CHAPTER 11

CHRISTIANITY AND THE TREATMENT OF ADDICTION: AN ECOLOGICAL APPROACH FOR SOCIAL WORKERS

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Most people can describe at least one instance of how alcohol and drug addiction has had a negative impact on their own lives or the lives of people they love. Children today, regardless of age or ethnicity, grow up in a society where access to drugs and alcohol is extremely easy. Parents who misuse alcohol and drugs also influence how their children perceive and understand the use of alcohol and drugs. At a Christian ministry conference recently, participants were asked to share how drugs and alcohol had personally affected their lives, or the lives of people they know. Nearly everyone in attendance shared stories about their sons and daughters, aunts and uncles, mothers and fathers, and grandparents whose lives were negatively impacted by addiction.

According to the National Council on Alcohol and Drug Addiction (2000), 10,000 deaths annually were attributed to alcohol abuse, as well as an additional 10,000 deaths to illegal drug use, making alcohol and drug addiction the third leading cause of preventable mortality in the United States. Furthermore, Gallup (1999) suggested that addiction is a common issue involved in most of the following social problems: "murder and lawlessness, highway deaths, suicides, accidental deaths, injustices, hospitalizations, poor school performance and dropout, job absenteeism, child and spouse abuse, low self-esteem, and depression" (p. xi). Addiction is a serious problem, and it is imperative that we continue to try to understand its impact, not only in the United States, but in the entire world.

Professionals working in the field of addiction treatment and laypersons helping from a Christian perspective have struggled with how best to assist addicts. For example, Gray (1995) noted that most people dealing with addiction are also struggling in many other areas of life. Social workers need to advocate for an eclectic approach that involves the contributions of many disciplines. An eclectic approach includes "models of interventions strategies and approaches, modalities of inter-

vention, organized conceptualizations of client problems or of practice, sets of practice principles, practice wisdom, and even philosophies of practice" (Abbott, 2000, p. 27).

This chapter attempts to provide insight into the main issues regarding an informed eclectic approach. In the first section, we discuss the general field of addiction treatment, define addiction for the purpose of this chapter, provide a summary of addiction etiology theories, and discuss relevant treatment interventions. The second section is a discussion concerning the interaction of Christianity and addiction historically, with particular emphasis on the contribution of pastoral theology and Christian treatment programs. The chapter concludes by emphasizing that social workers should utilize an eclectic approach when helping addicts, while integrating the contributions of addiction etiology theories and treatment interventions.

Brief History

In the United States, the nation's first settlers had to deal with issues related to drug and alcohol abuse. They drank more beer than water because of the lack of safe drinking water (Van Wormer, 1995). In the eighteenth century, distilled spirits became available to the masses and contributed to drunkenness at all class levels. People viewed alcohol and drug addiction as a moral problem, resulting from sinful behavior and moral weakness in the individual. Society treated addicts very poorly, and they faced condemnation, guilt, shame, and many times ostracism (Morgan, 1999, p. 4). The term "alcoholic" was first used by the Swedish physician Magnus Huss in 1849. He defined alcoholism as "the state of chronic alcohol intoxication that was characterized by severe physical pathology and disruption of social functioning" (White, 1998, p. xiv).

Within the last hundred years, we have seen a major shift in how society perceives addiction. During the temperance and prohibition movements people tried to eliminate alcohol completely, believing that if alcohol were illegal, then addiction would cease to exist. Later, with the help of scientific research, the medical field began identifying addiction as a disease, considering the etiology to be strictly biological (Van Wormer, 1995). It was during the early 1900s when Huss's term "alcoholic" began to be circulated within professional circles, and in the 1930's, Alcoholics Anonymous (AA) launched the term into widespread use.

By 1944, the U.S. Public Health Service identified addiction as the fourth largest health concern in the nation (Strung, Priyadarsini, & Hyman, 1986). The professional, medical, and research communities began to mobilize and to create the new field of addiction treatment through the following: work of pioneers like E.M. Jellinek and Mark Keller; organizations such as

the National Committee for Education on Alcoholism, Research Council on Problems of Alcohol; the Summer School of Alcohol Studies at Yale; and volunteers like Marty Mann and her National Council on Alcoholism (Morgan, 1999; Royce, 1981; White, 1998). The first major step in shaping the field of addiction treatment and counseling occurred when the American Medical Association accepted the disease concept of alcoholism in 1956. One year later, the World Health Organization accepted the concept of alcoholism as a pathological condition.

By 1960, society began debating how best to define alcoholism while over 200 definitions circulated in various helping arenas (White, 1998). Professionals began to include other drugs and behaviors besides alcohol in the field of addiction, causing the debates to continue through the end of the 20th century. Today, the American Psychiatric Association (APA) uses the term "substance related disorders" to be inclusive of a broad range of problems associated with alcohol and drug usage (American Psychiatric Association, 2000). In this chapter, we will use the term addiction earlier defined by APA as the state of being "compulsively and physiologically dependent on a habit-forming substance" (McNeece & DiNitto, 1998, p. 23).

Addiction Etiology Theories

The 1960s-1980s was a time of growing research and development concerning addiction studies in the broad areas of psychology, psychiatry, and social work. Today, there are a number of theories to explain addiction, and these theories are as varied as the number of definitions of addiction (McNeece & DiNitto, 1998). We will provide a brief summary of the following broad areas of etiology theory: moral, biological, psychological, sociocultural, and multi-causal.

Historically, the moral theory has described addiction as a result of "humankind's sinful nature" (McNeece & DiNitto, 1998). Fingarette and Peele (as cited in McNeece & DiNitto) provide the contemporary equivalent of the moral theory. These theorists, however, do not suggest that addiction is caused by sinful nature; instead, addiction is a result of bad choices. We place these theorists in the moral model because their primary premise is that addiction is cured by the simple choice of abstinence.

Biological theories assume addicts are "constitutionally predisposed to develop a dependence on alcohol or drugs" (McNeece & DiNitto, 1998, p.27). These theories emphasize the physiological sources of addiction such as genetics or neurochemistry. Genetic research is not suggesting that people are genetically determined to be addicts. Instead, it points toward people as being predisposed to addiction. Neurochemis-

try is divided into two theories: brain dysfunction and brain chemistry. These theories argue that biochemical changes taking place in addicts may cause irreversible loss of control during the use of alcohol or drugs. Research suggests that certain people have the propensity to be unable to control their usage once they start. This lack of control may be due to heredity or actual changes that occur within the body because of the drug interacting with the brain (Clinebell, 1990; Leshner, 2001).

Psychological theories include a broad range of theories that have very different outlooks on the cause of addiction. For example, cognitive-behavioral theories suggest several reasons for addicts taking drugs: to experience variety, desire to experience pleasure, or avoidance of withdrawal symptoms (McNeece & DiNitto, 1998). In addition, psychodynamic and personality theories look to underlying personality issues, hoping to explain the causes of addiction. These explanations vary greatly and may consist of coping with painful experiences, guilt, loneliness, conflict, or low self-esteem (Clinebell, 1990).

Sociocultural theories emphasize the importance of social attitudes toward addiction and link those attitudes surrounding alcohol and drugs as being the cause of many people's decision to start abusing drugs or alcohol (Ciarrocchi, 1993). Theorists categorize sociocultural theories into three areas that focus on different environmental factors found in society and culture (McNeece & DiNitto, 1998). For example, theorists argue that European countries have a much lower rate of alcoholism as compared to the U.S. because of their tolerant views on drinking and intolerant views on drunkenness.

Addiction is a very complex disorder that affects all aspects of one's life. Professionals in the last sixty years have provided extensive research and literature in the field, attempting to explain the root causes of addiction. Unfortunately, research does not provide one simple cause of addiction. Theorists, however, have proposed two models that attempt to include multiple etiology theories of addiction. Pattison and Kaufman (as cited in McNeece & DiNitto, 1998) offered a multivariate model in the early 1980s that encompassed a multitude of causes of addiction. Health care and human service professionals, however, have advocated for the public health model. This model attempts to encompass many different possible causes of addiction and involves looking at the interaction of the agent, host, and environment.

Addiction Treatment Interventions

There are a variety of interventions available to treat individuals suffering from addiction. For this chapter, intervention is conceptual-

ized in three ways: self-help groups, professional treatment programs, and counseling techniques. Alcoholic Anonymous (AA) is an example of a spiritual based self-help. They have attempted to bypass the problems of etiology and move into offering to alcoholics and helpers a pragmatic program of recovery that is based on the person's spiritual life and understanding of a higher power. Therefore, many people today mistakenly refer to AA as a treatment program instead of a self-help group. AA started in the 1930s by two alcoholics trying to help each other stop drinking. It was one of the pioneering self-help groups and quickly became a widespread movement. In addition, AA was instrumental in promoting the labeling of alcoholism as a disease. However, AA itself did not advocate a strict disease model. It was simply a fellowship of people with a common desire to stop using alcohol and drugs, and finding sobriety by "working" through a twelve-step program.

As of January 2001, AA reported over 100,000 groups worldwide with membership totaling over 2.1 million people (General Service Office, 2001). Although one of the hallmarks of AA is non-professional treatment, most professional treatment centers have integrated AA's ideas into the core of their addiction treatment programs (Van Wormer, 1995). In fact, Brown, Peterson, and Cunningham (1988) reported 95% of U.S. treatment centers are requiring, or have access to, AA meetings in their treatment programs.

Interventions can also include professional treatment programs such as outpatient or inpatient clinics or hospitals as well as long-term residential facilities. In the U.S., alcohol and drug treatment systems provided over 15,000 federal, state, local, and private programs that served 760,721 clients in 1999 (Office of Applied Studies, 1999). The Minnesota model of treatment, introduced by the Hazelden Treatment Center in Minnesota in the 1940s, combined AA's twelve-steps with psychologically based group therapy (Van Wormer, 1995). This model gained popularity in the 1970s and is the predominant model used in treatment centers today.

There are a multitude of interventions available to clinicians treating addicts based on counseling techniques and theories, many of which are based on the etiology theories discussed in the previous section. Similar to how researchers have proposed that one etiology theory is not sufficient, they have also suggested that there are strengths in many of the counseling interventions. In fact, Miller, et al. (1995) argued in their methodological analysis of outcome studies that "there does not seem to be any one treatment approach adequate to the task of treating all individuals with alcohol problems" (p. 32).

Transtheoretical Model

Prochaska, DiClemente, and Norcross (1992) began to study how people change in psychotherapy. They realized that the hundreds of outcome studies did not offer insight into the common principles that were allowing the change to occur. These researchers spent years analyzing and researching the processes that people go through when they change and the corresponding processes therapists use to facilitate that change. They developed the Transtheoretical Model that consists of two important interrelated theories for practice: the stages of change and the processes of change.

In the first part, Prochaska, et al. (1992) suggested that the stages of change (see table 1.0) do not necessarily progress in a linear nature, but because of how common relapse is in addiction, addicts usually follow a spiral pattern of change. Abbott (2000) noted that, "not every one completes the cycle. Some recycle numerous times; others stay in one or more stages of change, never exiting" (p. 117). Prochaska, et al. explained that "the stage of change scores were the best predictors of outcome; they were better predictors than age, socioeconomic status, problem severity and duration, goals and expectations, self-efficacy, and social support" (p. 116).

The Transtheoretical Model also stresses the importance of matching the processes of change to the stage of change. Prochaska, et al. (1992) noted that past addiction treatment's poor success rates were in part due to treatment centers not having tailored their therapeutic approach to match the clients' stage of change (see table 1.0). Abbott (2000) suggested that when the social worker is choosing a process of change and accompanying methods and techniques, it is best to consider the client's "age, personality characteristics, cultural factors, lifestyle, previous experiences with therapy, the severity of the ATOD [alcohol, tobacco, other drugs] problem, and available environmental resources" (p. 120).

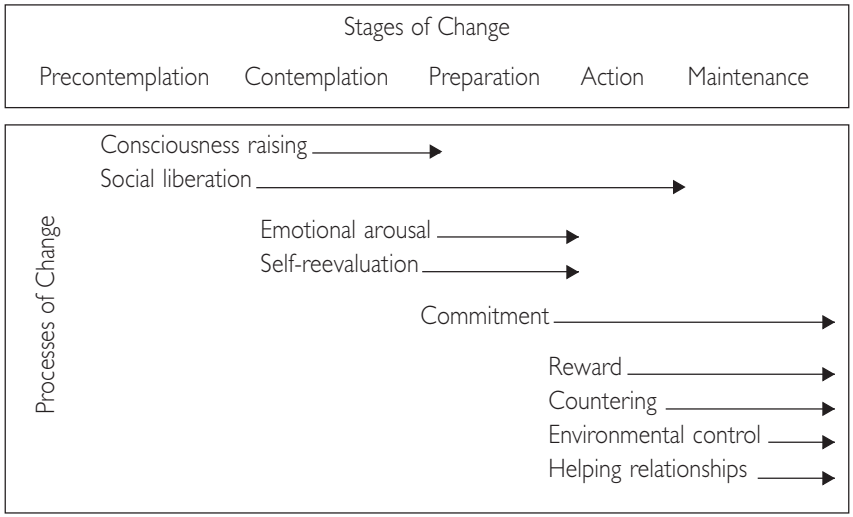
Christian Approaches to Etiology and Intervention

This section explores the development of Christian approaches to etiology and treatment of addiction. We will also highlight the significance of Christianity in the development of Alcoholic Anonymous. Christianity has struggled with the topic of addiction, because it has historically characterized addiction as simply a sinful choice. This has created barriers between Christians attempting to provide a theological contribution to the field of addiction treatment and the secular community.

In the late 1800s, a religious experience was viewed as the antidote for addiction (White, 1998). Many addicts were proclaiming that

Table 1[1]

Stages of Change in Which Particular Change Processes are Most Useful



1 Source: Table 1 from Changing for Good (1994) by James O. Prochaska, John C. Norcross and Carlo C. Diclemente. Reprinted by permission of Harper Collins Publishers Inc.

God took away their addiction in religious revivals. These revivals provided entrance for addicts into other social groups such as lodges, churches, tent meetings, missions, and informal helping resources. The emergence of an urban society significantly contributed to the increase in the numbers of Christian approaches to alcoholism recovery. The areas in cities where vagrants and destitute alcoholics made their homes were labeled "Skid Rows" (p. 72). These areas were becoming major problems for civic leaders, and chronic addiction was seen as the primary problem.

In 1826, David Nasmith started a rescue mission in Glasgow, Scotland. The name "rescue mission" implied that the organization would rescue persons from "Skid Rows" by providing temporary shelter, food, and other assistance. Jerry McAuley and Samuel Hadley started similar rescue missions in the U.S. to address the problems associated with addiction and "Skid Rows" (White, 1998). These pioneers were heavily influenced by protestant evangelists who preached that addiction was a sin and emphasized the conversion experience as the cure for addiction. By the early 1900s, the rescue mission movement had spread to most of the major cities in the U.S. (Bakke, 1995). Currently, there are almost 200 rescue missions in the U.S. that have treatment programs.

Salvation Army became the most extensive urban Christian approach

in helping addicts (White, 1998). William Booth started Salvation Army in 1865 in London, England, and the organization expanded to the U.S. in 1880. Booth attracted addicts by providing them with food and shelter and suggested that the cure for addiction would involve "Christian salvation and moral education in a wholesome environment" (White, p. 74). By 1900, Salvation Army had spread to over 700 U.S. cities. Today, Salvation Army has 152 centers in the U.S. serving over 15,000 addicts annually (Peters, 1980; Salvation Army, 2002).

The early 20th century also saw an emergence of professional views on religion and addiction recovery. In 1902, William James, a Harvard psychologist and medical doctor, wrote *The Varieties of Religious Experiences* (White, 1998). This book explored the role of religious conversion as the cure for addiction, describing religious transformation as being either a sudden or a gradual process. James wrote about the power that conversion has on removing the cravings for alcohol and providing a new perspective or outlook for the addict's life. These ideas highly influenced the later developments of AA.

Another example of a Christian presence in the addiction field was seen when the Emmanuel Church Clinic in Boston opened in 1906 for the treatment of various psychological disorders (White, 1998). These early clinicians attempted to integrate religion, medicine, and psychology in their treatment for addiction. This program was quite different from Salvation Army or rescue missions. Emmanuel's treatment was the first to focus on psychologically based group and individual counseling. White suggested that this program "foreshadows the current use of spirituality in addiction treatment" (p. 100). Their use of self-inventory and confession was influential in the development of the Oxford Group, a Christian evangelical group, and later AA. The Emmanuel clinic discontinued its treatment program after the death of one of the primary founders, Rev. Dr. Elwood Worcester, in the 1940s.

Alcoholics Anonymous is one of the most influential approaches rooted in Christianity. AA does not align itself with any religious group, church, or organization, it understands addiction to have biological, psychological, and social influences, but primarily offers a spiritual approach to recovery (Hester & Miller, 1995). Christian concepts, however, are inherent in AA's twelve-steps, and these concepts have had a large impact on the development of various twelve-step programs.

The founders of AA, Bill Wilson and Dr. Bob Smith, began as members of the Oxford Group (White, 1998). The Oxford Group movement began on college campuses in England and spread quickly in the U.S. Clinebell (1998) suggested "it was an attempt to bring vital, first-century Christianity into the lives of people, challenging them to live by certain ethical abso-

lutes and motivating them to change others" (p. 273). The Oxford Group used six steps to accomplish this purpose. In 1939, Wilson and "Dr. Bob" took the ideas from these six steps and adapted them specifically to the needs of alcoholics, thereby, creating the twelve-steps of AA.

The idea of AA's Twelve-Steps is that alcoholics cannot overcome addiction on their own. They must turn their lives over to a higher power and seek a spiritual path to recovery as the only way to gain control of their addiction (Hester & Miller, 1995). It is important to note that the Twelve-Steps are not a requirement for AA membership; they are the steps the founding AA members took to obtain and maintain sobriety and are "suggested as a program of recovery" In addition, AA stresses that these principles are primarily "guides to progress" and members "claim spiritual progress rather than spiritual perfection" (Alcoholics Anonymous, pp.59- 60).

Step one suggests that alcoholics should admit they are "powerless over alcohol – that [their] lives had become unmanageable." Step two begins the process of believing that a Higher Power can help them, while Step three suggests they need to make a "decision to turn [their] will and [their] lives over to the care of God as [they] understand Him." In Step four, alcoholics make a "searching and fearless moral inventory of [themselves]" (Alcoholics Anonymous, p. 58). Then, Step five suggests that alcoholics should admit to "God, to themselves and to another human being the exact nature of their wrongs." Step six asks alcoholics to be ready for God to help them with their character defects, and Step seven encourages alcoholics to ask "Him to remove [their] shortcomings." In Step eight, alcoholics make "a list of all persons we had harmed, and become willing to make amends to them all" (Alcoholics Anonymous, pp. 58-59). Subsequently, Step nine encourages members to make amends with those people.

The final three maintenance steps provide suggestions for alcoholics to maintain sobriety. Step ten requires alcoholics to be continually responsible for their negative behavior and promptly admit when they are wrong. Step eleven emphasizes that alcoholics must continue in spiritual growth through prayer and meditation with the goal of being knowledgeable of God's will for their lives and the "power to carry that [will] out." Finally, in Step twelve, once alcoholics have completed the other steps and have had a "spiritual awakening," they are encouraged to help other alcoholics through that same process (Alcoholics Anonymous, pp. 58-60).

When Wilson and "Dr. Bob" created the twelve steps, they purposely avoided any direct reference to Jesus Christ, and this omission upset many Christians (Hardin, 1994). They thought that the anonymity of God in the twelve steps was strategically important. This generic form

of spirituality and the traditions of AA have kept it from being an organized religion. However, it is important to note that both AA and organized religions share a "moral and transcendent perspective; an emphasis on repentance; ultimate dependence and conversion experience; scriptures and a creed; rituals; and a communal life" (Peteet, 1993, p. 263-267). Christians should not let the lack of direct references deter them from utilizing AA.

The success and rapid growth of AA had an effect on the development of Salvation Army's addiction treatment programs. By the 1940s, Salvation Army began to separate their addiction treatment centers from their homeless shelters (White, 1998). They changed their programs in order to include "a broadening approach to treating alcoholism that integrated medical assistance, professional counseling, Alcoholics Anonymous, and Christian Salvation" (White, p. 75). Salvation Army officers were also involved in the initial Summer School of Alcohol Studies at Yale University, and, by the 1950s, Salvation Army was hiring social workers to help implement a more professional structured therapy program.

Rescue missions and Salvation Army historically have received the most criticism for their moralistic views on addiction, viewing that addicts just need to "get saved" (Clinebell, 1998). As described above, however, Salvation Army has attempted to integrate clinical models with a Christian perspective. Furthermore, research has shown that Salvation Army has comparable success rates to other secular treatment centers (Bromet, Moos, Wuthmann, & Bliss, 1977; Gauntlett, 1991; Katz, 1966; Moss, 1996; Zlotnick & Agnew, 1997).

In recent years, rescue missions have also begun to integrate clinical models with their Christian perspective. Rescue missions, overall, still emphasize Christian conversion as the primary solution to recovery more than does the Salvation Army. Additionally, Salvation Army primarily uses AA while the association of rescue missions is a sponsor of Alcoholics Victorious, a network of explicitly Christian twelve-step support groups. Unfortunately, little research has been conducted on the evaluation or treatment approach of rescue missions (See Fagan, 1986).

In 1958, David Wilkerson, a Pentecostal preacher, started Teen Challenge, a more explicitly Christian salvific approach to addiction treatment. In his book, *The Cross and the Switchblade,* Wilkerson shares his experiences in ministering to the youth and the gangs in New York City. Teen Challenge views addiction as primarily an issue of sin, and the solution is a conversion experience where the person is "'born again' by accepting Jesus Christ as 'personal Savior'" (Muffler, Langrod, & Larson, 1997, p. 587). Teen Challenge currently operates 120 centers in the U.S. and 250 centers worldwide for its 12 to 18 month residential pro-

gram (Teen Challenge, 2000). Ironically, only six Teen Challenge centers serve teenagers. Many programs also have changed their name to be more inclusive for all ages (e.g., Life Challenge in Dallas, TX). Interestingly, Muffler, Langrod, & Larson (1997) argued that the rates of success for Teen Challenge have been grossly over stated; instead of 86%, they suggest that success rates are closer to 18.3%, similar to the 15% success rates of secular therapeutic communities.

Other arenas of Christian treatment have developed over the years. Saint Marr's Clinic in Chicago, the Christian Reformed Church's Addicts Rehabilitation Center in New York, Episcopal Astoria Consultation Service in New York, and East Harlem Protestant Parish's Exodus House (White, 1998) are some examples. Muffler, et al. (1997) noted that Protestants and Catholics address addiction at the denominational or diocesan level through organizations like Catholic Charities or Lutheran Social Services. Also, there are Christian treatment programs located within hospital settings (e.g., Rapha) or outpatient clinics (e.g., New Life Clinics or Minirth Myer Clinics) designed for individuals with insurance or other means to pay for treatment.

In addition, there are thousands of smaller Christian treatment programs throughout the U.S. In the state of Texas, for example, of the approximately 115 registered faith-based providers, the larger Christian organizations mentioned in the paragraph above account for fewer than ten of the providers. The majority of the remaining organizations are local Christian treatment facilities. Furthermore, the Christians in Recovery's (2002) database contains over 2500 Christian ministries, organizations, local groups and meetings worldwide that deal with addiction. The Substance Abuse and Mental Health Services Administration, a government agency, does not track faith-based or Christian programs in their database of over 15,000 treatment facilities. In fact, they claimed it was difficult to even define faith-based programs because a facility may be funded by a religious organization, but not have inherently religious teachings (L. Henderson, personal communication, April 15, 2002).

Pastoral Theology's Contribution

Christian approaches to addiction treatment vary based on their theological interpretation of Biblical passages. Furthermore, a dichotomy in addiction treatment developed based on those particular theological approaches to addiction. Some approaches have focused on addiction simply as sin, and "getting saved" was the primary solution. Other groups took a more liberal approach to addiction as some theologians were beginning to shift their thoughts to what the Bible says about human

nature, our relationship with God, and God's purpose for our lives and applying it to addiction treatment. A full historical account of the development of pastoral theology's contribution to the addiction treatment field is not within the scope of this section. However, a brief historical summary is provided with particular emphasis on several theologians' contributions to the understanding of addiction.

Protestant pastoral theology began in the 1800s in Germany, but the American pastoral theology movement, which focused more on the psychology of religion, emerged in the 1930s with pioneers such as Anton Boisen, Richard Cabot, and Russell Dicks (Burck & Hunter, 1990). They provided insight into the relationship between religion and health and contributed a large amount of literature concerning psychological pastoral care and counseling to the field. These pioneers drew from the work of Paul Tillich and other neo-orthodox theologians.

Clinebell's (1998) textbook presented his pastoral approach to addiction. Originally published in 1956, it was the first major work on addiction by a pastoral theologian. Clinebell (1994) argued that religious factors rooted in the addicts' handling of existential anxiety are crucial to understanding both the etiology and the treatment of addiction. He suggested that addicts are trying to "satisfy religious needs by a nonreligious means—alcohol" (p. 267). A Christian holistic view of addiction, from a pastoral theological view, does not suggest that people are "sinful because they are addicted… rather, disharmonious existence is a state of being indigenous to the human condition and requires intervention by a power greater than ourselves" (Morgan, 1998, p. 27).

One can trace this theology back to existential philosophers and theologians such as Heidegger, Kierkergaard, Tillich, and Moore (Morgan & Jordan, 1999). Existentialism is primarily concerned with questions regarding the meaning and value of human life (Evans, 1984). Existentialists argue that all humans are finite beings, and we all experience "a sense of limits, restlessness, and estrangement" (Morgan & Jordan, p. 265). Tillich (1991) described estrangement as separation from God and said it was a part of our "essential nature" (p. 187).

Clinebell (1998) applied this theology to understanding addiction and argued that this estrangement causes us to have anxiety, and we seek to soothe our anxiety in inappropriate ways. Hunter (1990) suggested that this anxiety leads to inner conflict that cuts off the person from growth and development. This experience of aloneness and feeling isolated, not just from others, but also from self, makes us vulnerable to addiction. Clinebell (1998) wrote that as we begin to crave the "anxiety-deadening effects" of drugs and alcohol we are attempting to soothe the anxiety through artificial means (p. 30).

It is important to understand that dealing with issues of meaning and the finite nature of human life is basic to everyone. We all struggle with who we are psychologically and spiritually (Morgan & Jordan, 1999). For addicts, coping takes the form of addiction and has the psychological function to "compensate for missing or inadequately developed psychological functions of self-care, self-soothing, and self-regulation" (Hopson & Moses, 1996, p.10). Temporarily, this form of coping will suffice to numb the anxiety. Eventually, however, it is not enough to stop the deep psychological and spiritual need for meaning and purpose. In fact, as addicts continue to use drugs and alcohol, life becomes even more meaningless, hopeless, and spiritually empty (Clinebell, 1998). The American Psychiatric Association (as cited by Miller, 1998) described addiction as "a phenomenon that slowly takes over a person's life, displacing all else" (p. 34). Addicts position alcohol and drugs in the place of God, attempting to fill the void of estrangement. The theological term for this process is idolatry (Romans 1; Isaiah 42:8).

Surrender and Sanctification

Continuing with pastoral theology's contributions to the addiction field, we take the next step to see how confronting the idolatry helps in the recovery process. Addicts begin to deal with the idolatry in their lives when they confront and deal with their existential anxiety (i.e., the void of not knowing what the purpose in life is). As they begin to ask for help, a Christian spirituality can offer addicts a "nonchemical means" of soothing their anxiety (Clinebell, 1998, p. 283). This process of spirituality begins with surrendering, a process that addicts go through when they begin to realize they cannot control their addiction. AA identifies this process as "hitting bottom." It may occur during different points in life for each addict, and the common thread between addicts is a realization that they have lost their freedom in addiction, realizing that alcohol and drugs are not God.

Christians have a rich theological history from which they can draw ideas relating to this idea of surrender. Saint Augustine, an early theologian, wrote that until the human heart rests in God, the restlessness in our lives would not cease (Morgan & Jordan, 1999). Writing about human pursuit of happiness and the need to soothe the anxiety, Augustine argued that people would only find emptiness until they come to a place of surrender, allowing God to fill the void that only God can fill. Augustine emphasized the bondage of the will by describing it as "the force of habit, by which the mind is swept along and held fast even against its will" (Stone & Clements, 1991, p. 260).

Dietrich Bonhoeffer (1995), a twentieth century theologian, wrote that the first step for maturing Christians is to cut off ties from the previous life. He added that single-minded obedience is how God calls people in the Scripture; one only needs to deny oneself in order to be a disciple of Christ. Jurgon Motlmann (1999), a contemporary theologian, said that when Christians deny themselves, they become weak, but it is in this weakness where they will find their strength. As they surrender, they find meaning and purpose in God.

Albers (1997) described the process of surrender as "experienced, but never totally explained; accepted for what it is, but never totally accounted for; observable, but not objectively definable in conventional scientific categories" (p. 25). Interestingly enough, secular scientists have some understanding and appreciation of this process. Tiebout, a pioneer psychiatrist in the field of addiction, looked at this process of conversion in alcoholics involved in AA and concluded that surrender and the process of spiritual transformation is the key to change for addicts (Tiebout, 1951; 1994).

Let it be noted that surrender is not an instantaneous event that cures addiction. Addicts may not be seeking to soothe the anxiety with drugs, but addicts are still "addict(s) in the therapeutic sense" (Limeta, 1993, p. 40). In many ways, this is when the difficult work begins; Christian theology terms this process sanctification. Once addicts surrender and begin a relationship with the divine, the process of sanctification assists the believers as they seek to mature in their faith.

Discussion of Theories and Treatment Interventions

McNeece and DiNitto (1998) noted, "a significant advance in the study of addiction is the realization that it is probably not a unitary disease" (p. 32). However, practitioners may become very dogmatic in their application of one theory for all types of cases. This approach of taking from only one theory is not supported by the literature, and therefore, it has the possibility of not providing the best treatment. Abbott (2000) warned that the wrong use of theory in social work practice could lead to ineffective treatment for clients.

The National Association of Social Workers (as cited in Abbott, 2000) suggested that social workers should take into consideration that "social, economic, and environmental factors contribute to alcohol, tobacco, and other drug abuse " (p. xi). Goodman (1995), a psychiatrist, wrote that one of the problems in addiction treatment is that it encompasses biological, behavioral, social-interpersonal, and psychodynamic issues; and most treatment providers are only trained in one or two of those

areas. Social workers are trained in all of these areas and bring valuable skills and education to the addiction treatment field.

Van Wormer (1995) noted that the ecological framework provides the best paradigm in capturing the complexities of addiction and offers assistance when conceptualizing and treating addiction. A major advantage of the ecological framework is that "it can subsume within its framework other theoretical models and treatment orientations. There is not an either-or with this formulation – viewing the person in the situation includes the total biopsychosocial reality" (Van Wormer, 1995, p. 18). Social workers need to appreciate the contributions each of the etiological theories of addiction provides to understanding the problem, while realizing that only one model is insufficient for total recovery.

The Transtheoretical Model, a good example of an ecological model, is one of the most promising and helpful research and practice tools in the addiction field. Dunn (2000) suggested that social workers should adopt this model for addiction treatment not only because of the strong empirical research supporting it, but also for its "compatibility with the mission, values, and problem solving orientation of social work practice" (p. 143). The Transtheoretical Model provides the tools necessary to assess the client's stage of change, as well as the means by which to select and implement an eclectic counseling intervention. It also will allow social workers to be effective in their pursuit of helping addicts through the problem solving process. Furthermore, the model lends itself to effective social work practice that is designed and tested to work with diverse client populations.

Although the Transtheoretical Model is not inherently based upon Christian principles, many of the techniques and processes can be adapted to and integrated with Christian beliefs. For example, the model is very insistent about the idea that change from addiction occurs over time and should not always be construed as a one-time event; surrender is just the beginning of the process of healing for addicts (Velicer, Prochaska, Fava, Norman, & Redding, 1988). In fact, all the stages of change can be applied to assisting addicts in changing or maturing in their spiritual lives.

Despite the clear congruence between social work and proven empirical evidence for the Transtheoretical Model, it is not the only tool social workers should be utilizing. Social workers must be committed to looking at whole persons in their environments. One of the most powerful tools to help addicts is to provide them with the opportunity to build a community of support and fellowship. Churches can help fill this void for addicts. Many times, however, there is the need to be around people struggling with the same issues; addicts can find this encouragement and support in AA.

Clinebell (as cited in Albers, 1999) positively stated, "in all the long, dark, dismal history of the problem of alcoholism, the brightest ray of hope

and help is Alcoholics Anonymous" (p. 1). Davis and Jansen (1998) argued that there is a gap in recent social work literature regarding AA. Researchers have debated the efficacy of AA, but Emerick's (as cited in Davis & Jansen) recent review of AA studies and outcome evaluations suggested that AA is successful in treating addiction, at least for a large number of addicts. In response to this success, social workers need to be aware of the workings of AA and how many of the concepts of AA can be understood through Christian theology. According to Haller (1998), social workers need to understand the spiritual nature of AA because it allows social workers to be better listeners and helpers when understanding popular AA terminology.

Social workers should also assist in translating these concepts for other social workers. Our dual roles can be used to assist in educating others about the spirituality emphasis in AA, dispelling the prevalent myths (e.g., Davis & Jansen, 1998). Social workers must make the connection that both the profession of social work, in regard to the NASW Code of Ethics, and AA "embrace empowerment, connectedness, and interdependence, and most important, the principle that people can change, regardless of how oppressed they find themselves by their circumstances" (Davis & Jansen, p. 180).

In addition, there is mounting evidence that AA's emphasis on surrender and powerlessness are problematic for African Americans (Morgan & Jordan, 1999). Critics believe these flaws are because of the influence of the founders of AA, white middle class men heavily influenced by the conservative evangelical Oxford Group. The work of the Black Extended Family Project, a partnership with Haight Ashbury Free Clinics and Cecil Williams at Glide United Methodist Church (as cited in Smith & Seymour, 1999) has helped to bridge this gap. They offer an alternative and innovative Christian spiritual program for African Americans that takes into consideration these legitimate concerns.

Feminists have been especially critical of AA for these reasons and for AA's use of a male God (Van Wormer, 1995). Others have countered that AA encourages a personal understanding of a Higher Power that does not dictate a male or female God.

Some social workers have resisted the disease theory implications of addiction because it contradicts the strengths perspective or systems framework (Rhodes & Johnson, 1996; Spense & DiNitto, 2002). Van Wormer (1995) argued that the disease model is simply "a mere explanation and not a theory or framework at all" (p. 18). Furthermore, social workers have suggested that the disease concept emphasizes the pathological nature of addiction and assumes that addicts do not accept responsibility for their addiction.

However, the disease model is particularly useful in moving society's

view of addiction from a previous moralistic stance to encompass a broader understanding of addiction. It allows addiction to be understood as a progressive and potentially life-threatening problem, if it is not treated. In addition, Morgan (1998) suggests that the disease model assists in reducing "the church's tendency to objectify evil as external to itself" (p. 36). Although the disease theory should not be used exclusively, it does provide a tool for the clinician when working with addicts.

Many Christian treatment programs attempt to integrate the addiction etiology theories and treatment interventions previously discussed with Christian teaching. Good research on these organizations, however, is not present at this time. The literature is lacking in both empirical outcome studies and descriptive studies on Christian treatment interventions. We have just a few studies on Christian treatment programs such as Salvation Army, Teen Challenge, and rescue missions. Although these studies, at a basic level, suggest Christian programs are successful, most of those conducted, and particularly the Teen Challenge studies, do not hold up to empirical standards. Furthermore, we have only limited information on what individual centers do in their programs. Literature suggests that the only reason these organization help is that they provide a salvation experience for struggling addicts.

There are several reasons for the lack of research literature on Christianity and addiction treatment. Science has long ignored the efficacy of Christian approaches, and even the very popular AA has not received the rigorous studies that other treatment modalities have received. Most secular sources categorize AA in the moral category, when in reality it is a spiritually based program. In addition, there is difficulty in empirically testing such concepts as estrangement or idolatry. It may not be easy, but that does not mean that the ideas are invalid.

Conclusion

McNeece and DiNitto (1998) note that "the major definitional issue concerning addiction is whether it is a bad habit, a disease, or a form of moral turpitude" (p. 4). On one end of the spectrum, we have addiction treatment programs that have built their intervention model around the idea that "faith is both the starting and end point in recovery. It is the healing power of Jesus Christ, in the Church, and not the intervention of behavioral science, that brings about and maintains the individual's rehabilitation" (Muffler et al., 1997, p. 587). On the other end of the spectrum, we have addiction treatment programs that have moved so far away from their evangelical roots that their programs are hardly distinguishable from secular programs.

Christian social workers, drawing on their ecological framework, should advocate for an approach to addiction that attempts to balance theological beliefs regarding addiction with the growing scientific knowledge and theories available. Social workers should provide leadership in developing, evaluating, and implementing holistic models for addiction treatment. Social workers practicing in a Christian addiction treatment environment need to embrace all that theology and science have to offer in order to provide the best care possible for those suffering from addiction.

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