and the sense of belonging experienced within that community help to solidify the newly developing aspects of self-identity through a shared sense of security, acceptance, participation and value.

Interdisciplinary and collaborative work

Drawing on the work of Wilson (1999:8–14) who used the term *consilience* in working across disciplines, in seeking to connect ideas and in finding common ground between divergent viewpoints, Morgan (2019:XVII) in working with addiction and recovery also encourages this new way of thinking where boundaries are extended and fresh insights gained from different areas of knowledge. Charry and Kosits (2017:477) emphasised the need for psychology to embrace a world view pluralism. They show the importance for psychologists to explore the pre-theoretical influences on their work. Charry and Kosits describe, for example, how Christian theology and psychological science, including positive psychology, are vastly different disciplines, and yet have much to learn from each other. They show how in Christian theology, Paul, in his letter to the church in Rome (Rm 7:14–25), speaks of his struggle and turmoil in trying to live a moral life. Although the specific substance of his emotional turmoil remains unknown, his 'longing is for self-mastery that the Augustinian and other moral traditions have long prized as essential not only for personal well-being but for society's well-being' (Charry & Kosits 2017:474).

Freud (1930), whose analogue to self-control was the superego (Baumeister et al. 2009:120), theorised that although the superego was costly to the self, with the self-having to sacrifice personal benefits, the trade-off was to the benefit of the larger social context. The guilt induced by the superego further added to the personal cost to self, which, although primarily functioning towards the benefit of society, ultimately also constituted the *discontent* that Freud described.

In positive psychology today, extensive work has shown self-control to be a vital part of healthy functioning and positive well-being (De Ridder et al. 2012:89–93; Wills et al. 2016:542–543). As described by Charry and Kosits (2017:475), the shared idea that ‘our long-term goals are often in conflict with our short-term impulses, and that mastery of this conflict is essential if we are to succeed in life’ shows how Christian theology and positive psychology are in alignment regarding this particular truth. Research by McCullough and Willoughby (2009:86–87) in reviewing literature on religion, self-regulation and self-control connected to the idea that elements of religious beliefs and/or behaviours are capable of fostering self-control and self-regulation. They found supportive evidence to conclude that some religious rituals, such as prayer, meditation, religious imagery and scripture reading, promote self-regulation. Continued collaboration, integration and thus ‘exchange of gifts’ (Charry and Kosits 2017:468) between the two disciplines necessitate a pluralistic world view.

Greyvensteyn (2019:360) has shown how within the South African context, there is a complicated interface between the socio-political history of the country, Christianity and mental health. Added to these complicated dynamics is the cultural complexity within South Africa. Racial and cultural tensions and discrimination need to be carefully addressed with open communication being encouraged, with the intention of reaching mutual understanding between all parties concerned.

She described how within the South African context, where perceptions of pastors and psychologists were explored relative to each other, and to their related fields, proposed bridges entailing certain actions, and with the parameters of specific attitudes, ‘Integrated Collaboration’ (Greyvensteyn 2019:388) both between and within the disciplines of religion/spirituality and mental health within the South African context was feasible and imperative. Two of the attitudes needed for collaboration, as described by her, include humility and integrity. These attitudes align with the character strengths of positive psychology previously mentioned (Selvam 2015:398–400), where he explored the association between spirituality and recovery from addiction.

Greyvensteyn (2019:385) also pointed to attitudes of honesty and teachableness, which link to some of the pillars of recovery of Project Exodus. These pillars include a teachable spirit, honesty and integrity as keys to freedom from the chains of addiction. Project Exodus is a Christian-based initiative, which aims at empowering local churches in establishing recovery ministries, where those struggling with addiction can have access to therapeutic addiction and supporters’ recovery groups that are sustainable and affordable to all South Africans (Project Exodus 2019). The CEO, Conrad Cooper, described how Project Exodus, in being proactive with regard to the concerning implications of lockdown on those struggling with addictions, had launched nationwide online recovery groups. He added that for those

striving for recovery, although the lockdown had forced physical isolation, the implementation of online groups had facilitated that those in addiction and those in recovery were not necessarily cut off from community. Up to 34 recovery groups had met weekly via Zoom since the beginning of the lockdown in South Africa, with at least one national group running daily (Domino Foundation & Anthem Recovery 2020). People recovering from addiction were thus afforded the opportunity to connect with others from all over the country and share their personal stories, including struggles and victories, from within the confines of their homes. Through this, the current legislation of the country is being adhered to, whilst the risk of exposure to the COVID-19 virus is minimised. Through the continued collaboration between pastors, mental health professionals and other experts involved in the field of addiction and recovery, Project Exodus’ online groups are representative of the healing contexts being created in South Africa for those struggling with addictions, despite the negative constraints of the lockdown restrictions.

Conclusion

Kovac, in Granfield and Reinarman (2015:307), reiterates the complexity of the causal mechanisms of addiction and the treatment thereof. The social, cultural and historical contexts, personality predispositions, underlying psychological processes, neurobiology and other factors seem to operate simultaneously in contributing to each person’s individual and unique story of addiction. Recovery, too, is a unique journey. ‘The pilgrimage of the addict in search of recovery is to find that pathway and style through which one can escape self-destruction, and then discover a meaning for living’ (White 1996:471).

The purpose of this contribution is aimed at exploring mental health interventions that best serve the interests of people in South Africa struggling with substance-use disorders, other behavioural addictions and journeying in recovery during this COVID-19 lockdown.

In confronting the ongoing uncertainty of the continual changing of government legislation regarding COVID-19, controversial issues involving the healthcare industry and legalised social control become increasingly apparent. Alexander (2008:68–69) proposed that those struggling with addiction are not suffering from a disease that needs to be cured by medicine. Neither are they engaging in criminal behaviour, which necessarily needs to be punished by law. As previously discussed, they are instead *adapting* to psychosocial dislocation, albeit in problematic ways. Interestingly, Illich (1976) described health as a virtue that designates a process of adaptation:

It is not the result of instinct, but of an autonomous yet culturally shaped reaction to socially created reality. It designates the ability to adapt to changing environments, to growing up and to aging, to healing when damaged, to suffering, and to the peaceful expectation of death. Health

embraces the future as well, and therefore includes anguish and the inner resources to live with it. (p. 273)

He adds that health includes each individual person taking personal responsibility, and that health includes the personal task of self-awareness and self-discipline.

In coping with the current lockdown situation and bridging the apparent gaps, initiatives such as that of Project Exodus need to continue to assist those in addiction and those undergoing recovery. Although physical isolation and social distancing are part of daily living at this time, the opportunity for connection, community and care between all those involved, that is, those either struggling and/or recovering from addiction, their supporters, pastors, healthcare professionals and volunteers, remains easily accessible through online recovery groups to all those committed to healing and to the mental health of fellow South Africans.

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Author's contribution

L.M.D.B. is the sole author of this research article.

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Data availability

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Disclaimer

The views and opinions expressed in this article are those of the author and does not necessarily reflect the official policy or position of any affiliated agency of the author.

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