

CHRISTIAN HEALING AND ADDICTIONS
RECOVERY;
THEOLOGICAL AND PRACTICAL
PERSPECTIVES.

Comprehensive Paper
Charles Ringma

Patrick Zierten
2588 Badger Road
North Vancouver, BC V7G 2R5
924-0042

TABLE OF CONTENTS

I.	INTRODUCTION	3
II.	WHAT IS ADDICTION?	7
III.	CHRISTIAN INTEGRATION	15
i.	Justification, Righteousness, and Sanctification. (Intervention, Reconciliation and Recovery)	15
ii.	Reasons We Do Not Respond	20
IV.	HOW SHOULD WE RESPOND?	24
i.	Education	24
V.	THE PROCESS OF ADDICTION	26
i.	Behavioral	27
iii.	Neurological	32
iv.	Spiritual, Detachment from Others, Self, and God	35
VI.	IDENTIFYING ADDICTION	39
VII.	INTERVENTION IN ADDICTION.....	42
VIII.	RESOURCES	48
IX.	CHRISTIAN COMMUNITY SUPPORT AFTER ABSTINENCE.....	52
i.	A Place to Belong.....	52
ii.	Inner Healing Of Past Abuses	55
iii.	The Importance of Discovering Self.....	59
iv.	Importance of Spirituality and Faith.....	64
X.	CONCLUSION.....	72

“The great malady of the 20th century, implicated in all our troubles and affecting us individually and socially, is “loss of soul”. When the soul is neglected, it does not just go away: it appears symptomatically in obsessions, addictions,

violence, and loss of meaning. Our temptation is to isolate these symptoms or try to eradicate them one by one; but the root of the problem is that we have lost the wisdom about the soul, even our interest in it.”

Thomas Moore “Care of the Soul”¹

I. INTRODUCTION

One of the most devastating and insidious psychological conditions of the modern world is addiction. I am a recovering addict, yet the malady goes far beyond me. In my pastoral counseling ministry, I have met and treated hundreds of people with addictions, yet it goes far beyond my clients. I seldom hear or meet a family that is not been affected by addiction in their family system, yet it goes far beyond our families. Every day we pick up the newspaper and read of the rampant and destructive issues of addiction in our society, yet it goes far beyond that.

For addiction is the only malady that I am aware of that denies the symptoms that indicate that there is a problem. For the addict, their built-in rationalization and justification keep them blind to their behavior. They are kept blind by the collusion of non-addicted loved ones, loved ones who are equally impaired to see and/or deny the evidence that addiction may exist in their children, parents, or spouses. Moreover, it is the only malady where the symptoms need to be eradicated before the real underlying causal problem can be addressed. Addicts use drugs and compulsive behaviors to prevent them from re-experiencing and re-feeling the shame and abuse of their past that lingers in their hearts and haunts them deep in their souls. One cannot heal these deep

¹ Moore, Thomas, *Care of the Soul, a Guide for Cultivating Depth and Sacredness in Everyday Life*, HarperPerennial, NY, NY, 1992 p. xi

hurts when one is mediating the pain with drugs and compulsive behaviors. Yet, it goes far beyond this.

We hear of the ever-increasing drug arrests, overdoses and drug related-accidents. Even with society's increased awareness of the hazards of drinking and driving, alcohol still accounts for seventy percent of all road accidents. With foreboding messages that warn addicts of the potential harm of using dirty needles, we still see the rise of HIV/AIDS and hepatitis infections. Even with the prevalence of suffering and the deaths of loved ones and people around us, we are closing treatment centers, reducing funding and curtailing education. Society acknowledges the issue, yet refuses or does not know how to respond to the issue. Yet, it goes beyond this.

Addiction strikes all ages, regardless of social or economic status, religious beliefs, race, or sex. Addiction is truly an equal opportunity malady. It is estimated that in North America there are approximately eighty million people that abuse drugs or alcohol. I have heard estimates of upwards to eighty percent of the population of North America suffer from some form of obsessive and/or compulsive behavior.

Addiction destroys the human being. It robs them of physical, mental, emotional, and spiritual health. Addiction is a disease of isolation and loneliness. Isolation destroys the person's relationship with God, self and others and loneliness drives the person deeper into the clutches of the addiction. Addiction is the great remover: it removes love, friendship, dignity, spouses, children, family and choice. There is no freedom in addiction; addiction is slavery. There is only

one choice; that is the choice to use. Continued use means insanity, jail, or death.

It seems that no family is immune from the effects of addiction. Research claims that every addicted individual affects at least nine other people. It tears families apart. It destroys careers and family income. It leaves families homeless, penniless, childless, and parentless. It renders families as sick and wounded as the addicts themselves.

Addiction has become the microcosm of despair in a postmodern world. We live in a world that is endeavoring to find meaning in a vacuum of existential angst. It is a world that refuses to look for the source of the problem and attempts merely to cure the symptom. Addiction is not the problem; it is only one of the many symptoms of that existential void. The indicators of addiction are often ignored for fear that the solution of the problem may be even more frightening than feeling the pain of the symptoms. As Thomas Moore states the “root of the problem is that we have lost our wisdom about the soul, or even our interest in it.” However, I believe it is beyond that. It is more than just a loss of interest in the soul; it is a *refusal* to remember the “wisdom of the soul.” We live in a world that refuses to recognize the problem, yet instinctively knows what the problem is. Our world lives in the anxiety of knowing, yet not wishing to face the displeasure of healing.

More striking and more alarming is that addiction strikes our Christian churches just as dramatically as other sectors of society, and more than we wish to believe. We recoil from this thought because we believe that addiction should

not happen in our churches. Morally regressive actions are not Christian ideals. As believers in Christ, we expect we should be immune to this type of sin. Moreover, our Christian churches may be less willing to identify and even less willing to confront addiction. My experience is that believers tend to shun, minimize, and ignore the basic symptoms of addiction. We do not wish to see the symptoms of addiction, for if we acknowledge the symptoms we become accountable. Accountability means that we must stand with the person's pain, and standing in the pain means that we must bear the same pain. The question is, "Have Christians acquiesced and refused to recognize the problem more than the world has?"

Have we lost the "wisdom of the soul"? Have we lost sight of our responsibilities to Jesus to heal the sick? As believers, are we not obligated to help restore the human to wholeness? Should not our church communities be havens for this healing to occur?

The intent of this paper is to answer these questions and offer churches a perspective that will assist the addicted person on a path to recovery. I will define what addiction is. I will also attempt to explain addiction as a loss of relationship with self, others and God. I will show how the addiction is a wayward search for belonging and a search for God's love. I will show how the addiction process perpetuates this loss of relationship. Finally, I will explore what we as pastoral counselors, church leaders, and Christian congregations can do when addiction torments the hearts and spirits of people in our fellowship. I will focus on an approach that we can use as Christians that replicates what Jesus used in his

healing miracles: a tri-focused healing approach to heal the addict through the process of justification, righteous living, and sanctification or in addiction terminology: intervention, reconciliation and recovery.

II. WHAT IS ADDICTION?

i. A Coping Mechanism for Anxiety.

The New Collins dictionary defines addiction as "...obsessive attachment and dependency to a person, place or thing, especially a drug or narcotic..." I endorse the employment of the phrasing of obsessive attachment. Attachment comes from the Old French word *attaché*, which means "nailed to." It implies an action of painful and progressive "nailing to" a person, place, thing, or behavior. Gerald May in his book *Addiction and Grace* describes addiction as the process that "...attaches desire, bonds, and enslaves the energy of the desire to specific behaviors, things or people. Attachment nails our desire to specific objects and creates addiction."²

May is accurate when he classifies addiction as a process; however it does not describe the long-term nature of the progression. Addiction is not an event that just occurs. It is a slow, insidious, and ever progressive malady. It is a malady that begins to evolve long before the symptoms manifest themselves. Addiction is a coping mechanism to manage one's anxiety that was created by the abuse one received in the family of origin. Addiction is a person's reaction to their physical, mental, emotional, and spiritual erosion that was shaped by the very humans that love them. The addiction symptoms develop out of a specific,

² May, Gerald, *Addictions and Grace, Love and Spirituality in the Healing of Addictions*, Harper, San Francisco; 1988 p.3

multi-generational, and emotional reliving process of the family system. Highly anxious and poorly defined family systems focus on a particularly vulnerable individual in the family that receives more focus and the tension of the system. The family's focus onto an individual helps to disperse and lessen the anxiety in the family system, which then brings the system back into homeostasis.

This anxiety is often displayed in abuse, emotional cut off, confusing messages and even overindulgence. It is a process malady that compounds itself as each inappropriate behavior leads to further loss of relationship to self, others and God.

All addicts suffer from low self-esteem. The addict comes to this perception of self based on their nurturing in the family system. J. Keith Miller in his book on addiction, *Hope in the Fast Lane*, indicates that low self esteem in addicts is due to:

*"... a progressive process in each of our lives that we don't talk about much. As children we try and fail at certain things, simply because we are too young and don't have the ability to do everything. Because grownups appear to us to do anything they try to do and because they seem to expect us to have only appropriate thoughts and feelings, we feel inadequate and unloved when we have thoughts or feelings or behave in ways that are not accepted by the ones who care for us."*³

An addicted person is commonly raised in an family environment where the people they love berate, ignore, and/or minimize their feelings and thoughts. In many cases, there may be physical and sexual abuse. The message the individual takes away is that they are less than others and are unworthy. As a child, the future addicted person has little defense or ability to understand what is

³ Miller, Keith, *Hope In the Fast Lane*. Simon and Schuster, NY, NY 1995 p. 42

occurring to them. Their underdeveloped psyches begin to develop elaborate coping mechanisms. Their dominating drive is to be accepted, to seek approval, to attempt to belong, and to avoid neglect from the people they love. Depending on their temperament and other environmental influences, they develop personality defenses that include people pleasing, minimizing emotions, fleeing, conflict, passive/aggression, and addictive tendencies.

Addiction is not a linear progression. Addiction progress is not a series of predictable or sequential events that occur during the person's life narrative. The addiction process is a non-linear dynamical⁴ progression, or in other words, the addiction process changes as it changes. Addiction always escalates and changes. These changes bring the person to another stage, which makes them more susceptible to the next stage of the addiction process. Periods of abstinence or controlled use eventually collapse to the insidious craving to return to the substance or behavior. Intermittent use actually solidifies and intensifies the grasp of the addiction.

As the person grows older the same familial, anxious pressures are prevalent, but are further compounded by societal pressures of developing a "new stylized self," a more worthy self. Gordon Carkner points out in his article on individualism, "The modern mantra is: I am the most important person in the world. I must fulfill all my potential."⁵ This modern-day societal pressure only confirms the person's perception of their low self-esteem. They take on the daunting and anxiety-ridden challenge to recreate themselves, to reidentify

⁴ The word *dynamical* is defined in this context as a "process that changes as it changes"

⁵ Carkner, Gordan, *Individualism And Nihilism The Ends Of Western Civilization*

themselves. Each unloving and dysfunctional event that occurs to, or dysfunctional action attempted by the individual increases the erosion of the person, thus making them more susceptible to emotionally react rather than thoughtfully respond to situations that would not have affected them before. In turn, each inappropriate event perpetrated by or on the person confirms their perception of low self-esteem and shame. This confirmation further alienates the individual from his/her ability to relate to self, others and God.

The person in the early stage of addiction is unaware of its progress. As awareness emerges, the person becomes a master at rationalizing, justifying, and denying the advancement of the addiction. This tension of knowing yet denying, leads to increased anxiety, depression, shame, paranoia and suspicion. Outwardly, there will be mood swings, angry confrontations, performance issues, and the disintegration of relationships. Eventually the person finds himself or herself so immersed in the obsession they no longer have any option but to continue to act out. To the addict there are no choices. To them, not to act out means inconceivable and excruciating pain. However, at the same time they also realize that to continue to act out means devastation of meaningful life and eventually insanity or death. The addict's feelings and distorted thinking rules their behavior. Clarity is not in their grasp.

ii. Addiction is a search for love

Addiction is also a paradoxical search for love. As a child, the person is subjected to increasingly hurtful and shameful events. They become confused as to

appropriate ways to receive or give love. They find themselves in the anxious and hurtful “double binds” of wishing to love yet fearing the repercussions of loving. This anxiety drives the individual to develop coping behaviors to relieve this anxiety. These mechanisms often manifest themselves in addiction, whether it is drugs, compulsive behaviors, or dysfunctional attachments to people. These dysfunctional actions often lead to momentary feelings of elation, which the individual interprets as love. However, the sense of elation is always temporary, not fully satisfying, and often leads to disastrous results. That further compounds the person’s anxiety, low self-esteem and shame that their actions make them a bad person. The resultant low self-esteem and shame of the person’s addictive behavior then forces them farther back into addictive behavior to relieve the anxiety and shame. This obsessive attachment to the substance becomes their central operating focus in life. Their world becomes smaller and smaller. They become less and less able to relate to self, others and God and eventually they cannot relate to anything except their substance of abuse.

Addiction is not only a desire to satisfy a need to be loved by others but a wayward attempt on the part of the person to satisfy a more dominant, deeper and strong spiritual hunger. A spiritual hunger that humans are predestined upon their conception to attempt to quench, a desire that may be stronger than one’s instinctual need for survival. It is the love and acceptance of God. Gerald May indicates agreement when he asserts:

“After twenty years of listening to the yearnings of people’s hearts, I am convinced that all human beings have an inborn desire for God. Whether

we are consciously religious or not, this desire is our deepest longings and most precious treasure. It gives us meaning.”⁶

Dr. Scott Peck further concurs when he writes about addicts as people, “... who want, who yearn, to go back to Eden—who want to reach Paradise, reach Heaven, reach home – more than most. They are desperate to regain that lost warm, fuzzy sense of oneness with the rest of nature we used to have in Eden.”⁷

Bill Wilson, one of the co-founders of Alcoholics Anonymous, reiterates this belief when he says “...for deep down in every man, woman and child is the fundamental idea of God...for faith in a power greater than ourselves and miraculous demonstrations of that power in human lives are facts as old as man himself.”⁸

Carl Jung’s response, in 1936, to Bill Wilson’s question on alcoholism was, “...craving for alcohol was the equivalent on a low level of the spiritual thirst of our being for wholeness, expressed in the medieval language; the union with God.”⁹

I believe this hunger for God is what makes humans relational beings. Through our relationships with others, people can develop an understanding of being loved and being loving. Humans seek relationship with others in order to develop healthy concepts of love. However, if in their childhood the person’s relationships are unloving, over loving and/or dysfunctional, it will compel them to

⁶ May, Gerald, ***Addictions and Grace, Love and Spirituality in the Healing of Addictions***, Harper, San Francisco; 1988 p.3

⁷ Peck, Scott, ***Further Along the Road Less Traveled, The Unending Journey Toward Spiritual Growth***” Simon and Schuster, NY, NY, 1993 p.136

⁸ ***Twelve Steps and Twelve Traditions of Alcoholics Anonymous***, Alcoholics Anonymous World Wide Services, NY, NY, 1939 p. 63

⁹ ***As Bill Sees It***, Alcoholics Anonymous World Wide Services, NY, NY, 1967 p.82

seek to satisfy this desire in errant relationships and behaviors. The anxiety of living in the tension of the search drives the individual to seek solace in the exhilaration of addictive behaviors. These help the person to relieve their anxiety of self-awareness and often create euphoria that masquerades as a psuedo love of God.

Thomas Moore reiterates this thought when he speaks of addiction in the context of misguided search for religion and an inverted form of worship:

“Our addictions are also inverted forms of worship. People seek liberating loss of self in drugs and become stuck on them because these substitutes for religious ecstasy can only create a semblance of bliss. What ever gives the illusion of religion, whether it be alcohol, ill-placed love of defensive churchgoing, can make us crazy. We crave religion of the deepest kind and so we try out all kinds of inadequate forms which only increase the craving and the emptiness.”¹⁰

iii. Addiction is idolatry.

Most significantly, addiction is idolatry. The Bible states “I am Lord your God, who rescued you from slavery in Egypt. Do not worship any Gods beside me. Do not make idols of any kind, whether in shape of birds or animals or fish. You must never worship or bow to them, for I am the Lord your God, am a jealous God who will not share your affection with any other god! So sayth the Lord our God.” (Gen 20:2-4)

In this passage, God was referring to Israel’s persistence in creating and worshipping icons. Idolatry is the devotion of Israel to symbols that God knew would take His creation away from His loving embrace. It was Israel’s hope that

¹⁰ Moore, Thomas, *The Soul’s Religion, Cultivating a Profoundly Spiritual way of Life*” HarperCollins, NY, NY, 2002 p.127

an idol would satisfy their impoverishment: emotionally, physically, and spiritually. It is Israel's dependence on something other than God to provide for their needs. It is a declaration that God cannot or will not provide them what they need.

The Catechism of the Catholic Church describes idolatry as “divinizing what is not God. Man commits idolatry whenever he honors and/or reveres a creature in the place of God, whether this is gods, demons, power, pleasure, race, ancestors, the state, money, etc(alcohol/drugs). Jesus says “You cannot serve God and mammon.” The Catechism goes on to say, “Human life finds its unity in adoration of God... (God) integrates man and saves him from an endless disintegration. Idolatry is a perversion of man's innate religious sense. Empty idols make their worshipers empty.”¹¹

From this perspective, idolatry is more than worshipping an icon. It is honoring or revering anything that takes away from the importance of God. It claims that idol reverence is not only a sin; it disintegrates the person who idolizes. Idol reverence is a perversion or wayward search of humans to satisfy their innate desire for belonging and the healing love of God. In theological language, addiction is idolatry, each makes a person empty, void, and desperate. This emptiness, I believe, propels the person farther into a more desperate search for God's love through the back alleys of addiction. Paul in Ephesians describes idolatry as “...alienated from the life of God...they have become callous and have given themselves up to licentiousness, greedy to practice every kind of uncleanness.” (Eph. 4:18-19) When a person is in addiction, they do not

¹¹ ***Catechism of the Catholic Church***, Publications Services Canadian Conference of Catholic Bishops, Ottawa, ON, 1992 p.345

have the emotional, spiritual nor intellectual capacity to comprehend that addiction is an idle and fruitless pursuit. Ironically, addiction alienates the person from the very thing they seek; a relationship with self, others and God. The idolatry of obsessive behaviors, then, is both the cause and the effect of sin. Only in surrender, abstinence and recovery can the person be receptive to the redemptive grace of God and reroute their search. There is an adage in Alcoholics Anonymous that says, “God created alcohol, so that there would be the disease of alcoholism, so that there would be alcoholics, so that there would be Alcoholics Anonymous, so that we could find the love of God.”

III. CHRISTIAN INTEGRATION

i. Justification, Righteousness, and Sanctification. (Intervention, Reconciliation and Recovery)

When considering what our Christian responsibility is in assisting the addicted person, I believe that we first should look to Jesus’ curing miracles for guidance.

Jesus’ cures are a calling that I believe is beyond the removal of the symptoms of an affliction and its subsequent suffering. I believe that Jesus’ curing miracles are an invitation for the person to go beyond the cessation of their suffering of their immediate wound into a further emotional process toward wholeness. I believe Jesus calls us to the process of healing old relational wounds, thus restoring healthy communion with self, others and God. Michael Harper writes, “The supreme mission of Jesus was to heal this gravely disturbed

relationship and restore men and women to their real vocation which is close fellowship with God”.¹²

One theological view of justification, as defined in the Anchor Bible Dictionary, is “... Justification is the *event* whereby persons are set or declared to be in right relation to God.” Typically, justification is employed to signify what Jesus did for humanity through His death and resurrection. He died for our sins to put human kind back into right relationship with God. Paul states it clearly: “Jesus our Lord, who was put to death for our trespasses and raised for our justification“(Rom 4:25). Jesus’ final work of justification was the Cross. However, when one looks at Jesus’ curing miracles in the context of His time, I believe that one can see that Jesus justified the suffering through his cures. For it was believed in Jesus’ time that people where sick because they where unclean and sinners. They were perceived to be in wrong relationship with God. Often, they were ostracized from their family and the community to avoid shame and further displeasure.

Jesus’ cures eliminated the symptoms of their affliction. Through the removal of the person’s symptoms, Jesus restored the person back to their rightful place in the family, the community, and with God. In other words, Jesus’ cures can be viewed as an intervention in the person’s suffering, which justified the person with society, family, and God.

Justification is closely related to the word righteousness, “...it relates to a basic aspect of conversion. It is a declarative act of God by which He establishes

¹² Harper, Michael, *The Healings of Jesus*, InterVarsity Press Downers Grove, IL, 1986 p132

persons as righteous; that is in right and true relationship to himself.”¹³ Justification is the *event or the intervention* that restores a person into right relationship with God, and righteousness is the dynamic process of staying in right relationship with God and others. Justification of Jesus spurs one to live in righteousness through one’s justification or the restoration of right relationship with others.

However, justification does not mean that a moral transformation will occur. This occurs through righteous living.

Righteousness, or being in right relationship with God or other people, is the fulfillment or *reconciliation* of the expectations in a relationship. It is applicable at all levels of society and is relevant in all areas of life. Therefore, righteousness denotes the *reconciled* expectations in relationships between husband and wife, parents and children, fellow citizens, employers, God, and human beings. “Righteousness is the fiber which holds society, religion, and family together. Righteousness enhances the welfare of the community.”¹⁴

Paul understands righteousness as a gift from God that Jesus justified “... being justified as a gift by His grace through the redemption which is in Jesus Christ” (Rom. 3:24). Justification enables the individual to conduct himself or herself in a moral, upright manner with God and community. However, justification does not imply that the individual is free of sin and thus righteous without his or her own efforts. Righteousness means “...walking blamelessly in all

¹³ ***Baker Encyclopedia of the Bible***, Elwell, Walter, editor, Baker Book House, Grand Rapids, MI; 1988

¹⁴ ***Baker Encyclopedia of the Bible***, Elwell, Walter, editor, Baker Book House, Grand Rapids, MI; 1988

the commandments and requirements of the Lord” (Luke 1:6). Righteousness is a relational dynamic process of living to a higher value and moral system. It is the constant process of reconciling with our God and our loved ones. It means mending the wounds that plague one’s behavior, extending forgiveness to the people who have hurt them and making amends to the ones they have hurt. Paul puts it aptly “...having been freed from sin, you become slaves of righteousness...for just as you presented your members as slaves to impurity and to lawlessness, so now present your members as slaves to righteousness, resulting in sanctification” (Rom. 6:18-19). Righteousness is the process of reconciliation toward healing and wholeness, through Jesus’ justification. However, righteousness or reconciliation does not mean total health.

John Wilkerson describes health “...as the wholeness of man’s being and personality, and the holiness of his character and actions expressed in righteousness and obedience to God’s law.”¹⁵ His definition rings resoundingly similar to the definition of sanctification. The ultimate goal of sanctification is moral perfection. Sanctification could be viewed as shalom, wholeness or health. To be sanctified in a broad sense means “... **being made** holy or purified.”¹⁶ **Being made** implies that sanctification is not an event but rather an ongoing process. Theologians have debated the responsibility of the person in their sanctification. Some would say that God requires only faith on the part of the believer, thus giving sanctification. Others, as I believe, think of sanctification as

¹⁵ Wilkerson, John, *Health and Healing*, Handell Press, NY, NY: 1980 p. 92

¹⁶ *Baker Encyclopedia of the Bible*, Elwell, Walter, editor, Baker Book House, Grand Rapids, MI; 1988

the interactive workings of both the individual and the Holy Spirit. Paul indicates his belief that sanctification is a process of works with God and the individual when he says, "...work out your salvation with fear and trembling. For it is God who is at work in you, both to will and to work" (Phil 2:12-13).

The Baker Encyclopedia further explains sanctification as:

"...the process by which...we are made partakers of his holiness; that it is progressive work; that it is begun in regeneration; and that it is carried on in the hearts of believers by the presence and power of the Holy Spirit, healer and comforter, in the continual use the appointed means—especially the Word of God, self examination, self denial, watchfulness and prayer."¹⁷

This definition shows that through the healing power of the Holy Spirit and introspection of the individual, one is led to sanctification. It is the difficulty and tension of taking personal responsibility to recover or heal one's own self while recognizing that God is the only true agent in sanctification. Using an addiction vocabulary, sanctification could be interpreted as the process of recovery—the constant process of working out one's moral perfection in reliance with "...God of their understanding" and eloquently spoken in the Alcoholic Anonymous "The point is that we are willing to grow along spiritual lines. The principles we have set down are guides for progress. We claim spiritual progress rather than spiritual perfection." (Page 60)

Jesus justifies through his curing interventions. These bring the person into right relationship or righteousness with others, God, and self. If one lives righteously, one must be an active agent to heal old wounds and discover self.

¹⁷ ***Baker Encyclopedia of the Bible***, Elwell, Walter, editor, Baker Book House, Grand Rapids, MI; 1988

Righteous living is the reconciliation and forgiveness of harms done to self, atoning for harms done to others and actively attempting to modify inappropriate behavior and sin no more. Through this process, one will be sanctified or recovered and thus be brought to health, wholeness, and the Kingdom of God.

When looking at developing a responsible response to people in addiction we must look to Jesus' miracles and the concepts of justification, righteousness and sanctification as an example. When looking at Jesus' design one can easily adopt a strategy of intervention, reconciliation and recovery to aide the suffering addict. We will look at this adaptation process later in the paper.

ii. **Reasons We Do Not Respond**

Saint Francis de Sales says the tension of knowing when to act and when not to, is "... the incapacity for people to understand *God's will done* and *God's will to be done*."¹⁸ From de Sales perspective *God's will done* is the acceptance of the consequences one must endure when we sin or when life impinges on self that is out of one's control. *God's will done* is the accepting of the consequences, both good and bad, of life as it happens to us according to God's will. The opposite side of this is *God's will to be done*. *God's will to be done* is the anxiety of deciding what is our responsibility in acting in response to *God's will done*. It is our discernment of when to take an action and when not to. Do we let others or ourselves accept the consequences of sin (addiction), or do we intervene, thus preventing the person or self from further sin and suffering?

18 de Sales, Francis, *Finding God's Will; For You*, Sophia Institute Press, Manchester, NH; 1998 p. 73

In the context of addiction, this is one of the reasons we tend to deny that it exists. It is just not clear what God's will is. Is God's will in addiction to allow the person to suffer until they meet their disastrous bottom, wreaking havoc on self, family and others on their way down? On the other hand, do we intervene, creating a premature bottom with the hope that the individual will seek help? It is ambiguous and frightening. We do not want to be responsible, not because we wish not to be responsible, but because we do not know what responsible action is in addiction. Taking on responsibility means that we must be accountable to do something. We are terrified of doing the wrong thing because we are not educated enough on the subject. We become frozen in doing our will rather than being responsible to *God's will to be done*.

We avoid our responsibility because we are fearful and ignorant. Ignorant of the fact that addiction can strike anywhere, in the best of families and in the best of Christian communities. We are ignorant of the indicators of addiction. We are ignorant of the long-term consequences of addiction. We cling to our ignorance so that we do not have to be aware, for if we are aware, we must become responsible. Therefore, we justify, deny, rationalize, and collude with the addicted person to cover up the addiction. Unfortunately, this cover-up prolongs and facilitates the addiction process, which sends the person deeper into the clutches of their addiction. We remain blissfully ignorant, doing our will rather than *God's will to be done*.

Alternatively, we are ashamed by the stigma of addiction. As mentioned before, we wish to believe that as followers of Jesus we should be immune to

such an immoral and shaming affliction as addiction. We perceive addiction as a willful process of sin rather than misguided process to attain love. It is our own egos, our own will that prevents us from facing the potential shame of doing *God's will to be done*. Shame prevents us from seeing, let alone dealing with, addiction.

Finally, I believe that the primary reason we tend to ignore addiction is that we fail to face our own vulnerabilities. It hurts me to see people in distress. It hurts me because I have empathy. Empathy is the emotion of feeling sympathetic due to one's own previous experience with such a hurt. Empathy is the process of re-experiencing my own pain. I do not like to refocus on my own pain. I avoid pain at huge expense to myself. I will put my pain in a closet, stuff it away in some dark hole where it sits, ferments, and eats away at my soul. I drank because of my pain. Therefore, I avoid my pain by ignoring, fixing, or superficially consoling a person who suffers, and sending them on their way. My basic motive when I fix, ignore, or minimize is not to make the other person feel better; it is to make me feel good. I am operating in my will, not *God's will to be done*.

My perspective is that, when facing the suffering of the addicted person, we face ourselves. We intuitively know that if not for the grace of God and a few different circumstances in our lives, there go I. It is exposing ourselves to the pain of a person and thus we must wear their pain. Addiction throws our belief system into chaos. We wish to believe that our faith prevents us from re-experiencing the hardships of our past and exposing ourselves to the hardships of our present. When we acknowledge others' pain and the hardships of others, we realize that

we too, are not immune-that we, too, may be suffering from the similar past atrocities of the addicted person-that we, too, can no longer ignore the suffering of our present-that we, too, have to heal some past trauma and/or present hardship. Traumas and hardships that we wish to ignore so that we do not have to feel our own pain. Moreover, we know that our own pain will drive or may have already driven us into inappropriate and destructive, obsessive and compulsive behavior. This awakening is terrifying, because if we acknowledge it, then we must become responsible to self and must face the difficult and hurtful process of healing. Ignoring our pain is ignoring *God's will done*. Ignoring the addict is ignoring *God's will done*. Ignoring *God's will done* is avoiding doing *God's will to be done*.

Thomas Moore in his book, *The Soul's Religion*, speaks to this ignoring of emotional pain when he cites his personal experience in the monastery:

*"During the twelve years I lived in a monastery, I don't recall being given any real counseling for my emotions. The priests were authority figures and you couldn't have much confidence in their impartiality. The only outlet was confession, which only added a layer of guilt and complexity to ordinary emotional issues. As often happens in spiritual communities, the spirit was given plenty of care and tending, but the deep soul was left to its rumblings and everyone hoped it would not raise its complicating head"*¹⁹

In our Christian churches, when dealing with the tension of recognizing *God's will done* and/or determining what is *God's will to be done*, we choose one of two paths: we either ignore or minimize *God's will done*, which in this context is

¹⁹ Moore, Thomas, *The Souls Religion, Cultivating a Profoundly Spiritual Way of Life*, HarperCollins Pub., NY, NY, 2002 p. 23

the addict or symptoms of the addiction process. This is the easier of the two approaches, for if we do not see it we do not have to be responsible.

On the other hand, with the sincerest of intentions, we endeavor to intervene by what we perceive is *God's will to be done*. However, what we do is employ a number of erroneous personality tactics that are self-deceiving and elaborate mechanisms to protect ourselves from feeling the pain of the addict. As Moore says, we tend to give the spirit plenty of care but leave the deep soul to its rumblings.

IV. HOW SHOULD WE RESPOND?

i. Education

Our primary goal in addiction recovery should be addiction education. As mentioned before, the secular population is very ignorant of the complexities of addiction. This ignorance has permeated our Christian churches at an even more alarming rate. After revealing that I am a recovering alcoholic in my Christian community, I am often assailed by individuals asking for assistance with an addiction problem. More often than not, the individual will state that they were afraid to approach the priests or others in the congregation for help. People indicate to me that they fear judgment, alienation, or minimization of their situation. Occasionally, someone will disclose to me that they have approached others, yet they were hastened away and were told to pray and repent as a possible solution. Alternatively, and more embarrassingly, they were told that no one could help. These people thus became disconnected from the community, that they were taught would support them in troubled times. They felt alone,

desperate and betrayed. Jesus has asked us to embrace the sinners and yet our church communities have shunned them. This is not because we forgot our responsibility to Jesus; we are just uncertain of our responsibilities to Jesus when it comes to the issue of addiction. Our churches are shrouded in the cloak of fear and ignorance. The plight of addicts in our 21st century church community is no different from the plight of the lepers in the days of the New Testament.

Our first objective in our churches should be to eliminate this fear around addiction. We need to remove the stigma of evil and the accompanying shroud of shame draped over the addicted person. Our communities should be welcoming and healing havens for the suffering. In order to do this we need to remove the ignorance of addiction's process, its pain, and most importantly its fear. Through education, we can create a safe environment for one in addiction to come forth and admit their problem. Through education, we can develop an open and compassionate environment that one can reenter when they have removed the shackles of addiction and acquired abstinence. Through education, our communities can provide a healing environment that can gently enter into the person's life and aid in mending their past traumas and hurts.

I encourage that church leadership proclaim, from the pulpit, in the newsletter, bulletin board or via word of mouth, not that addiction is sinful but rather how addiction is the inability of the individual not to sin. Church leaders need to proclaim that we have an obligation to learn, understand, and even confront those who are struggling with addiction.

The remainder of this paper will address some of the issues on which we need to educate others and ourselves. However, this is not a total understanding of addiction, its only purpose is to encourage interest and further investigation. There are many other resources that can be relied on for further education, as will be discussed.

What our leaders need to do is provide the necessary resources and enthusiasm within the church to facilitate this education. Our pastors, elders, and priests need to set the tone for an environment that encourages candid conversation about the aspects of addiction.

V. THE PROCESS OF ADDICTION

Addiction is multi-causal and multi-factorial. There is no agreed-upon single theory as to why addiction happens. Psychiatrists would suggest a pharmacological, neurological problem and/or ego malfunction. Psychologists would say it is due to emotional and/or codependency quandaries. Social workers look at addiction as environmental and dysfunctional/abusive family issues. Medical doctors believe it is related to withdrawal, metabolism, and physical functions. Politicians perceive addiction as legal regulation, social problems, and criminal activity. Society understands addiction as peer pressure and lack of willpower. Family systems therapists describe addiction as a loss of relationship to self and loss of relationship to others. Clergy identify addiction as sin or idolatry. Finally, pastoral counselors view addiction as a spiritual malaise or a relational detachment from God.

As pastoral counselors and church members, to better understand ways to approach addiction in our congregations, it is necessary to examine briefly some of the contributing and compounding processes for addiction. These are not a thorough explanation, nor are the definitions given the only way addiction is perceived by addiction professionals. The process explanations are not to be confused with the causes of addiction but rather as tools to understand its evolution. I use these examples merely to help one to comprehend the complexity of the malady.

In addition, the information will be useful in identifying the symptoms of someone in addiction. Finally, it will show that addiction begins to occur far before the symptoms, actually manifest themselves in the individual, and that by the time others begin to see the symptoms the addiction process is far advanced in its development and often requires professional expertise to resolve.²⁰

i. Behavioral

One explanation of addiction is a pathological behavioral association with a substance and/or a behavior, so much so, that the substance or behavior becomes the dominating relationship in that person's life-so dominating that the person can and will destroy all other relationships life to pursue this substance/behavior.

²⁰ Following information comes from a variety of sources including my own clinical and personal experience and from;
Rivers, Clayton, *Alcohol and Human Behavior, Theory, Research and Practice*, Prentice Hall, Englewood Cliffs, NJ, 1994;
George, Rickey, *Counseling the Chemically Dependent, Theory and Practice*, Allyn and Bacon, Needham Heights, Mass. 1990

Addiction behavior generally begins with casual or social use of the behavior/substance to manage their anxiety or bring pleasure. The person begins an association with the behavior or substance that encourages them to go back to it increasingly to attain pleasure. They become conditioned.

Over time, the person begins to habituate to the substance/behavior not to seek pleasure, but rather to prevent discomfort. The person relies on the habit more often as their main source of anxiety reduction. The substance use becomes more intentional rather than spontaneous. It becomes more frequent than occasional.

Eventually, the habit begins to take on a life of its own. The absence of the use of the substance begins to create its own anxiety in the person. Some psychologists would say this is psychological withdrawal. This “withdrawal anxiety” compounds with the person’s existing anxiety, thus throwing them back into a more determined search and potential escalation of the substance/behavior use. Somewhere in this increased employment of the substance/behavior the person subtly, but indubitably, crosses the line from habit to addiction. Most clinicians state that the person, once in the addictive state, can never return to social use of the substance. Total abstinence is the only recourse.

In the addictive state, the person can no longer make rational decisions; they increasingly act out illogically and become more dysfunctional in their search for the addictive “hit.” The person justifies, rationalizes, and blames others to support their behavior.

ii. Psychological

Another way of understanding the process of addiction comes from the psychological model. In this model the person has a psychological inability to recognize the course of their substance use as it progresses from occasional social use to abuse and then eventually leads to full blown addiction. The following stages will often follow a sequential order, yet are not bound by this progression. Stages will often overlap and may continue well into the progression, in particular the rationalization and denial stages. Stages will often repeat themselves as the person attempts to maintain a control over their using behavior.

In the early stages, **denial** of substance abuse is easy because it appears to be social and occasional. The individual would seem no different from their friends and family. The occasional situation where one slightly overindulges is explained away as a minor mishap of little concern. Yet research indicates that every recovering addict, when asked in retrospect of their denial, speaks of how they were unconsciously aware of an unusual attachment to the substance.

At a deep level, the person is aware of this unusual attachment and they begin to develop elaborate behaviors to keep the attachment out of their awareness. This is called **repression**. Repression of their substance use either requires the person to have no idle time, high stressful time or dulled times. Ironically, these repressive tactics lead back to use of the substance to manage the anxiety, and drug ingestion is the best way to dull the senses or mood alter.

Repression is only a temporary stopgap in the process of the addiction cycle. Continued use of the substance leads to greater negative consequences

that are difficult to keep repressed from the person's senses. The person employs more elaborate defenses in denying their ever-increasing substance abuse. Eventually these defense tactics leads to **rationalization**. The person rationalizes by stating to themselves and others, "It was just this once, I am going through a tough time," or "I am going through a great time and life is to short not to enjoy it." It is important to remember that rationalization is a sure sign of full stage addiction, for if there were no addiction, there would be no need to rationalize.

Almost simultaneously, when the person enters the rationalization stage they begin to **hide** their use from others. They can no longer deny to themselves that they have issue with substance abuse, so it becomes increasingly important to hide their use from others. The person begins to isolate and use alone. Their despair turns inward to self-loathing. This self-loathing propels the person into further abuse to escape the shame. However, they still need to protect their using and often appear to others as if there are no problems, they wear "masks" of well-being.

At some point, the addicted person decides that enough is enough and they begin to contemplate stopping. The addiction psyche senses the impending frontal assault and develops more sophisticated defense tactics. The person begins **delaying** the onslaught of abstinence by using self-talk that says "I'll stop when I have the next blackout or argument with the husband," or "I'll wait till the end of the month or when this project gets finished," or "I need some time to think

this through.” The delaying tactic is another sure sign that there is a fully evolved addiction.

This process of denying, repressing, rationalizing, hiding, and delaying can go on for an undetermined length of time. This process intensifies the person’s shame and low self esteem. They further cut themselves off from people, as their world gets smaller and smaller. They plunge into loneliness and despair. Choice is gone and the person can no longer stop by himself or herself. This consistent, repeating cycle of using, shame, and despair inevitably leads to the **giving in** stage. The person has two options: to surrender and seek recovery or the alternative is to surrender to the addiction and allow it to take them to addiction’s demise. Ironically, surrendering to the addiction’s demise is often more appealing than abstaining and is often embraced until there is insanity, institutionalization, or death.

One other component that is absolutely necessary in the person’s addiction process is **collusion**. This is termed codependency, co-addiction, or over-functioning. It occurs when the addicted person recruits, or someone volunteers (consciously or unconsciously), to aid the person in the repression, delaying or rationalization of the addict’s use. A colluding person might be a spouse, friend, child, employer and/or church member or all of the above. No addiction can go on for a lengthy period of time unless there is collusion. This is so significant in the addiction cycle that many therapies today address the co-addict’s collusion as the presenting problem, rather than the addiction itself. This

removes the enabling process for the addict, thus allowing the addict's bottom to occur.

Unfortunately, as Christians we are highly susceptible to collusion. Our enabling love is our Achilles heel. Neil Anderson in his book *Freedom From Addiction* indicates agreement;

"...every Christian is co-dependent...We are commanded to love one another, which means we are subject to one another's needs...however, Christ-like love must be tough when the situation calls for it. When others dictate how and when we are to love them, it is wrong. They are controlling us by their sickness. When we cover up their addiction their bondage becomes our bondage."²¹

iii. Neurological

There are ten billion to one trillion nerve cells in a human brain. Brain cells operate in local groups, functional groups or as both. Each brain cell has as many as twenty thousand axons or telephone lines to other parts of the brain and corresponding brain cells. Each axon may have as many as two thousand synapses or "telephone lines" within it.

Each synapse transmits its information to another brain cell via a chemical called a neurotransmitter. This information is sent to and picked up by a number of neuroreceptors in the other cell. There are approximately thirty different chemicals (neurotransmitters) in the brain and a multitude of outside induced

²¹ Neil Anderson and Mike and Julia Quarles, *Freedom From Addiction, Breaking the Bondage of Addiction and Finding Freedom in Christ*, Regal Books, Ventura CA; 1996 p.213

chemicals to which a neuroreceptor will respond. Alcohol and drugs are outside induced chemicals to which the receptors respond.

The purpose of a neurotransmitter is to stimulate, inhibit, or facilitate another brain cell's activity. All behavior, memory, and learning is activated by sequencing of cell activity. The activity of one cell influences other cells, directly or indirectly, causing an imbalance of electrical activity in the receiving brain cells. Balance is the most vital priority of the brain.

The brain copes with imbalance by utilizing three mechanisms; **feedback**, **habituation and adaptation**.

Feedback can occur in three different ways. Cells that are overactive can be inhibited or receive feedback to, for example, speak more softly. Cells that are under activated can be stimulated or receive feedback to speak up. Thirdly, cells that are communicating appropriately receive feedback saying I can hear you. This normally restores balance.

However, if the sending cell is overactive and is not responding to inhibiting feedback from the receptor, the receiving cell will tune the transmitters out. This is done when the receiving cell turns off some of its neuroreceptors or by develops a muffling device that surrounds the neuroreceptor. This builds up tolerance, or **habituation**, in the receiving cell. An example of tolerance is the brain is able to tune out the noise of the busy streets when you are attempting to fall asleep. This characteristic of coping can only be sustained for a short duration before the receiving cells have to take a more radical change.

If the incoming signal is chronic and intense, the receiving cell eventually tires out and literally “gives in.” The receiving cell must adapt to the chronicity and intensity of the signal and must physically mutate, **adapting** to the incoming signals. A new balance is formed in the brain.

There are two interventions that can affect the transmission of the neurotransmitters. One is stress, which will produce adrenaline, non-adrenaline, endorphins, serotonin, and other chemicals. The chronic overproduction or underproduction of these chemicals is considered to be the cause of depression, ADD/ADHD, and mental illness. Another intervention is the use of outside drugs, both prescription and illegal. In addiction, these chemicals inhibit or weaken the normal transmission of the sending cells (neurotransmitters) to the receiving cells (receptors). This creates an abnormal feedback loop to the sending cell asking it to “speak louder” and send more neurotransmitters to compensate or balance the system. The receiving cell also compensates for the poor reception by creating more receptors to pick up the signal. This **habituation** of cells occurs temporarily every time anyone uses a drug.

If the person chronically consumes the drug over a period of time, the cells will compensate and physically mutate to **adapt** for the constant presence of the drug. The sending cell will adapt and continue to send the signal at a more intense level. The receiving cell will adapt to pick up the signal at an increased level of sensitivity. The cells are literally screaming at each other while turning their reception sensitivity up. When the drug or chemical is not present, the

communication between the two cells is excruciatingly painful. This is one symptom of withdrawal.

The brain remembers (behavioral reaction) what has calmed this down, and begins to crave for that substance. The craving leads to reenacting the old behavior of using the chemical or drug. Suddenly you have an addiction.

iv. Spiritual, Detachment from Others, Self, and God.

Addiction can be understood as a spiritual malady or a spiritual thirst for belonging and love. It is a detachment of relationship from others, self, and God. Early in childhood, an individual learns through their interactions with their caregivers an understanding of what love feels like and how love is shown to each other. Unfortunately, in the case of a potentially addictive individual, in their family system, love is conveyed dysfunctionally. The person develops a distorted view of love.

Every human is born with expectations. These expectations are not initially conscious to the person. There is the expectations that our parents will take care of all our needs. As life begins to impinge on children, they realize that others' will not meet all their expectations. They also realize that they have to meet other's expectations. This is the child's first disappointment. If the person has healthy and loving parents, they can assist the child to readjust to these unmet expectations without the child feeling resentment or shame.

However, if the child is raised in an unhealthy environment where there are under-responsive, over-responsive, shameful, and/or abusive parents, the child will develop a distorted understanding of love. Love may seem to them

unsafe, unpredictable or to overly protective. The child often develops defensive personalities and behavior patterns to protect themselves from the inconsistencies and inadequacies of the people that love them. They develop defensive pseudo-selves that are emanated out to others. When the individual uses these psuedo-selves, their true self **detaches or alienates from others**. The person allows only the psuedo self to be known to others. The psuedo self becomes the accepted personality in the family system. The child's true self is hidden and protected and has no place to belong.

As persons become more concerned with developing and managing these psuedo-selves, they become less concerned with establishing a relationship with their true self. Over time, the person identifies more with the psuedo-self and then gradually loses all touch with their true self. They metamorphose into the protective masks of their defense mechanisms. This obsessive attachment to their psuedo self is the beginning of the addiction process. It is beginning of the **detaching from the true self**, or utilizing an obsessive attachment to a new identification. This re-identification of the true self can manifest itself in many behaviors ranging from addictions of codependency, workaholism, exercise addiction, over-responsible parenting, and religion, to name a few.

The true self is forgotten and never develops. The person does not experience life through the true self thus he/she never developing values and meaning. The person's value and meaning is determined through the family's approval of the functionality of the psuedo self. The person borrows a value

system from others. That facilitates the psuedo self to gain approval. The person live in the emptiness of not living in integrity.

At the unconscious level the true self recognizes this lack of integrity that creates shame and low self-esteem. The anxiety of living out as a psuedo self creates emptiness and loneliness in the individual. Rolo May labels this condition the *Hollow Man*.

*(The Hollow Man's)"...anxiety comes from such unconscious psychological conflicts. The person feels threatened, but as a ghost; he does not know where the enemy is, or how to fight it or flee from it. These conflicts usually get started in some previous situation of threat, which the person did not feel strong enough to face, such as a child having to deal with domineering and possessive parents, or having to face the fact that his parents don't love him. The real problem then is repressed and returns later as inner conflict bringing with it neurotic anxiety...In dealing with any severe neurotic anxiety...is to get psychotherapeutic help."*²²

This anxiety eventually drives the individual to seek out increasingly more effective, elaborate, and instantly gratifying defense mechanisms. Drug and alcohol use is the best option for such relief.

Substance abuse and other addictive behaviors not only relieve this existential angst; they further facilitate the person's detachment from relationships with self and others and continue the spiral into deeper addiction.

Underlying the whole process, as I mentioned before, is the person's intense desire to receive God's love. My seven years of experience in treating addicts and my own personal experience show that every addicted person

suffers from a **detachment of relationship with God**.²³ Either the person was raised in a highly religious environment that preached only the negative consequences of sin and the potential damnation to hell, or the family system may never have introduced the idea of a loving, caring, and compassionate God. Alternatively, an event or series of events such as trauma/abuse, occurs to the child. These events make him or her believe that God has never existed or has abandoned them.

It is not difficult to understand how young children might perceive that God had abandoned them if they happen to be raised in a dysfunctional/abusive family system. This detachment from the presence of God will be internalized as loneliness, fear, lack of belonging and shame.

Yet the desire for God love is entrenched in the person's psyche. Listen to the psalms, "As the heart yearns after the water brooks, so yearns my soul after you, O Lord. My soul thirsts for God, for the living God; when shall I come and appear before God?' (Psalm 42:2-3) If God is perceived as not available and this yearning cannot be satisfied, then the person has no option but to seek a viable alternative. If the person has detached from familial and self-love, the next closest earthly semblance to God's love is the person's use of euphoric inducing compulsive behaviors and/or drug/alcohol use. The addiction falsely satisfies the person's craving, initially. It brings on the false sense of belonging and love. However, eventually the addiction turns against them. It no longer rewards the person with escape, but rather creates its own unique angst. Panic overwhelms

²³The Catholic Bountyful House in Vancouver's east side, quite successfully, works with addicts in identifying these "detachments from God" in their past as a therapy for addiction recovery.

the addict as he/she frantically and continually strives to recapture the initial euphoria of the substance's first use. The person compromise their values, morals, and quality of life, thus shaming and degrading them into increasingly compulsive and obsessive substance abuse.

VI. IDENTIFYING ADDICTION

It will be seldom that we as church leaders, pastoral counselors and congregation members overtly see addiction in our communities. The very nature of addiction conceals the addicted individual from our view. There is a number of reasons for this. As mentioned before, the addict is extremely cunning and evasive. The person will use elaborate tactics to hide the addiction symptoms from outside view, and will also enlist others in collusion, enabling the further delay in exposing the addiction to the external world. Even if symptoms were to become visible, there is such a terrible ignorance of addiction warning signs that it would be difficult for anyone to recognize them. In addition, the stigma of sin attached to addiction may be too shaming for the addicted individual to come forward to seek help within our church communities. Finally, and probably the most common reason that our church communities do not see addiction, is that the addicted person will drop out of the community before the symptoms become visible.

The addicted individual's defense mechanisms mask the addiction process. Therefore, when the symptomology does emerge, it is always a positive indication that the person is struggling with substance abuse. It is imperative to remember that people without addiction problems never have addiction

symptoms. Only people with substance abuse problems have them. Granted, the symptoms will not necessarily indicate the severity and progress of the problem, but it will **always** indicate there is a problem. There is no reason to speculate apparent addiction symptoms: **if there are symptoms, there is addiction.**

Some indicators that will inform us if there is a problem with substance abuse:

- Person rationalizes their use of substances. As mentioned before, a sure sign of addiction is rationalization. Social users never find themselves in negative situations that need to be explained. Most people do not resort to alcohol or drugs excessively to manage the anxiety of trying and difficult times.
- Person does not live up to commitments, particularly on weekends and Mondays. Person will begin to miss Sunday church service and work on Mondays. Spouse will often attend service alone, creating excuses of illness for other.
- Person attends service or other church commitments and is visibly not feeling well or may smell of alcohol. They may also have bloodshot and yellow eyes. With drug abuse, the person's eyes may be glassy and have dilated or constricted pupils. They may fall asleep during service, either from hangovers or being under the influence of heroin or barbiturates.

- Person moods will fluctuate to the extremes. The person may be elated one moment and then highly depressed in the next. Extreme anger is common.
- Problems with the law are a sure signal that the substance abuse has progressed beyond normal consumption. More than one DUI (driving under the influence), car accidents, criminal arrests, and marital disturbances are all certain signs that the addiction is controlling the person beyond reasonable behavior patterns.
- Person may complain of suicidal ideations, depression, and/or intense anxiety. One should always question the individual's substance use if presented with these symptoms. Complaints of blackouts²⁴ are another sure sign of addiction. Normal users may have one "blackout" in their lifetime, however, this event is so terrifying that they will never consume that amount of alcohol or drugs again.
- Rumors will be spread about the person's drug and/or alcohol use. Rumors are another sure sign that there is a problem. Generally, underneath a rumor is an indicator of a larger problem. Rumors may not be an accurate portrayal of the situation, but there is always an element of truth to them.
- Significant others may come to church leaders or pastoral counselors under the guise of marital problems. Careful questioning of the significant other's story can reveal evidence of an addiction problem. Ask

²⁴ "Blackouts" being periods of time that the person cannot recall while they were under the influence of drugs and/or alcohol.

whether person is living up to responsibilities, or if their children are not staying home or acting out, bills not being paid etc. If you suspect addiction, question further into the persons consumption of drugs/alcohol. AA and NA provide pamphlets of questions that can be used to uncover addiction issues.

VII. INTERVENTION IN ADDICTION

Occasionally there will be a time when an addicted parishioner will come forth to seek help. If this is the case then help should be decisive and impactful. It is essential that the individual seek outside professional help. Suggesting a plan of moderation or controlled substance use is only a futile and always an unachievable, expectation.

Foremost, it is essential that the person gain abstinence, firstly, to stop the disastrous downward spiral into addictive hell, with all the destruction that this spiral causes to family and friends. Secondly, abstinence is important because one cannot work on the underlying issues that precipitate addiction their when they are under the curse of the addictive cycle. When one is preoccupied with, recovering from, or actually using the substance, there is little cognitive or emotional space available for the person to delve into their core issues of abuse, shame and lack of self esteem.

As pastoral counselors or church leaders we are valuable in helping the individual heal these inner wounds of abuse, shame and low self esteem. However, we are generally not trained, nor prepared, to aid a person to gain abstinence. That is the responsibility of treatment centers, recovery houses,

addiction therapists, and/or 12-step programs. Our responsibility then is to refer these individuals to places that are equipped with the skills to assist the individual gain abstinence. I will address these resources further in the section on resources.

More commonly, what will occur in our churches is a significant person in the addict's life will approach us seeking help to deal with that person's addiction issue. In this case, intervention may be required.

Intervention may be a difficult process for Christian communities. An intervention is confrontational and often is misinterpreted as conflict. Christian culture wrongly understands confrontation as unloving. In the case of addiction, not confronting is being unloving. It is unloving behavior not to intervene with someone in addiction. Just as Jesus used intervention or confrontation of the sinner in His healing ministry, we Christians are obligated to use the same approach when dealing with addiction. Not confronting addiction allows the individual to continue unchecked in the sinful and destructive pattern that ruins their life and the lives of others. Neil Anderson's comments on Christians' fears concerning intervention:

"Discipline is proof of our love, not a violation of it. Remember for the addict, the fear of being exposed is far worse than the actual consequences of being exposed. In the same way the consequences for covering up the addiction through inaction are far worse than taking a stand for the sake of everyone else."²⁵

²⁵ Neil Anderson and Mike and Julia Quarles, ***Freedom From Addiction, Breaking the Bondage of Addiction and Finding Freedom in Christ***, Regal Books, Ventura CA; 1996 p 213

As mentioned before, it is our own hurts and fears that prevent us from being loving. It is our own fears of negative repercussions that thwart us from living out our obligation to Jesus. It is fear that prevents us from performing *God's will to be done*.

An intervention takes place when a group of people close to the addict confront the addicted individual with his/her addiction. It is the first step, as outlined in Jesus' healing process, of justifying the person back into proper relationship with self, others, and God. A justification or intervention creates for the person an emotional bottom and potentially the motivation to seek treatment. It is the hope that this premature bottom will create compliance on the individual's part and he or she will decide to seek treatment. It is not necessary that the individual be highly motivated or even totally sold on the idea of treatment. What is important is that the person agrees, even if reluctantly, to seek help. Quality treatment centers will work specifically in developing a higher level of motivation in the individual, thus creating better success rates.

Intervention with addicted people requires both general and specific knowledge about how addicted people behave and think and how they arrive at a choice for treatment of their addiction. It is best to seek outside advice or professional interveners if the church community does not have expertise with this approach.

If such outside help is not available and the community needs to do their own intervention, there are a few key issues one must plan for before and during the process.

If the symptomatic individual's spouse or parent requests the intervention, the counselor needs to question them to ascertain that the individual of their concern is addicted. Many testing devices can be employed to answer these questions. The simplest testing can be done by contacting Alcoholics or Narcotics Anonymous and requesting the pamphlet called "20 Questions." Having the spouse or parent answer questions as to how the addiction has affected them will give the counselor or helper the appropriate information for a diagnosis. It is imperative that the concerned person answer the questions as they perceive the situation, based on actual events and facts, and not on how they emotionally feel about situation. Disallow any answers that are based on their assumptions, their perceptions, and /or hearsay. If the diagnosis comes out as positive for addiction then one can go forward with the intervention.

Firstly, select a person to orchestrate the intervention. This should be someone who is not directly affected by or in relationship with the addict. This could be a pastoral counselor, pastor, elder or other church leader.

As many people as possible should be involved in the actual intervention. The closer the person's relationship is with the individual the more effectively the message will be delivered to the individual. People who should be considered as interveners are employers, employees, family, spouse, children, parents, and friends.

Everyone must be in agreement with the facts and the potential outcome. This will minimize the addicted person's ability to argue and become defensive. All parties should rehearse what they intend to say to the addicted person. These

statements should include three messages: an incident, a feeling, and a consequence. If possible, the statement should include a specific event when the substance abuser negatively affected them due to their substance abuse. If the person cannot cite an incident, then indicating how they feel when the person abuses alcohol/drugs will suffice.

After the intervener explains the negative incident, they should then describe how they felt when this incident occurred. Every effort should be made to deliver the message in a calm and loving approach. Drug abusers have plenty of experience with emotional confrontation and often use it as an opportunity to retaliate and put others on the defensive. If the person becomes argumentative then the coordinator must calmly ask, not tell, the individual to please listen to the person.

Finally, the intervener must include a consequence that will occur if the addicted person does not seek treatment. The more severe the consequence the more effective the statement will be. Stating of severe consequences can be difficult for some interveners, especially spouses and children. A minimal acceptable consequence is that the interveners themselves will seek therapeutic help if the addict does not seek help. Surprisingly, this statement can be a very effective consequence and often convinces the addict that they too can seek help.

An example statement might be: *“When you were drinking and ran your car off the road (incident), I was scared that you might die and felt angry that you would jeopardize your family (feeling). If you do not seek treatment you will not be able to live in the family house (consequence).”*

The interveners should not minimize or soften the delivery of the message, yet be careful not to act as prosecutors. The more concise, factual and clear the statement the more impact on the reception. All individuals involved should rehearse their statements with the leader of the intervention. Rehearsing the intervention is imperative. The interveners do not want any surprises during the actual intervention. This rehearsal should be held one-on-one with each individual involved. Then a final dress rehearsal with all involved should be done within 24 hours, or as close to the actual time of the real intervention as possible.

Timing is critical. Experts suggest the most effective time to intervene is when there is a substance abuse initiated crisis in the abuser's life. However, if you wait too long for the crisis to happen, you run the risk that some of the interveners will lose their courage and change their mind. The counsellor will need to balance this with the requirements of the interveners and the severity of addictive situation.

The ideal outcome of an intervention is that the intervened seeks **immediate** help in a residential treatment center. (See more under resources) A treatment center or recovery house should be selected, arrangements made for arrival, clothing packed and any transportation needs set for immediate delivery of the person to the treatment facility. Ideally, there should be no delay between the end of the intervention and treatment. Delay will give the individual an opportunity to rethink their situation and vacillate on their commitment. If possible, someone should accompany the individual to the destination.

However, in many cases the intervention does not cause the person to seek treatment. This should not be viewed as a failure. It often takes many negative incidents before a person gets into treatment. The intervention will have an impact on the addicted person, yet they may not be prepared to do something about it. It is essential that if the person does not seek help, the interveners live up to the consequences they set out in the intervention. This may mean that the addicted person leave the family home, terminate their job or be financially cut off. Any other outcome than this will be further the collusion and perpetuate the addiction process. It is important that the significant others of addicts take care of themselves while the addict determines what they are going to do with their life. There are a number of resources available for these individuals and they should be actively sought out. See the section in resources for further information.

VIII. RESOURCES

12-step programs. One hundred thirty-six groups use the 12-steps as a foundation for recovery. They deal with addictions from alcohol and narcotics to gambling, overeating, sex, cocaine, heroin and more. Many 12-step programs have central offices that will assist individuals to find additional resources, provide speakers to educate, and direct them to meeting locations. Many churches already have 12-step programs operating in their facilities. The twelfth step obliges that an AA or NA group "...carry (their) message to alcoholics..."

The most important service the 12-step groups will provide is personal visits to someone who is still struggling with substance abuse. Their credo is, "I

am responsible, when anyone, anywhere, reaches out for help, I want the hand of AA always to there. And for that; I am responsible.”²⁶

Many 12-step groups help people who have addicts as significant others in their lives. There is Al-anon for alcoholic, Nar-anon for narcotics, CoDa for co-dependants and ACOA for adult children of alcoholics. Contact numbers for these organizations can be found in the telephone book or through the other corresponding 12-step groups.

City or state/province addiction support services. They can be found on the Internet or in the yellow or government pages of the telephone book under “Addiction” or “Health”. Contacting them will help the individual answer questions on addiction recovery. They will also assist in finding treatment centers, addiction therapists, intervention experts, outpatient services, recovery houses, and detox facilities close by.

In most major metropolitan centers, there are a number of facilities that deal with addiction. The intervener will need a rudimentary understanding of their purpose.

General hospitals can be used in the case of overdose, psychotic episodes, or injuries due to intoxication. Generally, hospitals will not detoxify patients. Hospitals should only be used for emergencies.

Detoxification centers are for the sole purpose of assisting and monitoring someone who is withdrawing from the effects of substance abuse. They will detoxify anyone using any drug. The only drugs that can cause death

²⁶ *The AA Service Manual and Twelve Concepts for World Service* Alcoholics Anonymous World Service, NY, NY; 1996 edition, p. 10

due to withdrawal are benzodiazepines (Valium, Adivan) and alcohol. Depending on dosage and duration of use, withdrawal from these drugs will often cause seizures that can lead to death. Anyone using these drugs should always detoxify in a detox center. Although withdrawal effects from heroin and other opiates are terrible, they will not kill user.

Detox stays are always short term, anywhere from four days to four weeks. There is generally no addiction therapy, although some detoxs will have 12-step meetings in the evenings. After detox there should always be continued treatment, either in a treatment facility, recovery house, and/or 12-step meetings.

Treatment facilities fall into two categories: residential and outpatient. Residential treatment centers are more intensive and run from twenty-eight days to three months. They are more expensive; however, some insurance companies and provinces will pay some of the cost. They are historically more effective than outpatient treatment. *Betty Ford* in Palm Springs is considered a residential treatment center.

There are also Christian treatment centers in many locations. The Salvation Army has taken the lead in many of these areas. They often run facilities that incorporate street missions, detoxs, and treatment centers. In Vancouver, they are responsible for the Cordova Detox and Harbor Light Treatment Center, Miracle Valley treatment center, and many outpatient facilities. Salvation Army ministry is primarily directed at street addiction, often does not use its name as a primary identification for their facilities and uses a limited exposure to Christian theology in the recovery process. In addition to the

Salvation Army, in the Vancouver area, there is the Union Gospel Mission and Wagner Hills Farm, both of which are residential treatment facilities.

Outpatient treatment is less intensive and cheaper. The risk with outpatient treatment is keeping the individual involved. People in early recovery are highly susceptible to departing outpatient treatment before completion.

Recovery houses are often referred to as halfway houses, interim treatment, aftercare housing, or pre/post treatment housing. These facilities are similar to residential treatment centers, in that the individual will live in residence but will not have as many restrictions as are imposed in a treatment center. Some houses will allow the residents to work, have weekend passes, and allow regular visitation. They often have in-house therapy, require attendance to 12-step meetings, and may work with an outpatient treatment facility. The purpose of these homes is to provide a safe place for an individual either to wait prior to entrance into a residential treatment facility; or after leaving residential treatment while still needing to reintegrate into a non-using lifestyle and recovery.

Beyond the initial treatment for abstinence, there are **other resources** to which individuals can be directed. These can assist the person to heal the underlying cause of their addiction, namely shame, and low self esteem that derive from past abuses and hurts in the family system. There are multitudes of therapists who specialize in the healing of childhood abuse, trauma, and family systems. These can be found through the agencies listed above.

IX. CHRISTIAN COMMUNITY SUPPORT AFTER ABSTINENCE

Our first obligation to the suffering addict is assist them to seek outside resources to gain abstinence. Abstinence must be gained before the individual can work on these underlying causes. Our churches can be a therapeutic haven for the wounded addict to begin their arduous journey to heal their shame from old wounds. Nevertheless, just as importantly, our churches, and in particular our pastoral counselors, priests, pastors, and spiritual directors can assist the person by helping them reestablish relationships true self, others and God. We can support the individual in righteousness and toward sanctification.

i. A Place to Belong

“The alcoholic who has a relationship with his bottle has substituted something else for a human relationship. The addiction is the substitute for interpersonal needs. There has been a critical failure in the human environment and a sense of shame surrounds those vital inter-personal needs we all experience.”²⁷

When our needs are not met as children, through abuse and shame we become disconnected. We have no sense of healthy love. We turn to substances that provide us with connection, albeit temporary and unsatisfying in the end. This eventually leads to addiction. The Linns put it this way: “When we are disconnected from ourselves, we can not connect authentically with others, God or the universe...we begin searching for some way to reconnect, although ultimately they don’t work and become destructive.”²⁸

²⁷ Kaufman, Greshem, ***Shame: The Power of Caring***, Schenkman, Rochester VT; 1985 p.151

²⁸ Linn, Dennis, Sheila and Mathew, ***Belonging, Bonds of Healing and Recovery***, Paulist Press, NY, NY: 1993 p 44

All addicts are looking for a way to reconnect and a way to belong again. Our church communities should be that place, where one begins to relearn how to connect. Once we remove the veil of ignorance from the affliction of addiction, we can open our arms to the suffering addict and help them relearn healthy ways of being in relationship with others, and thus allowing them to re-enter community and find a place to belong. We can provide a safe haven where one can heal the past wounds and grieve their lost identity.

Henri Nouwen speaks of our Christian obligation and calling to community:

*"... we have been called together by the same Lord. Only God enables us to cross the many bridges that separate us; only God allows us to recognize each other as members of the same human family and only God frees us to pay close attention to each other...able to carry each other's burdens and share in each others joys and testify to God's presence in our world."*²⁹

Therefore, we have an obligation to remove ignorance surrounding addiction. Only through education can we bridge ignorance that separates us from the addict. Then we can pay close attention to the person, recognizing that addict is of the same human family, the same broken family of God. We can help carry the burdens of shame, hurt and brokenness by bringing to an end their sense of alienation. "...*We have been called together by the same Lord,*" for it is only our fear that prevents us from inviting the recovering addict back to community.

Our communities are filled with opportunities that can provide the recovering addict with a sense of belonging: invitations to worship, encouragement for Bible studies, involvement in social events, spiritual retreats,

²⁹ Nouwen, Henri, *The Only Necessary Thing*, Crossroads Pub., NY, NY; 2002 p. 125

etc. In addition, our churches can create their own support groups. There is Christian based 12-step literature available for the development of 12-step groups specific to addiction, adult children of alcoholics, co-dependency and abuse survivor matters. If these are not possible, then there are opportunities to create community-based support groups for depression, abuse survivors, and divorce. This can be accomplished through our own resources or by using outside sources.

One of the reasons for the success of the 12-step groups is that they provide community. The 12-step communities provide a safe place for the recovering person to belong, without fear of retribution or shame. This safety gives the recovering person a protected environment in which to experiment in reestablishing themselves to self, others, and a God of their understanding. It is through the sharing of their own brokenness and the hearing of others' brokenness that they know that they are not alone; that they belong. This sharing allows each person to risk more because there is no judgment. People become more vulnerable and intimate. With this learned intimacy they are better placed to reconnect with themselves and others. By practicing of the 12-steps, the person can work to get in touch with their past hurts and recognize that they were not at fault. They start to understand their inner true self, thus allowing for a true humility and acceptance of self. With this acceptance, one is able to understand God. Moreover, through the 12-steps one can begin to mend past guilt and shame by learning to reframe the incident and possibly understand the

perpetrator. One can then begin to forgive, without condoning the harm done them.

Our church communities can learn from the 12-step programs. In the book *Modern Psychotherapies*, the author states, “We can profitably learn from other thought systems that are not explicitly Christian if we retain the distinctiveness of our faith commitments to Christ in the process.”³⁰ I would encourage that anyone involved in the healing of persons with addiction attend a number of 12-step meetings. Only through attendance at these meetings can one see that the Holy Spirit is invoked and actively involved in the process of these healing communities.

ii. Inner Healing Of Past Abuses

All addicts suffer from past traumas. This takes form in physical, sexual, neglect and/or emotional abuse. This trauma may be in the form of one or several intense and terrifying events, such as being a victim of or witnessing extreme violence. Trauma can also be a subtle and prolonged abuse such as emotional neglect, and/or overly rigid discipline and structure in the family system.

No matter what the trauma may be, it eventually forces the individual to develop sophisticated personality defense mechanisms to ward off or minimize further abuse. These defensive personalities are pseudo-selves that disconnect the person from their true self. When one does not operate as a true self, one can never be in true relationship with others and God, for it is the pseudo-self that is in relationship with others.

³⁰ Jones, Stanton, L. and Butman, Richard E. *Modern Psychotherapies, A Comprehensive Christian Appraisal*, InterVarsity Press, Downers Grove, IL. 1991 p 38

The pseudo-self also pretends that everything is all right and either minimizes one's pain or holds one's pain deep in the seat of the soul. These wounds intensify and fester during the years of substance abuse. Using drugs and alcohol obstruct the past pain from entering the person's awareness. In early recovery, these wounds are uncovered and re-exposed. Experiencing the old pain can often lead the person back into substance use. These past hurts must be healed if the person is to be whole again. Dr. Barbara Yoder of the Addiction Resource Center in Los Angeles states,

"Children from dysfunctional families have so much psychic pain that often it becomes much easier for them to deal with it on a physical plane. And so their emotional problems shift into physical problems. (Addiction)...once you get the people off the drugs, the emotional trauma reoccurs...before you can move on, a lot of those past experiences need to be healed"

The Linns in their book *Belonging* speak specifically to this point,

*"We break out of this addictive cycle when our emotional hurts get healed by a love so deep it can penetrate and melt away the triggering shame. (This) Love that calls us to belong to our true selves others and God...is like sunshine that removes the shame entombing us"*³¹

One avenue our Christian churches have available to help ease and heal these past traumas is with inner healing prayer. This is the process of asking Jesus to walk back in time to where the past trauma occurred and pray for Jesus to release the person from their past hurt. Inner healing prayer is requesting Jesus to fill those areas in the person's soul that have been empty for so long.

³¹ Linn, Dennis, Sheila and Mathew, *Belonging, Bonds of Healing and Recovery*, Paulist Press, NY, NY: 1993 p. 95

Inner healing is Jesus' justification of the person, bringing them back into right relationships with self, others, and Him.

I will briefly outline some of the necessary requirements for inner healing to occur. This is by no way a complete description of the process. There are many books and resources to guide the carrying out of inner healing prayer, and I strongly suggest that one uses these resources before attempting inner healing. There is always the possibility that revisiting a person's past trauma can bring on serious regressive behaviors that may require someone with appropriate experience and skill to bring the person back to reality. I have listed a number of books in appendix A.

Francis Mc Nutt in his book *Healing* summarizes a few basic guidelines for inner healing. Since the person needing inner healing will be discussing some of their deepest and most hurtful memories that involve shame and low self esteem, inner healing should be done privately. No more than one or two people should be present. The suffering individual should select the people in whom they feel comfortable in confiding. Those selected should have experience with inner healing prayer, be highly sensitive, and have demonstrated that they have a gift of the Spirit. Ideally, they should have knowledge of psychology relating to childhood trauma and abuse. Faith of the injured individual is not a requirement. Often the recovering addict has lost, or never had, significant faith. Faith should be with the person praying. All that is required of the recovering addict is a willingness to believe that prayer can help. Inner healing prayer often requires several sessions, to deal with deep and serious trauma. In addition, more

sessions may be necessary if the process of healing one wound uncovers other past hurts. We generally should not expect the same dramatic effects that Jesus was able to elicit with his healing miracles.

The room for prayer should have a peaceful, gentle, and aesthetically pleasing environment. Generally, lighting should be dim, possibly with votive candles, incense, and soft music. A comfortable chair or recliner should be provided for the individual. These physical elements will create an atmosphere so that the individual can fall back into memory. Often inner healing takes place not during the actual prayer ritual but during the quiet times between prayers.

Ample time should be allowed. Ideally, there should be 45 minutes of conversation with 15 minutes for prayer. Less than a total of 20 minutes may not allow for the deep processing of memory.

McNutt indicates that we should concentrate on two questions: When did the trauma occur? and How does the individual understand why it happened? Answers to these provides the inner healer with the necessary information for the basis of the prayer and assist the addicted individual to reframe the incident from a mature adult perspective.

Based on my experiences with healing past traumas I would incorporate two more questions. I would ask the person; "If Jesus were present at the time of this atrocity, what would He say to that hurt child?" Secondly, I would ask the person "If their adult self were present at the time of injury, what would that adult say to their inner child?" This way the person, in holy union with Jesus, actively

participates in his or her own healing. In psychology this is often referred to as 'reparenting one's self.'

Once the past trauma narrative has been given, the person can be prayed for; firstly for healing the past hurt, and secondly, to invite Jesus to enter the person's void in their soul. McNutt suggests:

"...we then ask Jesus to walk back with us while we picture, in as imaginative a way as possible, his healing each of the principal hurts the person has sustained. Since it is the inner child of the past that is being healed we need to pray in as childlike, imaginative a way as we can."³²

It is important that when we pray, we see the incident from the perspective of the little child. Many past incidents viewed from an adult's perspective may seem insignificant and not hurtful. Often the suffering person will minimize his or her own pain in order to incorporate this adult perspective. That is why it is important to keep our prayers simple and childlike. It allows the person to "refeel" the past hurt of their inner child. It is the inner child that we are asking Jesus to justify. Healing the inner child is the first step for the person to reconnect to true self, thus helping the person reconnect to others and God. It is the beginning of righteousness.

iii. The Importance of Discovering Self

The process of inner healing allows persons the ability to mend the wounds that keep them separate from others and self. However, the process of reconciliation of the person to the true self is a much longer process.

³² MacNutt, Francis, *Healing*, Ave Maria press, Notre Dame, IN; 1999 (Rev) p.150

Professor Stephan Evan's speaks of the "God shaped hole" in humanity. He validates this when he looks to history and states, "Nearly every culture and civilization has believed in and worshiped something greater and more powerful than itself"³³

It is God given, but person driven. The "God shaped hole" originates in our basic temperament and is honed by our environment, physiology, intelligence, and our faith system (or lack of faith system). I believe that due to the addict's past abuses, the "God shaped hole" of existential angst is colossal in every addict. It takes an awareness of our experiences to tell us who we are. In addiction, one spends a lifetime avoiding this "hole" firstly through early developed defense personalities and then eventually with substances and/or obsessive behaviors. Unfortunately, the avoidance of this "hole" through substance and behavior abuse also results in total lack of awareness of the narrative experience of their lives. They can never understand who they are because they have no awareness of self in the context of their addictive history. My clinical experiences with recovering addicts validate this when I often hear one say that their life "... has been one detached and unrelated event from the next event", or that "... my life seems like a patchwork quilt of dysfunctional events...nothing makes sense to me."

Dr. Rollo May's perspective in his book *Meaning of Man* is that discovering self is through the individual's narrative of the his/hers life. It is by this method that the person steps out of "oneself" and perceives themselves in the context of

³³ Evans, C. Stephan, *The Quest for Faith*, Inter Varsity Press, Downers Grove, IL; 1986 p. 56-57

their historical events and their relationships with others. May asserts that if the person can become aware of how they have behaved, how they have lived, or who they were in the past, it will lead to a formation of an image of who they are today.

Jefferson Singer, a clinical psychologist who has worked in addiction recovery at Lebanon Pines treatment center for 15 years, validates May's assertion: "...life story is necessary to the formation of identity because it addresses the problem of continuity over time. There can be no identity without a sense of connection among one's past, present and future."³⁴

Singer goes on to speak of this detachment of the addict's self from their life narrative as such:

*"...many of these (addicted) men enter adolescence already bearing strong scars or difficulties from childhood. As other adolescents begin to weave an ideological background of optimism and hope about the possibilities of the world ahead, these men have begun to craft a world view that harbors profound fatalism and nihilism about their lives and life in general"*³⁵

Most recovering people have little to draw from in the things they have done or created. They have destroyed most possessions in their lives. There is little understanding of one's self through relationships; most of their relationships have been one-sided, manipulative, and always jaded by the influence of drugs or alcohol. The recovering person, when facing the narrative of their life in

³⁴ Singer, Jefferson, ***Message in a Bottle, Stories of Men and Addiction***, Free Press, NY, NY, 1997 p. 32

³⁵ Singer, Jefferson, ***Message in a Bottle, Stories of Men and Addiction***, Free Press, NY, NY, 1997 p. 30

historical events and relationships, is presented with shame or despair. It does not answer the questions.

Suffering is truth for the addict. They may not be able to articulate what that meaning or truth is, but they know at a profound level that it has kept them alive. Only when the addict hits their spiritual bottom, or in other words, the God given gift of desperation, can the person choose-either to collapse and never recover, or surrender to God and find purpose in their suffering. However, the actual suffering is not what is significant; it is the introspection and understanding of one's frailties and brokenness of self through their suffering that is important. One can integrate their suffering as the penance that removes the shame of past events and atrocities done to them. As shame is gradually removed from a person's soul, the events of the past can be viewed without intense emotionality and can be pieced together to form a narrative. Only in the narrative of the person's suffering does one discover their meaning. Bill Wilson, one of the founders of Alcoholics Anonymous, states it succinctly when he says: "Years ago I used to communicate with all people who suffered. Now I commiserate only with those who suffer in ignorance, who do not understand the purpose and ultimate utility of their pain."³⁶

The most difficult part of the process is helping the person understand the value in their suffering. The counselor certainly does not want to become like one of Job's friends. Therefore, the helper should not take on the role of interpreting theodicy; that's God's job. Additionally, the addict is not spiritually mature enough to assimilate God's judgment. Nor is the person emotionally ready to hear of

³⁶ "**As Bill Sees It**", Alcoholics Anonymous World Wide Services, NY, NY; 1967 p. 35

positive and redeeming involvement of God in their suffering. They may still be angry with God. It is the purpose of the helper to gently introduce notions of God's presence in relationship to the person's experiences. Rather, the helper should take on the role of the non-judgmental listener. They should offer no answers. There are no answers to the addict's suffering, except his or her own. Helpers should continue to encourage increased levels of experience and objectives. This creates new perspective.³⁷ As this agonizing process evolves, meaning of their suffering will emerge for the addicted person.

Only when one can accept and love self can one see human reality as God does. As a person evolves in self-discovery and self love with each acceptance of his/her brokenness does one begin to grasp God's acceptance and love for oneself. This discovery and love of self defines the person in his or her present relationships. Behaving out of the true self with others and God is righteous living: is living spirituality, in the faith of Jesus and purpose greater than one's self. Spirituality leads one to transformation and sanctification. I think Paul Tillich puts this aptly when he says:

*"We are wont to condemn self-love; but what we really mean to condemn is contrary to self love. It is a mixture of selfishness and self-hate that permanently pursues us, that prevents us from loving others, and that prohibits us from losing ourselves in love which we are loved eternally. He who is able to love himself is able to love others also; he who has learned to overcome self-contempt has overcome his contempt for others. But the depth of our separation lies in just the fact that we are not capable of the great and merciful divine love towards ourselves."*³⁸

³⁷ In the 12-step programs, this process is referred to as "peeling the onion" or "looking from the other side of the circle".

³⁸ Tillich, Paul, ***The Shaking of the Foundations***, Charles Scribners' Sons, NY, NY; 1948 p. 79

It is imperative that pastoral counselors or spiritual directors, assist the person in reassembling their true self through the use of lifeline and narrative therapy. It will be our responsibility to guide the person and call attention to their life processes that define who they are. Through their discovery of self, one can recognize that God loves them when they see how God has intervened in their life with compassion and love.

iv. Importance of Spirituality and Faith

I have often asked my clients what made them decide to choose recovery instead of addiction and death. Many answer that life got so empty, so painful, that they dropped to their knees and prayed. They surrendered to the possibility that a power greater than themselves could restore them. This is echoed in the second step, "Came to believe that a Power greater than ourselves could restore us to sanity."³⁹ This surrender to a God of the person's understanding is the underlying component to the success of Alcoholics Anonymous recovery process.

In his book *The Spiritual Self*, Abraham Twerski, a rabbi who has worked with recovering addicts for over twenty years, says that:

"...alcoholics or drug addicts may actually be fortunate in that their condition results in a crisis that forces them to confront the role or absence of spirituality in their lives. Lacking such as crisis, many people may live their entire

³⁹ The second step of the twelve steps.

lives without coming to a fulfillment of the spiritual component in their lives, hence, never realize their full potential."⁴⁰

Since the people we may see in addiction are Christians, we may feel that this surrender is not necessary. However, this is exactly what they need to do. Addicted Christians struggle with the same complexities of the flesh as Paul did. "It seems to be a fact of life that when I want to do what is right, I inevitably do what is wrong...who will free me from this life that is dominated by sin?...the answer is in Jesus Christ our Lord" (Rom. 7:21-24) As Paul states, for anyone in sin, their relief lies in faith in Jesus. If one is in addiction, one is not spiritually connected to Christ.

Dr. James Houston in his book *Transforming Friendship* explains this when he states that "...conversion is not an event, it is a process, a process of continual surrender to our Lord Jesus Christ."⁴¹ In other words, to gain peace one must surrender on a daily basis. The process of surrender is not the cessation of fighting; it is the maintenance of peace. In addiction, recovery is not abstinence of the drug. Abstinence is one's crisis of faith being "justified" by Christ into recovery. Recovery is "righteous living" through the maintenance of one's spiritual condition. One cannot be in addiction if one is truly surrendering on a daily basis to Jesus; it is just not possible. Addicts may assert that they are surrendering and still be in addiction. However, my experience indicates that if a person is truly surrendering on a daily basis, they cannot stay in addiction. God does not

⁴⁰ Twerski, Abraham M.D., *The Spiritual Self, Reflection on Recovery and God*, Hazelden, Center City MN, 2000 p xiv

⁴¹ Houston, James, *The Hearts Desire, A Guide to Personal Fulfillment* Lion Pub, Oxford, England, 1992 p. 183

overlook true humility; His grace will always intervene. Our Christian addicts need spiritual recovery in order to maintain addiction recovery.

Bill Wilson, one of the cofounders of Alcoholics Anonymous, validates this assumption when he says in the *Big Book*, that the alcoholics "...have a daily reprieve contingent on the maintenance of our spiritual condition."

I have had clients say they felt the presence of something greater than themselves. This experience left them with no question as to whether there was a God or a grand design for their life. Bill Wilson had such an experience just before he found sobriety. However, most recovering addicts do not experience such a dramatic and spiritual occurrence.

Most often people in early recovery slowly nurture and repair this faith breakdown. We as pastoral counselors or spiritual directors have the opportunity to take advantage of this crisis of faith and turn it into an advantage of faith building. We can look, as one option, at the spiritual development that is laid out in the 12-steps as a guide to aid us in this process.

The last step is "Having had a spiritual awakening as a result of these steps..."⁴² What this implies is that after working a process of spiritual steps (12-steps) that a spiritual awakening will occur. This spiritual awakening inspires faith development. Peck says, "...that the 12-steps of AA are the only existing program of religious conversion, all AA people call it a 'spiritual conversion'."⁴³

⁴² ***Alcoholics Anonymous***, Alcoholics Anonymous World Wide Services, NY, NY, 1939 p. 60

⁴³ Peck, Scott, ***Further Along the Road Less Traveled, The Unending Journey Towards Spiritual Growth***, Touchstone Books, NY, NY, 1982 p. 139

Spiritual conversion can be defined as a powerful emotional experience that both crystallizes a decision for change and imbues hope in the possibility of change. It is a person's sudden breakthrough of self-perception. It is when the recovering person can clearly see him/herself as others and God views them.

William White, a long-time addiction clinician, speaks of the importance of spirituality or faith development in recovery:

*"Spirituality is not a peripheral issue in recovery. It is not simply some poorly understood and secondary benefit that accompanies the recovery process. It is the driving force that initiates and sustains recovery. Understanding the nature of the spiritual metamorphosis that accompanies this surrendering is not an area of obscure interest for those interested in the religion of mysticism. It is at the very heart of the addiction recovery process."*⁴⁴

Thomas Moore speaks of the importance of spirituality in addiction recovery;

*"Our response to (addiction) must be spiritual to be effective. Religious issues, matters of profound belief and meaning, work themselves out in our struggles. It is no accident that recovery programs entail a heavy dose of nondenominational spirituality. Our addictions are spiritual in nature and must be handled accordingly."*⁴⁵

Working the steps of AA assists the individual to step outside of self in order to examine the narrative of their life (steps 4-5). It requires them to be willing to and attempt to entrust their lives and personality defenses over to the care of God (steps 2, 3, 6 &7). It requires them to make penance for past wrong deeds (steps 8-9). Finally, it asserts that the person must maintain a conscious

⁴⁴ White, William, M.A., ***Pathways, from the Culture of Addiction to the Culture of Recovery***, Hazelden, Center City, MN, 1990 p 276

⁴⁵ Moore, Thomas, ***The Souls Religion, Cultivating a Profoundly Spiritual Way of Life***, HarperCollins Pub., NY, NY, 2002 p.128

relationship with God through prayer and meditation (step11). Spirituality or faith, then, is the essential component for long-term recovery and fulfillment. Recovery means faith in God, faith in the 12-steps, faith in fellow recovering addicts and most importantly faith in “self”(step 12).

Irvin Yalom indicates that faith in religion offers man, “...meaning-schema based on the principle that the world and human life are part of a divinely ordained plan...life, lived properly will be rewarded...cosmic meaning stresses that human life be dedicated to emulating God.”⁴⁶

Bill Wilson addresses faith in God in the context of his recovery:

*“...faith that, despite all worldly appearances to the contrary causes me to believe that I live in a universe that makes sense. To me, this means belief in a Creator who is all power, justice and love; a God who intends for me a purpose, a meaning and a destiny to grow...before living in faith I lived as an alien in the cosmos...”*⁴⁷

Abraham Twerski indicates that understanding the purpose of our lives is not important. “...coming to a firm conclusion about our purpose and existence is not essential. What is important is that we think of it and search for it. The search is what is uniquely human and finding is incidental.”⁴⁸

One must first believe that there is a purpose to one’s life; faith is the search for that purpose. Faith evolves from the concept of a belief and then

⁴⁶ Yalom, Irvin, ***Existential Psychotherapy***, Basic Books, USA, 1980 p. 424

⁴⁷ ***As Bill Sees It***, Alcoholics Anonymous World Wide Services, NY, NY, 1967 p.126

⁴⁸ Twerski, Abraham M.D., ***The Spiritual Self, Reflection on Recovery and God***, Hazelden, Center City, MN, 2000 p. 31

seeking validation of that belief. In AA's preamble, there are listed three underlying and pertinent beliefs for successful recovery:

- A) "That we were alcoholic and could not manage our own lives.
- B) That probably no human power could have relieved our alcoholism.
- C) That God could and would if He were sought"

For recovering persons it is the belief that God could and would relieve them of their addiction and that the steps will guide them towards God's help that is critical. In doing the steps and experiencing the awakening that the 12-steps describe, the addict validates their belief. It develops faith around a higher concept and a set of beliefs about this higher concept. The person may believe God is loving, that God is forgiving, that God is relational, that God can and will intervene in their life; that God wishes one not to sin, etc. Faith of the total concept is strengthened when one of their beliefs about God is validated. One validation then supports other beliefs about God. When God intervenes, in their life, this experience supports their belief in God's forgiveness. A person's value system begins to evolve: the person not only wants to achieve, but strives to achieve. Love of self and God has to be the motivation, rather than fear of retribution of abusing drugs/alcohol again.

The process of faith development as outlined in the steps rings very similar to St. Bernard of Clairvaux's ideas of the three stages of love of God. Firstly there is the stage where one loves God for the self's sake—or in AA terms; what God could and would do if He were sought. Secondly, there is the stage in which one loves God for God's sake—or in recovery terms, it is loving God not

for what He will or could do, but rather the fact that He can do it. Bernard's third stage is to love self for the sake of God—which in recovery terms can be interpreted as not using obsessive behaviors out of fear of negative consequences, but rather because one loves self for the sake of God.

In recovery, if there is a comfortable belief in God, this will mitigate the tension. If one can turn over their anxiety to God, with the understanding that God can and will reveal information when we need it, it makes the process of understanding meaning and purpose far less intense. There is security in knowing that God has one's future in hand. Security provides order when troubling events in one's life cannot be reconciled. If one believes that God can and will only bring them the things in life that they can handle, then there is less fear, less anxiety. If one has a healthy perspective of self-love for the sake of God, then they know it is okay not to know.

Spiritual growth then:

"...is our relationship with God where we find our true selves...we find where we belong and who we are. Spiritual growth is thus closely related to psychological growth. To grow into a deeper relationship with God is to find (embrace) our human identity and to discover a point of reference for the integration of our personality."⁴⁹

Spirituality, then, in a sense is a life force that provides the energy for growth that enables a person to move beyond him or herself and inspires a passion for growth that compels one to move beyond oneself. Spirituality is the force that enables one to set out on and continue the journey of living and

⁴⁹ Benner, David Ph. D., *Psychotherapy and the Spiritual Quest*, Baker Book House, Grand Rapids, Mich.; 1988 p. 132

discovering one's self. Spirituality could actually be described as the process itself. It entails a surrender of one's attempt to manage life with God or others' help. Surrender involves recognition that recovery is an option. The individual now has a real choice to face the anxiety of discovery or the false relief of the drug.

As pastoral counselors or pastors, one needs to continue to provide spiritual direction in resolving these issues. Therefore, it is for the therapist to leverage this miniscule and rudimentary acceptance. The task of the pastoral counselor is to convince the person that continued reliance on this power or meaning is required for continued health; to influence them that meaning and faith needs to mature and evolve with the counselor's assistance. Encouraging the importance of experience develops awareness. Every experience has the potential to be a brand new enlightenment, as it is viewed through the context of sobriety. It combines both anxiety and wonderment. It will create new and startling emotions for the individual. Each experience reveals to the addict new possibilities for him/herself. It makes no difference if this experience is of a religious, relational, or learned nature. Each new experience layers on the old, ever building a new refraction of the person's worldwide view of their life. Nevertheless, with introduction of new concepts, caution must be exercised not to overwhelm the person beyond their level of comprehension, to allow the person to proceed at their own pace. The counselor needs to be available to help when they get stuck and more importantly, to share and validate their new revelations. The helper should not force the person along their journey, but rather

join them and walk along side. The helper needs to reflect cautiously on the person's experience, while gently and patiently introducing the notion of God working in their life. For the helper, it is the most personally rewarding and challenging aspect of the therapeutic process.

X. CONCLUSION

Addiction is a reality in our Christian communities. It is an insidious and deceiving malady. It is deceiving because the symptoms of the malady mask the seriousness of the affliction to the person that is addicted and to others around them. It is also deceiving because our communities wish to avoid seeing the person in addiction. This avoidance deceives them from knowing and accepting that they should be responsible. Moreover, responsibility means standing in one's own pain in order to assist the addict. Jesus calls us through His miracles to act in accordance of *God's will to be done* and intervene in the insidious process of addiction.

Jesus requires us to step from behind the of the veil of ignorance and confront the issues of addiction with courage and determination. It means we need to become active participants in intervening, reconciling and recovering the suffering addict. It means persuading the addicted person into the appropriate treatment. It means embracing them when they return to our communities. It means standing in our own pain while assisting the addict in his/her pain. It means providing a place and means for healing, rediscovery and growth. Finally, it means that we heal our own wounds, as we unconditionally love the suffering addict and live out our obligation to Jesus Christ our Lord.

APPENDIX A

Books on Inner Healing Prayer

- Bennet, Rita, *Making Peace with Your Inner Child*, Grand Rapids, MI, Fleming H Revell, 1987
- Linn, Dennis and Mathew, *Healing Life's Hurts*, NY, NY, Paulist Press, 1978
- Sanford, Agnes, *The Healing Gifts of the Spirit*, Harper San Francisco, 1996
- Sanford, John and Pasula, *Healing the Wounded Spirit*, Tulsa, OK, Victory House, 1985
- Seamands, David, *Healing for Damaged Emotions*, Colorado Springs, CO: Chariot Victor Books, 1981

Bibliography

Alcoholics Anonymous World Wide Services, ***Alcoholics Anonymous***, NY, NY, 1939

Alcoholics Anonymous World Wide Services, ***As Bill Sees It***, NY, NY, 1967

Baker Encyclopedia of the Bible, Elwell, Walter, editor, Baker Book House, Grand Rapids, MI, 1988

Benner, David, ***Psychotherapy and the Spiritual Quest***, Baker Book House, Grand Rapids, Mich., 1988

Bowen, Murray, ***Family Therapy in Clinical Practice***, Jason Aronson, Northvale, NJ, 1985

Eerdmans Christian Encyclopedia, page 503, Eerdmans Publishing, Grand Rapids, MI, 1989

Frankl, Viktor, ***Man's Search for Meaning***, Simon and Schuster, NY, NY, 1959

Frankl, Viktor, ***Psychotherapy and Existentialism*** Simon and Schuster, NY, NY, 1967

George, Rickey, ***Counseling the Chemically Dependent, Theory and Practice***, Allyn and Bacon, Needham Heights, Mass. 1990

Harper, Michael, ***The Healings of Jesus***, InterVarsity Press Downers Grove, IL, 1986

Kelsey, Morton, ***Healing and Christianity***, Augsburg Minneapolis, MN, 1995

Masters, Timothy, ***Neural, Novel, and Hybrid Algorithms for Time Series Prediction***, Wiley and Sons, NY, NY, 1995

May, Gerald, ***Addiction and Grace***, Harper, San Francisco, CA; 1990

May, Gerald, ***The Awakened Heart, Living Beyond Addiction***, Harper, San Francisco, CA, 1991

May, Rollo, ***Man's Search For Himself***, Dell Publishing, NY, NY, 1973

McNutt, Francis, ***Healing***, Ave Maria press, Notre Dame, IN, 1999 (Rev)

Miller, Keith, ***Hope In the Fast Lane***, Simon and Schuster, NY, NY 1995

Nouwen, Henri, ***Life of the Beloved***, Crossroad Publishers, NY, NY, 2000

Nouwen, Henri, ***The Only Necessary Thing, Living a Prayerful Life***, Crossroad Publishing, NY, NY, 1999

Peck, Scott, ***Further Along the Road Less Traveled***, Touchstone Books, NY, NY 1982

Pilich, John, ***Healing in the New Testament, Insights from Medical and Mediterranean Anthropology***, Fortress Press, MN 2000

Richardson, Ron, ***Creating a Healthier Church, Family Systems Theory, Leadership and Congregational Life***, Fortress Press, Minn., MN, 1996

Rivers, Clayton, ***Alcohol and Human Behavior, Theory, Research and Practice***, Prentice Hall, Englewood Cliffs, NJ, 1994

Sapolsky, Robert, ***Why Zebras Don't Get Ulcers, A Guide to Stress, Stress Related Diseases and Coping***, WH Freeman and Comp. NY, NY, 1994

Seamans, David, ***Healing of Memories***, Victor Books, Wheaton, IL, 1989

Singer, Jefferson, ***Message in A Bottle, Stories of Men and Addiction***, The Free Press NY, NY, 1997

Tillich, Paul, ***The Shaking of the Foundations***, Charles Scribners' Sons, NY, NY; 1948

Titelman, Peter, Ph.D., ***Clinical Applications of Bowen Family Systems Theory***, Harworth Press, NY, NY, 1998

Tournier, Paul, ***The Healing of Persons***, Harper & Row, NY, NY, 1965

Wilkerson, John, ***Health and Healing***, Handell Press, NY, NY, 1980

Yalom, Dr. Irvin, ***Existential Psychotherapy***, Basic Books, USA, 1980