

*An Inter-Lutheran Journal
for Practitioners and
Teachers of Pastoral Care
and Counseling*



CARING CONNECTIONS

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THE PURPOSE OF *CARING CONNECTIONS*

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable; solidly grounded in the practice of ministry; and theologically probing.

Caring Connections seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries, and — not least — concerned congregational pastors and laity. *Caring Connections* also provides news and information about activities, events, and opportunities of interest to diverse constituencies in specialized ministries.

Credits: Photos pp. 6, 10, 11, 16, 21, 25, cover, stock.xchng

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Electronic Subscriptions: Please visit www.caringconnectionsonline.org and click on “Click here for free subscription” to receive automatic notification of new issues.

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Editorial

Addiction. Faith. At first glance those two words wouldn't seem to go together very well. But the articles in this issue of *Caring Connections* **do** make significant connections between our faiths as Lutherans engaged in pastoral ministry and the faiths of those suffering from a variety of addictions.

So, what's yours? Are you addicted? Is there some activity or substance to which you feel you are particularly vulnerable? I know one of mine. I discovered a number of years ago that I could easily develop a dangerous gambling habit. My wife, mother-in-law and I took a bus trip to Atlantic City that departed from northern Jersey in mid-afternoon and left the casinos at 1:00 a.m. As the time drew near to leave, I found myself playing the automated blackjack machines, and had a very hard time tearing myself away in time to catch the bus. On the bus my mind spun with the way the cards had fallen for (and against) me. After a while I dozed off in the darkened bus and awoke a short while later. When I did, I felt a distinct physical difference in my body, mind and spirit. I was "released" from the obsession with the cards (even if they were electronically reproduced), my chest was no longer constricted, and I could breathe deeply once again. I realized that without Carol and Mom reminding me of the deadline of the bus departure I might easily have gotten hooked into losing even more money than I did. I have never gone back to a casino since (is that an over-reaction on my part? I sometimes wonder). As you might well imagine, that experience gave me some good grounds for empathy with those who struggle with *any* addiction.

While I was a chaplain at Overlook Hospital in Summit, NJ, we had an alcohol recovery unit with which we chaplains were an active part. That was where I saw faith torn apart and restored as a significant part of various people's recovery process. "Let go, let God" — "One day

at a time" — "Plan but don't project" — these and other catch phrases have become a part of my ministry since then, and I continue to be amazed at how applicable they are in a variety of other life situations beyond addictions.

People with years of experience in these kinds of ministries have written the articles contained in this issue. We hope you will find in them helpful facts, inspiration and encouragement for your ministry with people battling addictions.

Carl Anderson leads us on an exploration of "The Mystery of Addictive Illnesses," examining the susceptibility of humans to addiction. He also submits a brief but helpful list of "Effective Pastoral Responses to Addictive Illness."

Bryn Carlson offers his essay, "Toward a Theology of Addiction," identifying ways in which he sees addictive behavior affecting people's spiritual and mental health.

Jim Rivett shares with us his thoughts and experiences regarding "Pastoral Care and Addictions in a Prison Setting."

John Keller, the first Lutheran pastor called specifically to a ministry with alcoholics, inspires us with his "Keller's History of Ministering to Alcoholics."

David Potter draws on his experience as a spiritual counselor with Hazelden to share his thoughts about "Spiritual Care and Addiction."

Kevin and I welcome any responses you might have after reading these contributions. Perhaps you have a particular ministry moment of your own that you would like to share. Do you have a different point of view than what is contained in these articles? If so, send us an email (either Chuck at cweinrich@cfl.rr.com or Kevin at kevin.massey@elca.org). We'll include your thoughts in a subsequent issue.

We are also including a brief review of Kathryn Rehl's new book, *Moving Forward on Your Own: A Financial*

Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We want to invite anyone interested in writing an article to please contact the editors, Rev. Kevin Massey and Rev. Chuck Weinrich.

Specifically, we invite articles for upcoming issues on the following themes.

Winter 2011 "Zion XIV – The Presentations by Fred Niedner and Shauna Hannon"

Spring 2011 "Intentional Interim Ministry"

Summer 2011 "Dealing with Sacred Spaces in an Increasingly Diverse Culture"

Guidebook for Widows. If you have any books you would like to recommend, send a review to us, and we'll see if we can fit it in! If you yourself have written a book that you think would be relevant to our subscribers, have someone write a review and send it to us (either Chuck at cweinrich@cfl.rr.com or Kevin at kevin.massey@elca.org).

We want to remind any of you who are Lutherans in training to become a Chaplain, Pastoral Counselor, or Clinical Educator that the *Give Something Back* Scholarship Fund — at this time — has \$3000.00 available every six months for Lutheran brothers and sisters in need of financial assistance as you journey through your professional training. If you are interested in obtaining more information, contact the LCMS office of “Specialized Pastoral Care,” Judy.Ladage@lcms.org.

Once again, if you haven't already done so, we hope you will subscribe online to *Caring Connections*. Remember, **subscription is free!** By subscribing, you assure that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* website. This also helps the editors and the editorial board to get a sense of how much interest is being generated by each issue. We are delighted that the numbers of those who check in is increasing with each new issue. You can subscribe by clicking on the subscription link on www.caringconnectionsonline.org, or by following the directions given on the masthead (p. 3), or in larger print on page 28.

The Mystery of Addictive Illnesses: The Vulnerability of the Human Spirit to Addiction

The real mystery of addiction is why “normal” folks — intelligent, sophisticated and seemingly rational persons — repeatedly engage in a behavior that causes harm to themselves and their loved ones.

Part of a commonly used definition of addiction that captures the intriguing and mystifying nature of this disorder is: *a repetitive pattern of continuing to engage in an activity despite harmful consequences.* We typically think of the addictive behavior as one that is pleasurable to the user, at least initially, but the repeated activity either diminishes in its pleasurable reward, or loses it completely, with painful consequences overshadowing any pleasure involved. Alcoholism or other drug addictions are the paradigmatic examples, but recently there is growing acceptance of the view that this destructive pattern may include a variety of activities, including sex, eating, shopping and gambling among others.

Everyone knows that derelicts and other ne'er-do-wells can have this problem, but that's usually explained away as unfortunate heredity or circumstances. The real mystery of addiction is why “normal” folks — intelligent, sophisticated and seemingly rational persons — repeatedly engage in a behavior that causes harm to themselves and their loved ones. It's especially hard to understand once the person is aware of the problem, often after colleagues and family have forced them to look at the negative effects. This is a major factor in the shame felt by most addicts — *“There must be something bad about me when I can't stop doing something that I know is harming others, as well as myself.”* And there never seems to be a shortage of people who tell the addict the same thing, both directly and indirectly. Even though the addict may be very defensive and seem to be in total denial, an inner voice is in agreement. *“I am a bad person. Something is wrong with me.”*

Indeed something *is* wrong, but it's not bad moral character, a weakness of the will, or inferior intelligence. It's that the brain chemistry has been altered in such a way that normal decision-making is short circuited, and the urge to repeat the problem behavior or use chemicals again takes precedence over normal restraint. Couple that with the distorted perception the addict has that minimizes the harmful effects and overestimates the pleasure to be received — and you have classic addiction behavior.



How do people of faith understand and respond to this condition? Especially important is how we clergy and pastoral caregivers communicate our perceptions of this problem. People struggling with addiction to chemicals or other harmful activity intuitively sense and re-

People struggling with addiction to chemicals or other harmful activity intuitively sense and respond to our attitudes.

spond to our attitudes. If we see addicts as people with a disease, we can respond with compassion. If we see them as weak and suffering from something they should be able to control, we will communicate disapproval, anger, disgust and condescension — even if we try to project a

professional acceptance of their situation and offer help.

Addiction is deceptive in that, until the late stages, the addict has what seems to be normal healthy functioning...at least some of the time. There are social situations during which an alcoholic drinks moderately and behaves with decorum. If you're the spouse or child of this person you are convinced that the capability to use with moderation and control is there. *"They just aren't trying hard enough."* *"If he really loved me he would stop."* *"If she cared about her job she would quit."* Family members go through a roller coaster of reactions ranging from anger and despair to hope and trust, only to plunge into distrustful resentment tinged with guilt and shame when the cycle repeats. *"Maybe there's something wrong with me!"* *"He wasn't this way when we got married."* *"She never did this when the children were small. What happened anyway?"*

Habitual drunkenness has been recognized as a problem for centuries. Proverbs 23:29ff has a vivid description that indicates this was a common problem. The view throughout the Bible is that intemperance is a grave sin to be avoided, and is especially associated with the wealthy, who could afford to drink wine in quantity.

The modern understanding of excessive and habitual problem drinking as a disease began in 1784, when Dr. Benjamin Rush conceptualized alcoholism as a "disease of the will." The Washingtonians in the 19th century (White) saw "inebriety" as a disease that could only be treated with abstinence. The early AA's in the mid-thirties also conceptualized this inability to drink moderately as an illness, likening it to an allergy of the body. As early as 1956, the AMA declared alcoholism to be an illness. It is significant that many religious leaders and people of faith resisted this approach as they felt the "disease concept" of alcoholism was an excuse for bad behavior and felt it was a way to avoid personal responsibility for change.

Scientific research into brain chemistry and the use of PET scans to visualize brain functional changes in the drug dependent person has led to a clear consensus in the scientific community that addiction is a brain disease. Dr. Nora Volkow describes it thus:

"Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain — they change its structure and how it works. These brain changes can be long lasting, and can lead to the harmful behaviors seen in people who abuse drugs" (NIDA, "The Science of Addiction," 2007).

The current understanding of brain chemistry and brain changes largely explain the phenomena of craving, the continuing use of the harmful substance despite the negative consequences, and the inability to return to normal drinking once addiction has been established. So it is helpful to know that the disease is real and that it is based in the brain. How then can we also call it a

spiritual illness, and why have almost all of the successful approaches to treatment and recovery, most notably AA, involved a focus on spiritual change and renewal?

The answer to this is discovered through an understanding of the spiritual nature of the human animal. Humans share with other animals their physical elements and components, but differ in the reality we call spirit.

The very spiritual qualities that make human beings so creative and inventive are the same ones that get us into trouble.

"Spirit" is one of those wonderful words that can mean so many things, but common to most all usages is that it identifies the animating force, the life and vitality center of living beings. Animals have spirit as when we refer to a "spirited horse" who runs fast and enjoys racing. We refer to a "mean-spirited" dog. Some animals are referred to as "noble-spirited." We refer to some people as being in "good spirits" today.

The human spirit is unique in that it embodies the life force — the breath that makes us alive — but also includes such characteristics as our need for meaning and purpose, our unquenchable desire to create new things and improve our mastery over the physical world, our longing for a connection with the transcendent, and most of all the powerful urge to be happy, to feel good, to experience joy and fulfillment in living. Spiritual health and vitality is measured by our success at feeling valuable and worthwhile, and in building relationships in which we give and receive love.

Human history demonstrates that we have a difficult time finding happiness and contentment through positive relationships with others. Living at peace with each other seems precarious and fleeting. Living at peace with our selves isn't much easier. Why? Why is the human spirit so restless and unsatisfied?

Here we discover the paradox of human spirituality. The very spiritual qualities that make human beings so creative and inventive are the same ones that get us into trouble. The Garden of Eden story in Genesis 2-3 is the classic portrayal of how the human spirit is susceptible to the lure of thinking, *"Maybe things would be even better if you didn't trust God's boundary regarding this tree!"* *"Actually, you'll be like God!"* hissed the serpent. The wisdom we can take away from this story of human nature is that no matter how good things are outside of us, we will still wish for something better.

This internal tension between wishing for more freedom, more options, and acceptance of boundaries and limits is a pervading theme in the biblical understanding of human nature. Human beings by nature (original sin) turn to the created world for gods (the golden calf) who will bring them happiness and security. Human re-

relationships are fragile and unpredictable. So we reach out to others from a perspective of control and manipulation, thinking, “*If I can control you I’ll be happy. If only I could be like God!*” The biblical stories repeatedly illustrate that despite our attraction to and worship of these false gods, only faith and trust in the creator will satisfy our yearning for security, peace, and acceptance of ourselves as human, not divine.

It is this essentially spiritual quest to feel good that sets us up for addiction. Any substance or activity that has the capacity to make us feel good is attractive. If that capacity is intense and powerful, and if it’s easy to use and control — as in alcohol and other substances — we can quickly develop a dependency pattern. Then we may begin to use it frequently, and it becomes a favorite way to alter our feeling state, to the exclusion of building and investing in the relationship life we so desperately need to be truly happy and content. So in our never ending quest to feel better, to be more secure, more relaxed, more free to be human, these things become our friend. But what we don’t expect is that they have the capacity to take our brain hostage and in effect become a god that controls us rather than giving us the freedom we intend. The soil out of which addiction grows is the restless human spirit.

These spiritual dynamics are universal in all persons. Addicts share them with non-addicts. The addictive process focuses them in a different way, and as the disease progresses, the spiritual health of the addict deteriorates. Some individuals have a biological and neurological predisposition that makes them more vulnerable than others to developing addictive problems. Research scientists estimate that genetic factors account for 40 to 60 percent of a person’s vulnerability to addiction (Volkow, p.8). But this genetic component does not change the spiritual dynamics of the addictive process. It does help explain why some people get addicted or develop addiction faster than others who engage in the same behavior.

Understanding this dynamic helps us recognize why just about every successful approach to helping “in-briates” or alcohol or drug addicted persons included a strong spiritual component and the support of other people. Examples include the Oxford Group, which strongly influenced the development of AA, the Washingtonians, and the Keeley League (White). All recognized that once addiction was present, the only recourse was abstinence from the drug. Although conceptualized in various ways, this was recognition that something was physically changed in the person and that the only way out was permanent abstinence. And all knew that abstinence alone was not a solution; the person needed a spiritual change in order to stay abstinent. Carl Jung had suggested, in counseling one of the early recovering alcoholics in AA, that his only hope for recovery was a spiritual experience. Bill Wilson, co-founder of AA, realized that his own spiritual awakening was the key to finally

getting sober, long after his mind had been convinced that he couldn’t drink.

If spiritual awakening and renewal are key ingredients in recovery, why isn’t religion alone more successful in overcoming addiction? I think the answer to that is found in understanding the human spirit. The human spirit has a terrible time with admitting defeat. The internal voices, usually joined by well-intentioned external

If spiritual awakening and renewal are key ingredients in recovery, why isn’t religion alone more successful in overcoming addiction?

voices, keep insisting, “*You can master this thing if you try harder. Ask God to help you. Pray for success.*” This most natural “religious” response actually is counterproductive in most cases, as it increases the focus on *my* strength and determination, *my* efforts at self-control, *my* ability to lick this thing if I just try harder. It feeds my natural internal moralism and desire to do things my own way (pride).

Ernest Kurtz (*Not-God and Spirituality of Imperfection*) identifies the heart of spiritual awakening as accepting oneself as *human* rather than attempting to be God. This coming to grips with the essential limitation of being human usually happens after personal deflation, an experience of failure at being in control. Unfortunately for many of us, most religion is not helpful in guiding us through that process. Although the teaching is rooted in both Jewish and Christian Scriptures, the practice falls short. AA and other 12-step programs have two primary advantages over religion in this regard. First they focus on a single issue that unites them, the disease of addiction. Also the acceptance of each other as fellow travelers needing to help each other to stay sober themselves is a powerful focusing agent. Addicts who want to recover through religion usually are still playing God, rejecting the support of others out of pride or fear.

So although the pastoral care giver should be understanding and kind to the person who wants to get sober by practicing their religion, the responsible thing is to gently but firmly steer them toward the fellowship of AA. “*This is a gift God has given you to use—why not try it?*”

Some of the negative characteristics of organized religion are an embarrassment to those of us who are religious leaders. There are so many examples of religion feeding bigotry, moralism, and self-righteousness that it’s easy to focus on “spirituality” as being free from the baggage of organized religion, its sometimes sordid history, its unsavory politics, its preoccupation with prestige, self-protection and control. But religion also can provide a solid foundation for both understanding and practice of spiritual health. The apostle Paul wrote “*But*

the fruit of the Spirit is love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control" (Gal 5:22-23 NIV). Healthy religion is a tremendous resource for healthy spirituality, but one can have a spiritual awakening and experience spiritual growth without being religious.

One issue that is raised frequently in religious circles as well as society at large is whether the disease model is a way of avoiding responsibility. Although it can be used that way, viewing addiction as a real disease gives clear direction as to the nature of its treatment and the need to change life-style. The difference from some other major diseases, such as diabetes, cancer, and heart disease, is that the human spirit is a more critical player in accepting the changes needed for a restoration of health. But denial and resistance to change, as well as acceptance of needed treatment, are also factors in the response to other major diseases. Relapse is common with all of them, and we accept that more easily with diseases that seem more biological. It is easy to get angry at addictive disease because it is manifested primarily by negative behavior.

So the mystery of addictive illness is that it is both a brain disease and a spiritual process. Understanding its neurobiological basis gives us a foundation for accepting it as a real disease, which attaches itself to and can destroy the human spirit. The beauty of recovery is that the spiritual dynamics involved also lead to genuine happiness and contentment based on acceptance of being limited, i.e., truly human, and sharing of self with others. Pastoral caregivers are privileged to be in a position to promote a wider understanding of addictive illnesses as genuine diseases that respond best to the spiritual therapy provided in 12-step recovery meetings.

Suggested Resource Material

1. William L. White's *Slaying the Dragon* (Chestnut Health Systems, 1998) is the best work available in understanding the history of addiction treatment and recovery in America.
2. Ernest Kurtz has written two books that I think are absolutely the best in developing a good understanding of the spiritual dynamics of addiction and recovery.
 - *Not-God, A History of Alcoholics Anonymous*, Hazelden, 1979,
 - *The Spirituality of Imperfection*, written with Katherine Ketcham, Bantam, 1992
3. John Keller's *Ministering to Alcoholics* (Augsburg, 1966) is still an excellent resource to the pastoral care giver in understanding the nature of addiction and how to deal with it effectively.
4. Nora Volkow, MD, Director of the National Institute on Drug Abuse, *Drugs, Brains, and Behavior; The*

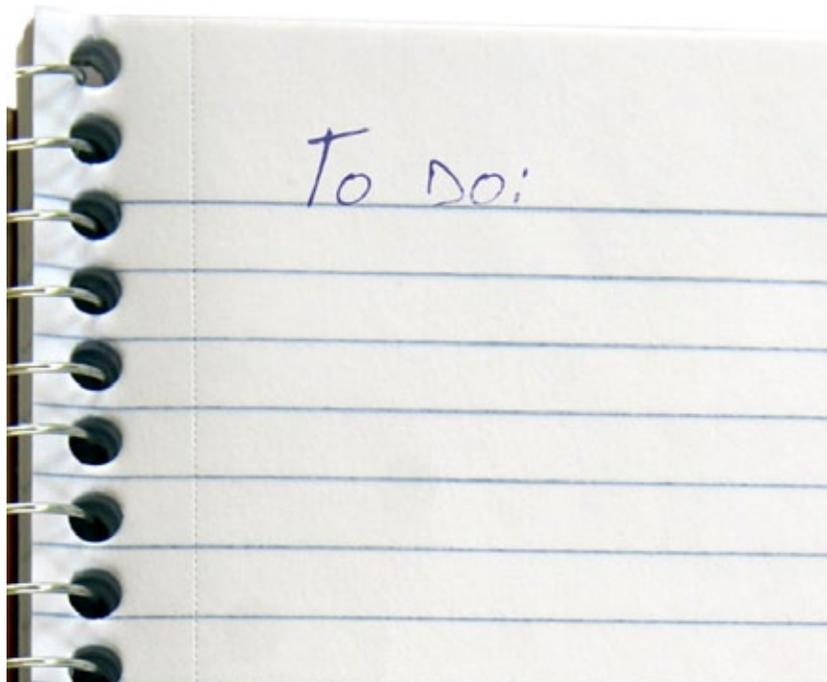
Science of Addiction (NIDA, 2007). This is an excellent free booklet that every pastoral care giver should have on hand to give to concerned individuals.

Carl L. Anderson, BCC, is an ELCA chaplain who has been in the substance abuse treatment field since 1969. After completing his seminary training at Luther in St. Paul, he completed a CPE residency at Lutheran General Hospital in Park Ridge, IL. After ordination in 1969, he served as assistant pastor at St. Mark Lutheran Church in Mount Prospect, IL, and was also employed as a part-time chaplain counselor in the addiction treatment program at LGH, where he was privileged to work with John Keller, Jean Rossi, PhD, and Nelson Bradley, MD. Carl completed an MS in Counseling Psychology at George Williams College in 1980, and has worked in clinical and administrative roles in the substance abuse and mental health field at Lutheran General, Parkside Medical Services and Rush University Medical Center. Currently he is the senior director of Resurrection Behavioral Health – Addiction Services in Chicago, IL.

Effective Pastoral Responses to Addictive Illness

Develop the ability to be compassionate to both addicts and family members.

1. Develop a working knowledge of addiction literature so you know the language and understand the current definitions used by professionals. Some of the best practical literature is available through the web sites of NIDA, NIAAA, NIH, etc. Their printed material is of high quality, written by top experts in the medical and research fields.
2. Learn the basics about 12 step recovery meetings. Read the *Big Book of AA*, *AA Comes of Age*, *Al-Anon Faces Alcoholism*, *12 Steps and 12 Traditions*. Attend some open meetings of AA and Al-Anon. Get to know at least one or two people in recovery who are willing to be resource people for you, both to get answers to questions and to help someone get involved in AA or Al-Anon.
3. Get to know local treatment programs and other professional resources so you can make referrals for assessments, interventions, and family counseling. Most treatment centers are happy to provide speakers and other resources for adult and youth groups.
4. Learn to talk naturally in your teaching, preaching, and counseling about addictive illness. Demonstrate that you are aware of how widespread these illnesses are, that you understand them as real diseases, that you recognize the value of 12-step recovery. Use positive examples of recovery that promote realistic optimism about addiction.
5. Develop the ability to be compassionate to both addicts and family members. These illnesses are very stressful to all parties. When you know they are living with a disease that needs to be identified and confronted, you can be compassionate and directive without becoming angry or moralistic. Alcoholics and family members sense your attitude and won't talk to you if you look down on them as weak-willed or inferior.
6. Welcome individuals who want to talk to you about his/her own or someone else's drinking or drug use. But be aware that one of the most frequent requests is, "Pastor, I'm worried about my husband/wife/son/daughter's drinking/drugging. Could you talk to them? When I complain, they don't listen or get angry." It is never a good idea to agree to this arrangement. Suggest that you would be happy to talk to them together instead.



7. Basic guidelines in discussing alcohol/drug problems in counseling:
 - Don't waste time talking about why they drink/use
 - Focus on the problems caused by using/drinking
 - Don't try to counsel someone who has been drinking/using. Simply say that we need to schedule another time when you have not been drinking.
 - Learn to refer early and effectively. Although it is tempting to feel that your warm understanding may make the difference, someone who does this professionally will just about always be more effective.

Toward A Theology of Addiction, Impacting Spiritual and Mental Health

From a spiritual perspective addiction is a deep-seated form of idolatry.

This article is a by-product of a lecture given at Lutheran Church of The Resurrection in Marietta, GA during a symposium on mental health issues. It has been adapted from Gerald G. May's book, Addiction and Grace.

“God became incarnate to save the addicted, and that includes all of us.”¹

For discussion purposes we can say that addiction takes two forms: substance abuse (drugs, alcohol, smoking, food, etc.) and non-substance abuse (sex, power, success, wealth/money, gambling, internet, physical exercise, etc.). This article maintains the presupposition that all addictions (substance and non-substance abuse) have an underlying spiritual component. I will deal with four aspects of addiction as it impacts upon our spiritual and emotional/mental health. I wish to examine:

- the spiritual components impacting addiction,
- the psychological mechanisms used that prolong addiction,
- a scriptural model for dealing with our addictions, and
- that which enables us to deal with our addictions and promotes spiritual and mental health.

A working definition might be that addiction is that which separates us from or interferes with that which God had intended for us in creation. Addiction displaces and supplants God's love as the source and object of our deepest true desire. Addiction is the absolute enemy of human freedom. Words like imprisonment, slavery, subjugation and the need for deliverance are words used to describe human experiences in addiction. It is no accident that these words are also used extensively in scripture to describe the loss of human freedom.

A. Spiritual/Scriptural Components Impacting Addiction

Genesis 1- 3 Creation and the Fall

Genesis tells us that God made Adam and Eve out of the earth and with his breath. God looked upon them and saw that they were very good and blessed them. Free-



dom of human choice is evident at creation with God's admonition, “You may eat of all the trees in the garden except for the tree of the knowledge of good and evil, for on the day you eat of it you shall most surely die” (Genesis 2:16-17). God has given us free will, to freely choose — without coercion or manipulation — to love

Addiction is that which separates us from or interferes with that which God had intended for us in creation.

him in return. Eve was tempted and told that God was lying, that if she ate the fruit she would become like God. In essence the serpent tells Eve, “You can handle it.” This temptation distorts one's God-given will into an autonomous willfulness that is antagonistic to God's

¹ May, Gerald G. *Addiction and Grace*. New York: Harper-Collins, 1988.

intended purpose for us. Eve gave in to temptation, tried some, gave Adam some and then, when confronted by God, Adam blames Eve and Eve blames the snake. When God confronts Adam and Eve in their disobedience they immediately resort to excuses and rationalizations. They manifest some of the qualities of the addicted personality. Eve and Adam's story is re-enacted in each of our addictions.

Temptation is the beginning of the birth pangs in the addiction process. Once we give in to temptation our freedom is invaded and we experience the desire for more. Temptations certainly are not sent by God to find out how good we are. God already knows that we are good; it is for us in our free will to discover and experience that goodness. In addictions we are brought to our knees in humility that may show us the way of goodness and allow us to choose that goodness with our whole being.

Consider James 1:13, "No one when tempted, should say, 'I am being tempted by God,' for God cannot be tempted by evil and he himself tempts no one. But one is tempted by one's own desire, being lured and enticed by it."

The Israelites Forty-Year Desert Experience

The most powerful scriptural metaphor of our journey in addiction is the desert sojourn of the Hebrews. God led the people of Israel out of slavery toward the Promised Land, but their journey took them through great deprivations. In the desert they experienced all the characteristics of addiction and of the addicted personality. This journey was as agonizing for God and as frustrating for Moses as it was for the people of Israel. They experienced the stress and fear of withdrawal symptoms, longing for the old days of slavery. They hoarded more of their manna than they needed and it rotted. They deceived themselves with idolatry and excuses. They made resolutions to obey God's commandments, only to apostatize when left to themselves. Their focus was so skewed that they became lost in idol worship while surrounded by enemies. They acted in self-centered, narcissistic, manipulative ways, with self images so eroded that at times they wished they had died in slavery.

This often mirrors our journey. No one escapes the deserts of life. It is in the desert of our life where the battle with addiction takes place. At times that desert can erode our lives until it seems for us too that the only alternative is death.

From a spiritual perspective addiction is a deep-seated form of idolatry. The objects of our addictions become our false gods. Our addiction then displaces and supplants God's love as the source and object of our deepest desire. We no longer wish to first love God and then to love one another.

The Old Testament, the Law and Torah

The history of the Old Testament, the Law and Torah help guide and protect humanity from the inevitable

consequences of excessive addiction and its empty promises of autonomy. The writer of Ecclesiastes speaks: "Whatever my eyes desired I did not keep from them; I kept my heart from no pleasure...all was vanity and a chasing after wind" (Ecclesiastes 2: 10-11).

*Eve and Adam's story is re-enacted
in each of our addictions.*

The law was intended as a means of grace, in the sense that it was established by God to help foster and mark the path to freedom and love. The Psalmist writes, "Grant me the grace of your Law...Had your Law not been my delight I should have perished in my suffering" (Psalm 119:29, 92). As a means of grace, the law is that which reveals a caring loving God. It was Christ who came to fulfill the Torah. He had no intention of changing it. However, Jesus did vehemently denounce those who were addicted to its letter instead of seeing the law manifesting and revealing a loving God.

The powerful, monolithic Yahweh of the Old Testament speaks tenderly and with hope in Jeremiah and Isaiah, "For I know the plans I have for you, says the Lord, plans for welfare and not for evil, to give you a future and hope. Then you will call upon me and come and pray to me, and I will hear you. You will seek me and find me, when you seek me with all your heart" (Jeremiah 29:11f). "Fear not, for I have redeemed you; I have called you by name, you are mine. When you pass through the waters I will be with you; and through the rivers, they shall not overwhelm you; when you walk through fire you shall not be burned and the flame shall not consume you. For I am the Lord your God, the Holy One of Israel, your Savior" (Isaiah 43:1-3a).

Jesus and the New Testament

In the context of addiction, Jesus' life and teachings can be seen as threefold:

1. Jesus gave powerful and unequivocal statements on the necessity of relinquishing addictions in order to love God and neighbor. One example is Jesus' encounter with the rich young man in Matthew 19.
2. Jesus explained and exemplified the nature of life free from addictions and attachments, lived in true liberation and love. "I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy, and my burden is light" (Matthew 11:29-30).
3. Jesus' life and the events leading to his crucifixion are twofold in respect to addictions and attachments: a) it demonstrated the lengths to which people would go to protect their attachments; b) it demonstrated the extent to which God would go to

liberate persons from their attachments. His resurrection claims the absolute victory over attachments. This is the Good News.

The Beatitudes of Jesus' Sermon on the Mount (Matthew 5: 1-11) are an unparalleled testimony to the glory of freedom from addiction. They exemplify the promise of blessedness that comes, not only from the battles with one's addictions, but also from being unwillingly deprived of their gratification. For Christ, the way to grace and forgiveness, away from all possible addictions and attachments, is through him: "I am the way," "Follow me," "I am the bread of life," "I will give to you living water," "He who comes to me will never hunger," "Come unto me all you who labor..." Jesus is the new Adam, entering the world to bring about a reconciliation of humanity with God.

These spiritual components impacting addiction are challenged in a world characterized by rapid social change and the erosion of traditional beliefs, practices and institutions. The severity of addiction can often be related to the degree that one has the context, structure and support mechanisms to deal with changes such as these.

B. Psychological mechanisms employed that impede recovery/transformation (particularly, though not exclusively, in major substance abuse addictions)

Denial and Repression:

The person ignores and rejects any sign of increasing use of substance (chemical addiction). There is no problem. As evidence mounts, the addicted person must use increasing psychological energy to keep the truth out of his/her awareness. This is the beginning of repression. A pattern of denial and repression breeds a sense of alienation from oneself.

Rationalization:

Denial and repression fail, so there is a need for a new defensive measure. The person turns to rationalization and excuses in an attempt to justify his/her behavior. For the addicted person these are not intentional lies. The person comes to the stage where he/she believes they are actually true.

Hiding:

Denial, repression and rationalization do not necessarily stop. They simply fail to keep the truth hidden. If the truth cannot be hidden from the addicted person, then it becomes increasingly important to keep the truth hidden from others. In addition to alienation from oneself, the person now experiences a growing sense of isolation from other people. A depressive, guilty, self-disparaging atmosphere now pervades the addicted person. To compensate he or she may put on a mask of competence, and even good humor.

Delaying Tactics:

There comes a time when the person resolves to master the addiction. The "resolving to resolve" stage can prohibit any real action from taking place for years at a time. One may procrastinate by looking for an ideal time to stop. The mind is ingenious at complicating the process of quitting.

Jesus' life and the events leading to his crucifixion...demonstrated the extent to which God would go to liberate persons from their attachments.

"I can't handle it":

Repeatedly failed resolutions eventually lead to depression. In the passive response to defeat, the addicted person is besieged with feelings of shame, remorse and guilt. This self-hatred may lead to suicidal impulses. An aggressive response to repeated failure could lead a person to say, "To hell with it."

"I can handle it":

If a person is successful in stopping addicted behavior, another mind trick comes into play: starting with joy at the liberation of doing it, that joy is soon replaced by pride. Often these people feel they have "it" licked now, and convince themselves they can now handle "it." Here the pure joy of success and freedom has been turned into an excuse for renewed failure and enslavement. Another fall often follows after "I can handle it."

Break Down:

The fall is an abject crashing from the pinnacle of pride. When recognized, it brings guilt, remorse and shame, and self-respect disappears. Suicide might once more be considered.

Collusion:

Mind tricks of addiction are contagious. There is this thing called co-dependency. People actually weave their own webs of deception. Ironically, it is the most sympathetic, compassionate and loving persons in the addicted person's social circle who are most likely to enter into such collusion.

C. Jesus in the Wilderness – A Model for Dealing With Addiction

One model for dealing with addictions lies in the New Testament account of Jesus' temptation at the end of his forty days in the wilderness. This is an intentional parallel to the Hebrews' forty years of wandering in the wilderness. Both the people of Israel and Jesus were hungry and left vulnerable.

1. Satan suggests Jesus satisfy his hunger by turning stones into bread, a suggestion similar to Satan's invitation to Eve to play god by using her autonomous personal power to seek satisfaction other than in her relationship with God.
2. Satan tempts Jesus to manipulate God's power for the sake of his own self-indulgence by jumping off the temple.
3. Satan offers the entire world if Jesus will make Satan his god. This, of course, is the ultimate invitation to idolatry.

Jesus' actions and response reveal the way through our own deserts:

1. Jesus stood firm. In his wilderness experience He did not seek to deny or run away. He did not rationalize. He met the adversary head on and he faced the temptation for what it was. So we are not to run, deny, or rationalize in our deserts but rather to confess and face our temptation to addictions and attachments.
2. Jesus used his free will with dignity. God's activity is not controlling. He preserves and protects our precious edge of human freedom. Jesus had a choice. He acted with strength. We have choices to make. God calls us and invites us but He does not control our responses. We alone bear the responsibility for the choices that we make.
3. Jesus did not use his freedom willfully. The responses of Jesus to the temptations of attachments and addictions posed by Satan were not his own autonomous creation for his own satisfaction. He relied upon the Law. All three responses were quotations from the Torah. How important is this in our culture that is often driven by the Nike slogan, "Just Do It"?

D. What is needed: Honesty; Dignity; Community; Responsibility and Simplicity, but the greatest need is Grace

Understanding, will power and fortitude will not break the addiction process. Consider the Apostle Paul's words: "I do not understand my own actions. For I do not do what I want, but I do the very thing I hate...I can will what is right, but I cannot do it. For I do not do the good I want, but the evil I do not want is what I do" (Romans 7: 15-19).

Honesty:

In religious language, this is confession. We must accept our addictiveness. Not to affirm it, mind you, but to *admit* it. If we do not overcomplicate it, good solid guilt marks the beginning of repentance. We acknowledge our inability to handle it ourselves. This requires great courage and strength, and we cannot use failure as an excuse to quit trying.

Dignity:

Honesty risks that God is good. Dignity risks that we ourselves are good. We are created in God's image, created out of love, created with the goodness of God within us. It does not depend on our self-image. When our self-image is low, the result is depression. This is not necessarily a major psychiatric depression. Addictive depression

The power of community includes not just love that comes from others and through others, but love that pours forth among all people involved, including the recovering addictive person.

has an energy all of its own. We cannot do this alone. Left to ourselves, we simply do not have the strength either to be honest with ourselves or to claim our own dignity.

Community:

We need a friend to keep us honest. We need spiritual companionship and accountability. Involvement with others is an essential component. Another's eyes are essential because our own eyes see only what they want. The thing that makes choosing a spiritual companion most difficult is what makes it most helpful: it destroys our inner secrecy. Being seen by others is part of our desert experience. Being in community involves more than just having other people's perspective and support. The power of community includes not just love that comes from others and through others, but love that pours forth among all people involved, including the recovering addictive person. One way that this can be seen is when love and power flow forth from the sacramental rites of the faith community.

Responsibility:

At its simplest level this means respecting first ourselves and then those around us. Responsibility requires taking action. We cannot fashion love with our own hands, since it has already been given. But neither can we sit on our hands, waiting with passivity for God to work miracles upon and for us. We are neither gods nor puppets. Authentic responsibility means acting with our best prayerful judgment, acting without complete sureness, acting in faith, with our hands open to receive God's assurance and guidance.

Simplicity:

Perhaps nothing is more simplistic yet more complicated than resisting the next temptation to engage in addictive behavior. This empowerment comes by taking action

based on God's promise, trusting his Word and acting in faith on God's promise to be with us in our deserts. Much easier said than done!

The greatest of all is Grace

Just as addiction obstructs God's intent for us, created for love and freedom, it is grace that is necessary for the realization of God's intent for us. Grace can't be possessed. It is eternally free and like the Spirit that gives it, it blows where it will. We can seek it and try to be open to it, but we cannot control it. God is trying to give us good things, but our hands are clenched full of things to which we are addicted. The wanting, yearning, longing quality of pure desire is natural and God-given. But the grasping, clinging, possessive quality of addiction is something very different. Our addictions plug up the spaces within us, spaces where the grace of God wants to flow.

For the people of Israel, for Jesus and for us in the deserts of our life, this is where the battle of addiction takes place. For the people of Israel throughout their desert experience, God guided them, protected them, suffered over them, commanded them, continually inviting and empowering them to experience the opportunity to choose to trust and to love. Jesus' actions in the desert reveal to us the way through our deserts. The power of grace flows most fully when we face a situation, confront it as it is, and remain responsible for our choices, and at the same time turn to God's grace for protection and guidance as the grounds for our choices and behavior.

The desert, for us, is the discovery of our weaknesses and yet the power of God's grace. Our deserts teach us about the limits of personal power and point us toward the constant center of ourselves, where our dignity is found in our dependence upon God. Our desert becomes our garden only when God's grace rains upon the areas of our lives that, because of our addictions and attachments, had become deserts.

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Pastoral Care and Addictions in a Prison Setting

The calling to serve as a pastor/chaplain in a correctional setting, to provide pastoral care in a prison, is a unique ministry, and certainly not for the “faint of heart.”

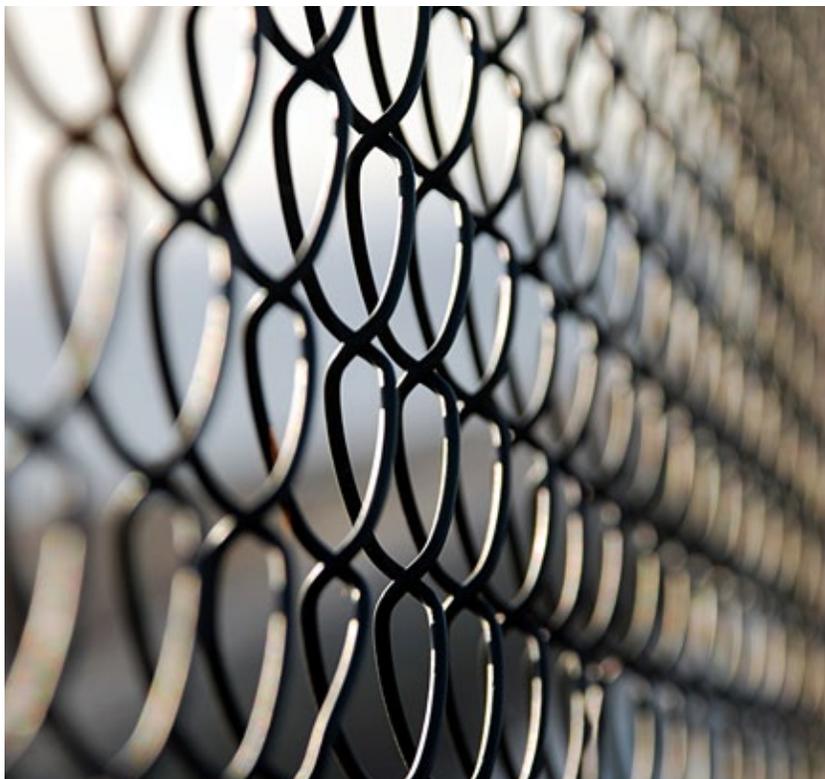
The Kingdom of Prison is like...

The Kingdom of Addiction is like...

The Kingdom of Healing/Dealing with Addiction in Prison is like....

Jesus was well known for His ability to communicate the Word through the telling of parables. And we each have our favorites, even if they have developed a misleading title, like “The Prodigal Son” rather than “The Compassionate Father.” When reflecting on providing pastoral care to those with addictions, this article will focus primarily on alcohol and chemical addictions in the correctional setting. Thus, a couple of contemporary parables might help us reflect on the issues of theology, pastoral care, and societal expectations.

In a federal correctional Detention Center, the U.S. Marshals bring in a young woman who has just been arrested. It is her first arrest, and she was busted for being a “mule” for her “significant other.” He had managed to get her addicted, so that she was willing to transport his manufactured drugs in order to help support her two children as the result of previous “parties.” As she goes through the booking process and orientation at the facility, she discovers she is starting to go through withdrawal. She is bombarded with the rules and regulations of the facility. In the middle of all this, she cries out, not only for help from the medical folks, who don’t seem to care or are too busy, but also for all those folks she needs to talk to now. “Is there anybody in this place who’s willing to help me, or even cares about what is happening to me?” “I need help — does God even care?” “Isn’t there somebody I can talk with who will help me?” The chaplain comes by in making her rounds. She listens to the litany of this woman’s brokenness, her struggles to justify what has happened, and the list of things that need immediate attention, such as phone calls to her children and their caretaker, medical care, and finding out what is going to happen to her. And the list grows in the 15-minute encounter. The chaplain attempts to explain the limitations of the prison and her position. She continues to offer help to the inmate, detailing the process of the criminal justice system when someone is arrested. The chaplain attempts to help the woman realize what she is allowed to do and not do in the midst of her withdrawal symptoms. The conversation ends with the Chaplain offering to pray with her. After the prayer,



the inmate asks, “Can I trust you?”

Another “parable.” There is a Bible class being conducted by the staff chaplain in a medium security state prison. Most of the 18 participants reflect this institution’s demographics, where the average sentence is for 20-30 years, and where 70% of the population is doing time for a drug and/or alcohol related crime. The

“Is there anybody in this place who’s willing to help me, or even cares about what is happening to me?” “I need help — does God even care?”

class also includes a couple of men doing time for manslaughter, serving sentences of less than 10 years for their crimes (which included the death/murder of a father in one case and the “accidental death” of a child in the second case). They have been discussing forgiveness,

because one of the men had read a book entitled, *Seventy Times Seven, The Power of Forgiveness* by Johann C. Arnold. The discussion moved to Scriptural passages raised by the participants such as: **Matthew 6:14-15**— “For if you forgive others their trespasses, your heavenly Father will also forgive you, [15] but if you do not forgive others their trespasses, neither will your Father forgive your trespasses.” **Matthew 18:21**— “Then Peter came up and said to him, ‘Lord, how often will my brother sin against me, and I forgive him? As many as seven times?’” **Matthew 18:35**— “So also my heavenly Father will do to every one of you, if you do not forgive your brother from your heart.” **Mark 2:10**— “But that you may know that the Son of Man has authority on earth to forgive sins.”

One of the men raises an often-repeated nagging question. He states that he knows in his mind that Jesus has died for the forgiveness of his sins. He recalls how he was reassured that when he made the decision to become a Christian, prayed with a jail chaplain to follow Jesus, that he was totally forgiven of everything that he had ever done. He knew he had made the right decision and he knew that the Lord had forgiven him for what he had done in the past. He asks, “But how do I forgive others? You know — like the lawyer who ‘didn’t do his job,’ the father who disowned me when I was arrested and told me that I would get in trouble for using drugs, the ‘friend’ who rolled over on me to the police so that he would get less time; and, finally, how do I forgive myself for getting in this much trouble?” He finishes by saying, “I’ve lost everything...my family, my job, my money, and I am not even sure that the Lord still loves me and forgives me, because I still keep getting in trouble in here.”

For a full-time prison chaplain who is performing the responsibilities of the position (I want to note that there are state and federally paid prison chaplains who are “doing time,” and only complete what is needed to maintain employment, with “those wonderful benefits and early retirement.” I note this because it is one of the issues that are raised in doing pastoral care in a correctional setting, regardless of the addiction involved) and also fulfilling what she or he believes are the commitments of being a Christian pastor within denominational obligations, these two incidents raise a number of issues.

One of the major issues in the “*sitz im leben*” of the correctional environment is, “Who can I trust?” And if you can’t trust the chaplain, whom *can* you trust? Everything in the correctional setting is primarily a “No.” Most requests made by inmates are answered with a “No.” Staffs are instructed to answer every request with “No” — “You can always go back and say ‘yes’ later.” The orientation processes of the institution to both staff and inmates lay down the “No’s,” the “Dos and Don’ts.” Staff members are told and may quickly experience, “You can’t trust inmates.” Inmates also learn that you can only trust other inmates so far. This is all about “self-survival ... and I seem not to have handled that too well.” It does not take long for the “fish” (the new inmate) to learn that

the game of “cops and robbers” did not stop when the individual was arrested. The addicted inmate learns that prison seems to be just a microcosm of what was happening on the streets, with addiction, with fears, with the unknown, and the haunting question, “What is going to happen to me?”

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In the middle of this setting, we can throw in some other variables:

- The perception of a “corrupt” criminal justice system — whether you can afford a good lawyer, whether the “authority” — cop, judge, prosecuting attorneys, an assigned defense attorney — is on the take, and that list can go on.
- Our society is “fickle!” We swing from wanting people to come out of prison as rehabilitated, productive, positive citizens who participated in expensive educational, psychological and religious programs while incarcerated. Then we go to the other end of the spectrum: We need to cut those state or federal budgets since “those programs don’t work anyway — so just lock them up and throw away the keys (It is always interesting to ask the person in that discussion, “Since 9 out of 10 inmates will return to their community, would you want them to live next door to you if they were not ‘rehabilitated?’”).”
- There is the “leprosy” that follows an ex-offender.

Those who are serving time already know these factors and more prior to an anticipated release. Almost every employment application asks about an “arrest record.” Finding a place to live may require disclosing one’s “criminal history.” You can add other issues, such as getting a driver’s license, having contact with children/family/loved ones, and sanctions against contact with other felons. These days, the most diseased “leper” going into and coming out of the criminal justice system is the sex offender. This is such a terrifying addiction that we have these individuals register, and few if any halfway houses or re-entry programs will assist them.

As part of a presentation by this writer at Concordia Theological Seminary, Ft. Wayne, Indiana in October 2008, in an effort to recruit or at least have seminarians consider doing volunteer or full-time prison chaplaincy,

I discussed the agendas of four groups that are involved in prison ministry.

The *first group* is the wardens and superintendents of the local institution, with their staff of correctional officers and support staff, whose focus includes but is not limited to:

1. Security, administrative concerns, and “Cleanliness is next to Godliness.”
2. Responsiveness to directors, funding sources (Congress or corporate headquarters for private profit-making prison companies), and the public, especially the media (sometimes referred to as the “funny papers”), and “those people (TV and radio) lie.”

The *second group* would be the inmates. The ACA Handbook for Volunteers in Prisons and Jails, entitled *Helping Hands*, by Daniel J. Bayse, provides helpful information regarding inmates’ daily routine, including the following descriptions from his book:

1. Types of inmates: “tough guys,” “manipulators,” “kiss-ups,” “depressed,” “religious,” “do your own time,” and “gang members.”
2. The Triangle: good guys, bad guys and rescuers (or victims, persecutors and rescuers).
3. “The Code”: be loyal, be cool, be straight (with other inmates), be tough, be sharp, be right! (A helpful book is entitled *Games Inmates Play, How You Can Profit by Knowing Them*, by Bud Allen and Diana Bosta).
4. Why inmates come to Chapel: Bayse’s section on “Many Inmates are Religious People,” (pages 37-39) describes some of the characteristics one has to deal with when providing pastoral care to those incarcerated, although it does not specifically address the addictive personality.

The *third group* that can be helpful in providing pastoral care to inmates, especially in dealing with substance abuse inmates, are volunteers. Self-help groups such as Alcoholic Anonymous and Narcotics Anonymous, along with “religious” volunteers can add a great deal to the healing process for the incarcerated addicted inmate. As prison chaplains incorporate volunteers in the healing process, there are several factors that need to be included in their orientation and training. The following concepts are offered:

1. Four “P’s”:
 - PURPOSE - What is my motive for being in this ministry?
 - PATIENCE - Who or what do you want to change?
 - PERCEPTIVENESS - What is ‘Ministry of Presence?’ How well do I observe appearance, behavior, moods? Do I listen before I speak/judge?

- PERSISTENCE - Do I have the ability to endure, be reliable and consistent?
2. Stages to Effectiveness (adapted from Bayse’s book, pages 42-43):
 - Do I feel sorry for the inmates? Do I expect good treatment from the staff & inmates since I am donating my time? Are inmates objects or people?

Self-help groups such as Alcoholic Anonymous and Narcotics Anonymous, along with “religious” volunteers can add a great deal to the healing process for the incarcerated addicted inmate.

- After a while: Am I angry at the system for the way it treats inmates, their families, me? Have I figured out how to fix all the problems of the prison, the criminal justice system, the inmate, the chaplain?
 - Move to a more balanced position of dealing with the strengths and weakness of personnel, programs, and the institution, etc.
3. Qualities to look for in volunteer chaplains (adapted from Bayse’s book, pages 43-48): ETHICAL; GOOD LISTENER; EMPATHIC BUT NOT GULLIBLE; RESPECTFUL; GENUINE; PATIENT; TRUSTWORTHY; WILLING TO CONFRONT; OBJECTIVE — AWARE OF BIASES; EXPECT HOSTILITY; DON’T EXPECT TO BE THANKED — at the human level anyway!
 4. Fourthly, the prison chaplain, with her or his perception of chaplaincy being fulfilled, along with these other groups noted below:
 - Chaplain’s view: Do I see myself as a servant, boss, servant-leader?
 - Inmate’s view: How do I see the chaplain? A cop, an easy mark, a ‘man/woman of God’? Do they believe I really care, or does it depend on which inmate you ask?
 - Staff (correctional and support staff) view: Whose side is she/he on anyway? Does he think that he is my pastor? Would I even trust her to go to her?
 - Administration’s view: Is the chaplain taking care of business? Is she loyal to me, to God or both?
 - Volunteer’s view: Perhaps all of the above plus...

In the midst of all this is still another major dilemma for incarcerated addicts: “What is my self-perception

and my personhood in all of its brokenness?” Not only are they living in an environment of “Don’t trust,” they don’t know how to trust themselves or any other persons. They may have trusted a loved one and then experienced what all of us have had — trust broken by a loved one — once or perhaps repeatedly. This adds to the fear of trusting and the ability to receive forgiveness from the Lord, from others, and from themselves.

We can, of course, include a number of other factors of what we know about “addictive” behaviors. We will set aside the debate of whether addictive personalities are genetic or environmental. The reality for the incarcerated addict is that he or she is in a prison where there is some programming available to participate in the healing process, which may or may not include the chaplain in the treatment program.

It should be noted that there are some federal and state prisons that have a specifically designated mission of providing treatment for inmates incarcerated where substance abuse was part of the crime for which there was a conviction. With the rise of “faith-based programming” under various administrations, the number of institutions has been increased. This treatment program may be either a whole institution or specifically designated housing unit(s) within the institution. This may include the addicted inmate being allowed to participate in individual and group sessions, self-help group volunteer programs from the community, and the religious faith preference of the inmate to be included in the program, which includes the staff chaplain. An example of this is the Illinois Department of Corrections, which has a state low security prison, located in East St. Louis, Illinois, where the entire institution’s focus is dealing with substance abuse addicted inmates and their re-entry into society, which incorporates the use of “faith-based programming” and re-entry programming.

As noted “pastoral care” will depend on the facility and the limitations placed on the staff chaplain, as well as the use of volunteers by the administration and/or bureaucracy of the system.

In the midst of all of this, there are some foundational pastoral care opportunities that need to be included for the incarcerated addict by a Lutheran Chaplain, whose ordination vows included the pledge to the Lord and His body, the Church — specifically, the faithful use of the “Means of Grace” in word and sacrament ministry. This includes but is not limited to providing the following opportunities to the addicted inmates:

1. The use of private confession and absolution. A number of “addicted inmates,” along with me, the chaplain, have experienced the healing power of walking through Luther’s Small Catechism’s explanation of the 10 Commandments, and using them in private confession and absolution. One of the more effective methods that I have used has been to have the participant writes how he has violated each commandment in his or her lifestyle or “addictive behav-

ior,” and then hear the word of forgiveness from me as chaplain. The addicted inmate is almost always surprised how she or he violated all Ten Commandments. This process then lends itself to another gift from our Lord.

As with Bible class, so the pastor/chaplain can use the weekly worship service to minister to all the inmates who are in attendance, including them in the ministry of reconciliation.

2. Through the confession and absolution process, it is helpful to have the participant do two things in daily prayer time. First, say to oneself (out loud, if they are in a situation to do that), “Today, in the name of Jesus, I forgive myself for [they fill in the blank with a sin committed that day or something from the past].” The notion here is to receive and claim from the Scripture reference, **Romans 12:1-3**, “I appeal to you therefore, brothers, by the mercies of God, to present your bodies as a living sacrifice, holy and acceptable to God, which is your spiritual worship. [2] Do not be conformed to this world, but be transformed by the renewal of your mind, that by testing you may discern what is the will of God, what is good and acceptable and perfect. [3] For by the grace given to me I say to everyone among you not to think of himself more highly than he ought to think, but to think with sober judgment, each according to the measure of faith that God has assigned.” The second part of this daily prayer process is for the participant to also say out loud, asking him to glorify the Lord, this sentence: “Today, I am grateful when I did this...” The participant is also ask to keep a journal of these “confessions” and “complements” and then reflect on them to look for patterns, discussing it with the chaplain providing the inmate’s pastoral care.
3. Encourage the participant to be active in Bible classes that are led by the chaplain. There is the reality here that some staff chaplains do not conduct Bible classes or conduct worship services, rather making use of volunteer “chaplains.” For those chaplains who *are* providing Bible classes, this is an excellent opportunity, as noted in Parable # 2 above, for dealing with issues and having healing happen for the addicted inmate.
4. As with Bible class, so the pastor/chaplain can use the weekly worship service to minister to all the inmates who are in attendance, including them in the ministry of reconciliation (**2 Cor. 5:18-19**, “All

this is from God, who through Christ reconciled us to himself and gave us the ministry of reconciliation; [19] that is, in Christ God was reconciling the world to himself, not counting their trespasses against them, and entrusting to us the message of reconciliation”).

5. The pastor/chaplain, where inmates are allowed to meet in the chapel for prayer and other fellowship activities, might encourage his inmates receiving pastoral care for addictive behaviors to participate in those groups and activities that will assist in continued growth, self-awareness, and being sensitive to co-dependency issues.

By the grace of our Lord He equips the pastor/chaplain to be faithful in a Word and Sacrament ministry in the correctional setting by ministering to those with addictive personalities (which includes both inmates and staff — addicted to some “sin”) as summarized in some of the following Scripture references:

Matthew 22:34-40, “But when the Pharisees heard that [Jesus] had silenced the Sadducees, they gathered together. [35] And one of them, a lawyer, asked him a question to test him. [36] ‘Teacher, which is the great commandment in the Law?’ [37] And he said to him, ‘You shall love the Lord your God with all your heart and with all your soul and with all your mind. [38] This is the great and first commandment. [39] And a second is like it: You shall love your neighbor as yourself. [40] On these two commandments depend all the Law and the Prophets.’”

Hebrews 13:3, “Remember those who are in prison, as though in prison with them, and those who are mistreated, since you also are in the body.”

Matthew 25:36-40, “I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me.’ [37] Then the righteous will answer him, saying, ‘Lord, when did we see you hungry and feed you, or thirsty and give you drink? [38] And when did we see you a stranger and welcome you, or naked and clothe you? [39] And when did we see you sick or in prison and visit you?’ [40] And the King will answer them, ‘Truly, I say to you, as you did it to one of the least of these my brothers, you did it to me.’

Col. 3:12-17, “Put on then, as God’s chosen ones, holy and beloved, compassion, kindness, humility, meekness, and patience, [13] bearing with one another and, if one has a complaint against another, forgiving each other; as the Lord has forgiven you, so you also must forgive. [14] And above all these put on love, which binds everything together in perfect harmony. [15] And let the peace of Christ rule in your hearts, to which indeed you were called in one body. And be thankful. [16] Let the word of Christ dwell in you richly, teaching and admonishing one another in all wisdom, singing psalms and hymns and spiritual songs, with thankfulness in your hearts to God. [17] And whatever you do, in word or deed, do

everything in the name of the Lord Jesus, giving thanks to God the Father through him.”

Finally, it should be said that the calling to serve as a pastor/chaplain in a correctional setting, to provide pastoral care in a prison, is a unique ministry, and certainly not for the “faint of heart.” However, just as the Lord seems to provide the means for the person who finds himself incarcerated because of an addiction to survive the sentence, so the person called by the Lord to serve in such a setting will be provided with a sense of how He wants that ministry accomplished to His glory. After all, He is with us even to the end of the age.

In addition to the references noted above, the following have also been helpful:

- *Essentials for Chaplains*, edited by Sharon E. Cheston and Robert J. Wicks (and other books by Robert J. Wicks, such as *Touching the Holy*, and *Seeds of Sensitivity*)
- *The Wounded Healer* by Henri J. M. Nouwen (as well as a number of his other books)
- *The Cost of Discipleship*, *Letters and Papers from Prison*, and *Fiction From Prison, Gathering Up the Past* by Dietrich Bonhoeffer (and other books by him)
- *Shadows of The Heart* by James D. Whitehead and Evelyn Eaton Whitehead.

Make use of materials from AA — including using volunteers from AA and NA groups, if you can get them through the security process to become regular volunteers.

Pastor E. James Rivett, M. Div., M.S.W., is presently serving as pastor of Our Redeemer Lutheran Church, Golconda, IL. and also as Prison Ministry Coordinator of the Southern Illinois District, LCMS - which currently has lay and pastor volunteers participating in Prison and Jail Ministry in approximately 25 facilities, including Federal, State, and County Jail facilities. Currently he goes into several state facilities, including a “Juvenile” facility, as a “volunteer Chaplain,” conducting Worship Services, Bible Classes, and Pre-Marriage Seminars. He also served as a full-time Chaplain with the Federal Bureau of Prisons from 1982-2002, and a contract and volunteer Chaplain at U.S.P. Marion from 2002-4, and 2008-09, respectively. For more information about the Prison Ministry being done in the Southern Illinois District and how to contact Pastor Rivett, go to www.sidlcms.org, click on “SID Missions” and go to “Prison Ministry”.

Keller's History of Ministering to Alcoholics

It is good to know that alcoholism is now included in the pastoral care curriculum in many seminaries, and that many pastors (hopefully the majority) are enlightened and able to care for alcoholics and their families.

In 1950 Nelson J. Bradley, a physician, became the superintendent of Willmar State Hospital in Willmar, Minnesota. This hospital was not only for the mentally ill but also for "inebriates" (alcoholics). They were sent there to be "dried out." Dr. Bradley decided that better treatment needed to be created for these patients and their families.

Together with the staff, he proceeded to develop an extensive wholistic treatment program with an interdisciplinary team. That meant that each discipline needed to understand and accept the other disciplines. The team would also include recovering alcoholics who were active in Alcoholics Anonymous (AA) and who had demonstrated sustained periods of sobriety. They would have the position of alcoholism counselors. This was a radical approach to a professional treatment staff. In addition, the philosophy of AA (12 Steps and fellowship) would be integrated into the treatment program.

At that time Pastor Fredrick "Fritz" Norstad was Director of Chaplaincy for the Lutheran Welfare Society of Minnesota (LWSM). He and Pastor Luthard Gjerde, Executive Director of LWSM, became acquainted with Bradley and the evolving treatment program. Bradley told them there was a need to have a pastor on the team because of the wholistic care and the spiritual realities within alcoholics, alcoholism and recovery.

In 1955, when I was pastor of a new mission congregation in Palatine, Illinois, a northwest suburb of Chicago, Fritz contacted me and said, "We have been looking for a pastor to go into specialized ministry in alcoholism, and we think you are the guy." This made no sense to me. I was surprised and bewildered. My ministry excluded any interest in or knowledge about alcoholism. He said they wanted to send me to Willmar State Hospital to be a member of the treatment team and to stay there until I had gained enough understanding of alcoholism, treatment and recovery to share with pastors and the church. My answer was "No."

Some months later he contacted me again and said, "We have been looking, and we still think you are the guy." I had no idea why they had come to this conclusion. After spending an evening with James Raun, chairman of the church council of the new mission congregation and assistant director of Lutheran Home Finding Society (later Lutheran Social Services of Illinois) and



me, Gjerde went to Fritz and said, "I think I found the pastor." Throughout that evening there was no mention of alcoholism or Willmar. How he came to that conclusion still surprises me.

This time Fritz said, "Before you say 'No' again, will you do one thing? Will you go and spend some time with Dr. Bradley?" That still didn't make sense, but I said that I would.

"We have been looking for a pastor to go into specialized ministry in alcoholism, and we think you are the guy."

After a meeting with Bradley, I came to the conclusion that there was a real need, challenge and call for me to enter this new ministry. Leaving the new mission congregation after such a short period of time was an extremely bewildering and painful experience for the members and

for me. There was no way they could comprehend such a call at such a time, or my acceptance of it.

In 1955 the Board of Directors of LWSM requested that The American Lutheran Church issue me a call to enter this specialized ministry. At my installation service, Fritz said, "The church is sending its first missionary to the dark continent of alcoholism." That sounds strange now, with so many pastors understanding alcoholism and accepting alcoholics and even having AA meetings in their churches. However, for the church back then, it truly was a dark continent for alcoholics and their families, as well as for me.

One of the first things I learned at Willmar was that there were two groups that alcoholics couldn't tolerate: police and preachers! Their distaste for preachers was based on the church's lack of understanding of alcoholism and its moralistic, judgmental attitude towards "drunkards."

A little anecdote: after two weeks at Willmar, the list of lectures for the patients to help them understand alcoholism, treatment and recovery came to my desk. Going down the list I was to attend, I saw listed "The Church and Alcoholism" by Pastor John Keller. I was seized with immediate panic. I rushed to Bradley's office. He saw the panic on my face and said, "What's up?" I said, "Look at this. I don't know anything about this subject." He said, "By then, you'll think of something to say." I don't remember anything in that lecture. What I do remember were the obvious signs of rejection by the alcoholics. Later I realized that Bradley was saying, "We are all in this learning together, and that's part of how you learn" (Ironically, several years later I was invited to be a seminar speaker at the International AA Convention in Miami!).

One of my first instructions was to read the Big AA Book and attend as many open AA meetings as possible. That became critical to my learning.

Fritz requested that Gordon Grimm, a student at Luther Seminary, St. Paul, Minnesota serve an internship at Willmar. In 1957 I moved to the LWSM office in Minneapolis, having decided that I had learned and experienced enough to share with pastors and the church. Gordon was given special permission to become pastor on the team without having to first serve in parish ministry. Later he became the head of pastoral care at Hazelden, a nationally and internationally recognized alcoholism treatment center in Minnesota. He established a clinical pastoral education program there.

While doing counseling with alcoholics and their spouses at the Minneapolis office, I scheduled seminars on ministering to alcoholics for all ALC pastors in Minnesota. The seminars were integrated into the regular monthly schedule of the conference, for three months in a row. Those lectures became my first book, *Ministering to Alcoholics*. Marty Mann, Director of the National Council on Alcoholism and a recovering alcoholic, called the book "an immense contribution from a man with long experience in working in depth with these patients."

Maurice Nessel, PhD, vice president of research at Baxter Laboratories, was on the board of directors of Lutheran Deaconess Hospital in Chicago, Illinois. When asked to become chairman, Nessel said that he would if they would join his dream of establishing a new hospital in Park Ridge, Illinois. He envisioned a major medical center and teaching hospital. When the decision was

When Lutheran General opened on Christmas Eve, 1959, it was the first private hospital in the country to admit alcoholics with the diagnosis of alcoholism, not mental illness.

made to move forward on this vision, Nessel resigned his position at Baxter and became full time president, without salary, of what would become Lutheran General Hospital (LGH).

Nessel decided that he wanted this hospital to be truly integrated into The American Lutheran Church. He also decided he needed a consultant. Fritz Norstad was by then professor of pastoral care at Luther Seminary in St. Paul, Minnesota. He took a leave of absence and moved to Park Ridge. Early on the two of them developed the philosophy of "Human Ecology," the understanding and treatment of patients as whole persons in light of their relationship to God, themselves, their families and the society in which they lived. Fritz told Nessel, "When this hospital opens, it must admit alcoholics with a diagnosis of alcoholism and not mental illness." When Lutheran General opened on Christmas Eve, 1959, it was the first private hospital in the country to admit alcoholics with the diagnosis of alcoholism, not mental illness. The first week after the hospital opened, there was a weeklong seminar for pastors on alcoholism. Pastors throughout the state were invited.

Prior to Lutheran General's opening, Dr. Bradley was asked to become chairman of the department of psychiatry. He asked Jean Rossi, a clinical psychologist on the Willmar team, to join him. In 1963 the Lutheran General Hospital Foundation for Human Ecology, the fund-raising arm of Lutheran General, called me to be pastor in the alcoholism services at LGH.

This all came to pass because a commitment was made by the board of directors to build an alcoholism facility for treatment, training and research. In 1966, in one of the most exciting moments of my career, a 102-bed facility was dedicated. Marty Mann was the keynote speaker. She said, "This is the first major breakthrough in the field of alcoholism since the creation of Alcoholics Anonymous and the National Council of Alcoholism."

Pastor Larry Holst, chairman of pastoral care at LGH, established a clinical pastoral education (CPE) program. He arranged for pastors in the 1-year CPE residency

program to spend one quarter of their training in the alcoholism facility. Pastor Carl Anderson, one of those residents, became a full-time member of the treatment center staff. Later, Pastor Jerry Wagenknecht, a graduate of the Hazelden CPE program, joined Lutheran General's treatment facility. Other Lutheran clergy in LGH's CPE program went on to make significant contributions in the field of alcoholism treatment. Among them was Jack Nordgaard, who developed an innovative ministry within Lutheran Social Services of Illinois to alcoholics on skid row.

In 1977 I was given a designation by The American Lutheran Church that enabled me to remain on the clergy roster while accepting an offer to become President of Operation Cork in San Diego. Joan Kroc, wife of Ray Kroc — founder of McDonald's, established Operation Cork ("Kroc" spelled backward!) to focus on a national education project for families of alcoholics. She recommended that Ray include Operation Cork within the Kroc Foundation. Two films were produced, both of which were shown on PBS.

Joan encouraged me to write a booklet that would provide help for families. It was entitled, "Alcohol — a Family Affair." A copy was sent to "Dear Abby," who featured it in a column. As a result, Operation Cork received thousands of requests for the booklet (\$1.00 to cover mailing costs, or free if necessary).

I shared with Joan the need to have alcoholism included in medical education, which meant that it would have to be integrated into existing curricula, since faculty would never accept an additional course. This presented quite a challenge, but a breakthrough happened when Ray was given an honorary doctorate by Dartmouth University Medical School, and he decided to underwrite the expense of creating this project. Five other medical schools became involved in developing a model that included alcoholism instruction as part of medical education. As part of this development a full-length feature film was produced, focused on identifying, doing intervention and referring doctors with alcoholism issues into treatment.

I was with Operation Cork from 1977 to 1980, and then returned to the Lutheran General Health Care System. In time, the LGH facility developed a special ministry that wasn't part of the original vision. LGH quickly became a referral center for Protestant pastors and Catholic priests and sisters, for both evaluation and treatment. Therese Golden, a Roman Catholic sister and a recovering person, became a staff member. At her request, she took on the responsibility for educating motherhouse superiors and arranging for evaluations and referrals of sisters for treatment. Hers was not an easy task because the assumption of mother superiors was that no alcoholic sisters existed.

Another example of the church reaching out through this mission was LGH's assistance to corporations in establishing employee assistance programs and training

personnel to head up those programs. Earlier, when I was at Willmar, we had learned from the Great Northern Railroad the value of an Employee Assistance Program (EAP). One of the first of its kind, the program was headed by a husband and wife, both recovering alcoholics. They would escort the employee to Willmar, meet with staff and employee during treatment, pick the em-

In time, the LGH facility developed a special ministry that wasn't part of the original vision. . . . a referral center for Protestant pastors and Catholic priests and sisters, for both evaluation and treatment.

ployee up at discharge and assure that he or she became active in A.A. Eventually, spouses and family members were included in the treatment program to learn about alcoholism, treatment and support groups, such as AIA-non, after treatment. With EAP personnel, spouses and family members involved, recovery rates could dramatically increase for both the alcoholic and the spouse.

While I was still at Willmar, I was asked to attend the Yale University Summer School for Alcohol Studies, established by the Yale Center of Alcohol Studies. The following year I was invited to lead a seminar for pastors attending the Yale University Summer School program. This program was later moved to Rutgers University. This ministry continued for many years, as did the University of North Dakota Summer School for Alcohol Studies. The North Dakota school was established by Bernie Larson, head of the state alcoholism commission, recovering person and Lutheran layman. Bernie had a special focus on getting pastors to attend. Numerous interdenominational pastoral seminars were conducted.

During my years of ministry I wrote the following books: *Ministering to Alcoholics* (1966); *Drinking Problem?* (1971), which distinguished between social drinking, problem drinking and alcoholism; and *Let Go, Let God* (1978), which integrated Christian theology with my understanding of alcoholism and the fellowship and spiritual recovery program of Alcoholics Anonymous (never thought I could or would write a book).

Somewhere during this time I also received an award for my work in the field of alcoholism that means a great deal to me: the Wilhelm Loehe Award for Life and Ministry (Wilhelm Loehe was founder of Wartburg Seminary in Dubuque, Iowa).

In 1980, under the leadership of George Caldwell, CEO of Lutheran General Health Care System, Parkside Medical Services was established to expand this mission around the country. Whenever new facilities or services were established, pastors in those communities would be

invited to attend seminars at the various facilities. This mission eventually shut down when insurance companies no longer covered hospital inpatient treatment, even though a need for that level of care remains to this day. It has been a major disappointment for me that health insurers have failed to recognize the need to cover the various levels of service for alcoholics that already existed for other chronic progressive illnesses.

At the same time, it is good to know that alcoholism is now included in the pastoral care curriculum in many seminaries, and that many pastors (hopefully the majority) are enlightened and able to care for alcoholics and their families.

John Keller is retired. He and his wife Doris live at Luther Manor (their oldest son, Rev. David Keller, is CEO and President), a senior living community with residential apartments and every level of care, located in Wauwatosa, Wisconsin.

Spiritual Care and Addiction

It is often through “others” that God works, guiding, encouraging, and healing.

As a Spiritual Care Professional with Hazelden, my understanding of Spiritual Care and Addiction has been influenced, in part, by what is referred to as the Hazelden Model. It, in turn, was built on the Minnesota Model. It, in turn, was built on the Minnesota Model, which uses the Twelve Step approach of Alcoholics Anonymous (AA). The Minnesota Model emerged in the 1950s at Willmar State Hospital in Willmar, Minnesota. There are good written accounts available about this. Suffice to say that Dan Anderson, the staff psychologist there, saw the value of Alcoholics Anonymous in its effects on the patients who were allowed to attend meetings of AA outside of the hospital. He made the Twelve Steps of AA the foundation of what would later be called the Minnesota Model.

When Anderson came to Hazelden, he brought the model with him. Early in the venture, he and others saw alcoholism differently than it had been seen. They considered it to be primarily a disease of the body, mind, and spirit. Therefore treatment for alcoholism would be more effective when it took all three aspects into account. It also made sense to treat these aspects with a multidisciplinary approach since it was multiphasic. There is a growing body of evidence that addiction affects one physically, neurologically, mentally, emotionally, and spiritually. The holistic approach can be found still in use today, involving a team of professionals (counselors, spiritual care counselors, psychologists, psychiatrists, physicians, recreational therapists, dieticians, and more) working together to treat the disease and bring healing to the patient. As others have expressed it well, “this historic innovation offered alcoholics a new alternative to jail, mental wards, or homelessness.”

The concept of treating the whole person more closely follows the Hebrew notion of a unified body and soul as opposed to the Greek notion of a separation of body, soul, and mind. Those of us who offer spiritual care take into account and acknowledge that one’s faith, or lack thereof, is affected by what is happening physically, relationally, socially, emotionally.

I have found a common definition of spirituality, used at Hazelden, to be helpful. Spirituality is the relationship one has to one’s self, to others, and to one’s Higher Power, that is, to the God of one’s understanding. It is also about one’s ability to relate to self, others, and God. This understanding seems to dovetail well with Jesus’ answer to the question: Which commandment is the first of all, or the greatest? His response in Luke’s Gospel account is the Shema (Deuteronomy 6:4): “Hear O Israel: the Lord our God, the Lord is one; you shall love the Lord your God with all your heart, and with all your soul, and with all your mind, and with all your strength.”



And then he adds, “The second is this, ‘You shall love your neighbor as yourself’” (Matthew 22:34-40; Mark 12:28-34; Luke 10:25-28). There is love of God, of one’s neighbor, and of one’s self — all three. So spirituality in that sense is something everyone has. The question is about the health of that spirituality. For sobriety, the goal is to have honest, healthy relationships in all three spheres of relationship. Addiction damages those relationships, raising walls, shutting out the addicted person.

There is a growing body of evidence that addiction affects one physically, neurologically, mentally, emotionally, and spiritually.

I have found that all three spheres of relationship need to be addressed. If one sphere is not honest or healthy, it affects the other relationships as well. Spiritual care, along with other therapeutic resources, can help lower those walls. As all three spheres of relationship become honest and healthy, they have a positive benefit on one another. Religion, at its best, can nurture those relationships. At

the same time, religion without the healthy, honest relationships is often not enough to obtain or maintain sobriety. That is not to say that a relationship with God is not enough. Rather, one who has a healthy, honest relationship with God cannot help but grow in love of others and love of self. They are intertwined. It is often through “others” that God works, guiding, encouraging, and healing.

Some people have been told that if they had more willpower, or more faith, that they wouldn’t need anything else for recovery. That has caused many people to withdraw from a faith community because they have come to see themselves as failures. Shame deepens. Isolation grows.

It is helpful to consider that some of what St. Paul wrote could easily relate to the alcoholic/addict. There is Romans 7:14-25 that includes this: “For I do not do the good I want, but the evil I do not want is what I do,” the thought of which he continued to wrestle with for several more verses. In 2 Corinthians 12:7b-10 he spoke of a “thorn” given to him in the flesh which he appealed to the Lord to remove, to which the Lord responded, “My grace is sufficient for you, for power is made perfect in weakness.”

As he wrote Philippians 4:11-13, Paul said he had *learned* to be content in all circumstances. He could be said to have found serenity/peace. It is as if he walked the journey to recovery reflected in the Twelve Steps of AA. The way of God is the way of community, of gaining one’s life by losing it.

One can have faith the size of a mustard seed. However, that seed needs to be planted in fertile soil and receive what it needs in order to grow into that impressive “tree” in which others can find shelter.

Prayers frequently used in AA and other Twelve Step programs can restore fragile and broken relationships with God, others, and self. The Step 3 prayer, the Step 7 prayer, the Serenity Prayer, and the Prayer attributed to St. Francis of Assisi (referred to in Step 11 of *Twelve Steps and Twelve Traditions*, which delves deeper into the Steps) offer a new honesty, a new humility, a new openness and willingness, and a new way of not only seeing, but living. Those prayers, the AA program, and the AA “design for living” have been God-given ways through which many have found their way back to God and back to a faith community. For some it has helped an ‘unknown’ god to become known (Acts 17:23ff.).

Returning to the concept of spirituality as relationship, spiritual care is largely about the walls coming down in gentle (sometimes firm) probing and challenging. Some say a person has to “hit bottom” in order to be receptive, that one needs to be knocked off one’s “high horse” on the road to Damascus, or needs to lose everything meaningful. On the other hand, a sponsor of mine said “hitting bottom” happens when one puts down the shovel and stops digging.

Jesus asked the question which each person needs to answer, “Do you want to be made well?” John 5:6. If so, there is a solution, which we know as Jesus Christ, Son of God, Savior. Let the walls come down.

Please note that there are now many Twelve Step programs that offer the message of hope and transformation through a renewed spirituality.

David Potter is an ordained pastor of the ELCA. He has served as pastor in congregations in Minnesota and Florida. He currently serves on-call from the Florida-Bahamas Synod as Spiritual Care Counselor of Hazelden Florida, a chemical dependency treatment center that is a part of the Hazelden system. He is a member of Emmanuel Lutheran Church in Naples, Florida. David is the proud father of two adult children who live in Minnesota.

New and noteworthy

GIVE SOMETHING BACK SCHOLARSHIP

Attention: any Lutheran who is in training to become a Chaplain, Pastoral Counselor, or Clinical Educator: The **Give Something Back Scholarship Fund** — at this time — has \$3000.00 available every six months for you Lutheran brothers and sisters who are in need of financial assistance as you journey through your professional training!

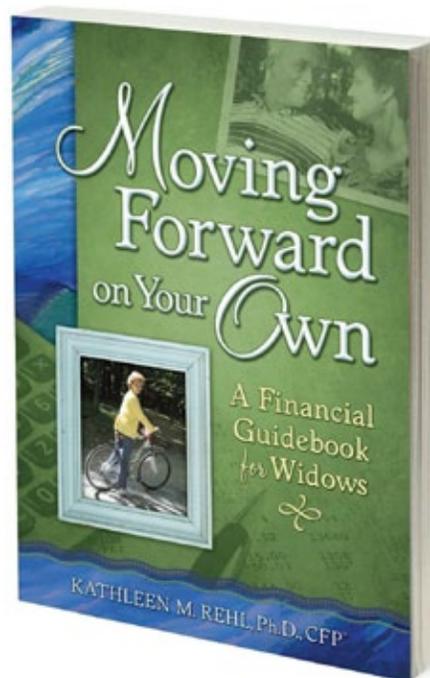
For more information, contact either the ELCA “Ministry of Chaplaincy, Pastoral Counseling, and Clinical Education” office, Theresa.Duty@elca.org or, the grant request may be sent to the LCMS office of “Specialized Pastoral Care,” Judy.Ladage@lcms.org.

Book review

Chaplains, here’s a new resource that can be of great value to many of the people you serve. *Moving Forward on Your Own: A Financial Guidebook for Widows* fills a unique niche. Kathleen Rehl, PhD, a certified financial planner for many years, has created a very practical book that is also encouraging and inspiring. It is very realistic in acknowledging how lifestyles and values are very valid when making financial decisions. Drawing from both her expertise with the financial world and her own experience of loss when her husband, a retired Lutheran pastor, developed cancer and died a short time later, she was moved by her compassion for other widows, many with little or no experience in handling money, to provide a resource for them.

The book is beautifully illustrated and organized so that women can work on any part at the time when it is most meaningful or helpful.

To see more about this guide and its author go to rehlmoney.com. This site allows you to view pages from the book as well as learn more about the author and her work. You can also order books from this site if you want them available for people to see or to give as gifts when the time seems appropriate.



Upcoming events

How to Subscribe

Inter-Lutheran

- April 6-9, 2011 ACPE Conference in Salt Lake City, Utah (“Spiritual Care on the Threshold: Honoring Our Ancestry, Creating Our Future”) — Lutheran Breakfast on Friday, April 8
- May 4-6, 2011 Lutheran Services in America (LSA) conference in Milwaukee, Wisconsin

Subscribers to future issues of *Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling* will be notified by e-mail when each issue is published. We hope you will subscribe. The process is simple: visit www.caringconnections.org and click on “Click here for free subscription” OR go to www.lutheranservices.org, select “Sign Up for Newsletters” (upper right), then select *Caring Connections* and register on that page. You will need to provide your name, your organization’s name, your e-mail address, and your ZIP code. Subscribers and nonsubscribers alike will also be able to access this issue of *Caring Connections* electronically by visiting the LSA website.