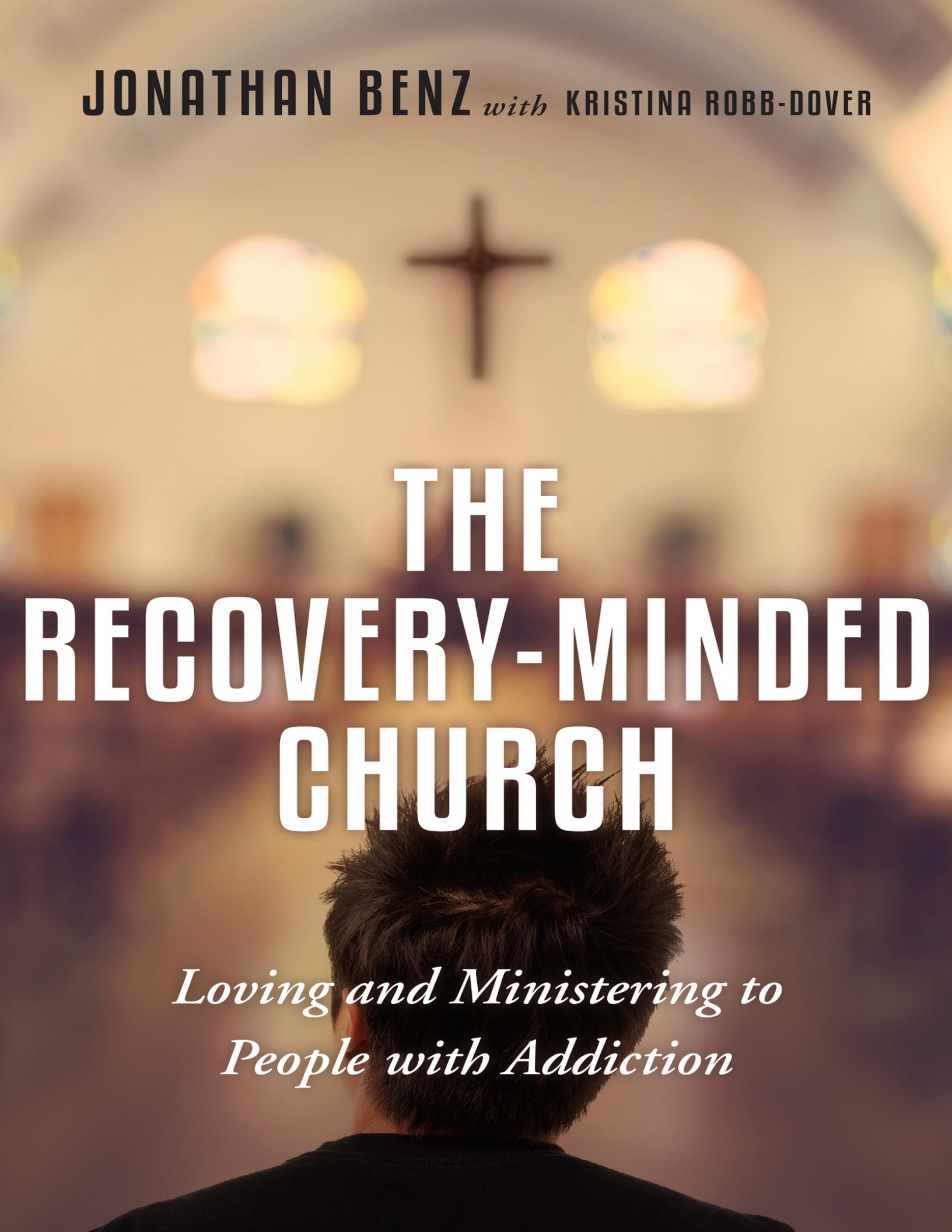
JONATHAN BENZ *with* KRISTINA ROBB-DOVER



THE RECOVERY-MINDED CHURCH

Loving and Ministering to People with Addiction

The Recovery-Minded Church

Loving and Ministering to People with Addiction

JONATHAN BENZ
with KRISTINA ROBB-DOVER

IVP Books
An imprint of InterVarsity Press
Downers Grove, Illinois

For every prodigal child headed in the direction of home

But when he came to himself he said, "How many of my father's hired hands have bread enough and to spare, but here I am dying of hunger! I will get up and go to my father, and I will say to him, 'Father, I have sinned against heaven and before you; I am no longer worthy to be called your son; treat me like one of your hired hands.'" So he set off and went to his father.

LUKE 15:17-20

To go forth now from all the entanglement that is ours and yet not ours, that, like the water in an old well,reflects us in fragments, distorts what we are.

RAINER MARIA RILKE

"THE DEPARTURE OF THE PRODIGAL SON"

Contents

Introduction

So he set off and went to his father. But while he was still far off, his father saw him and was filled with compassion; he ran and put his arms around him and kissed him. Then the son said to him, "Father, I have sinned against heaven and before you; I am no longer worthy to be called your son." But the father said to his slaves, "Quickly, bring out a robe—the best one—and put it on him; put a ring on his finger and sandals on his feet. And get the fatted calf and kill it, and let us eat and celebrate; for this son of mine was dead and is alive again; he was lost and is found!" And they began to celebrate.

LUKE 15:20-24

THIS BOOK IS MEANT FOR THOSE WHO DREAM of a prodigal future for their church.

But what, you may wonder, is a "prodigal future"?

The story that Jesus tells in the fifteenth chapter of Luke helps to answer this question. The story, best known as "the parable of the prodigal son," is about a younger son who disgraces his father by running away from home and recklessly squandering his whole inheritance on booze and sex.

But the story is also about an older son, who despite fulfilling his duties as the elder child and going through the motions of a morally upright, responsible life, is equally lost and in need of being found by the life-giving grace of an extravagantly generous God.

And the story is most essentially about a prodigal God—a God who will spend all he has to recover lost children and expects nothing in return. This truth

is at the heart of the gospel and is central to what Christians call "grace." In his book *The Prodigal God: Recovering the Heart of the Christian Faith*, *New York Times* best-selling author Tim Keller puts it this way: "If the teaching of Jesus is likened to a lake, this famous Parable of the Prodigal Son would be one of the clearest spots where we can see all the way to the bottom." At the bottom of that lake is a "God of Great Expenditures."[1] A God who greets long-lost children with great big bear hugs and throws lavish parties to welcome them home. A God who is uninhibited in dispensing grace.

As it turns out, both the shiftless younger son who wanders back, tail between the legs, and the responsible older son, who wallows in self-righteousness, depend on that grace. Both of the brothers have taken wrong turns down dead-end streets, and both need their father's gracious redirecting back to where the party is. But the older son doesn't know it quite yet.

The recovery-minded church, in contrast, knows where the party is—and wants to host the party: receiving those on the path to recovery and celebrating their homecomings, giving them a place to call home where they can discover—and recover—their true identity as beloved children of God. Recovery-minded churches are *prodigal* churches (I will use these two terms interchangeably at times): they celebrate God's mission of healing and restoration in this world, because that's what the prodigal God is all about—and because that's where the joy, laughter and life are. So recovery-minded churches are those busy hanging "Welcome Home" signs and stringing up balloons, or manning the grill while picking out dance tunes. They're the communities that wayward children know they can go to and be received with open arms, regardless of where they've been.

So this book is for those who dream of a prodigal future for their church and seek the tools for their own spiritual transformation in the form of vibrant, radically loving relationships with the addicts in their pews and just outside their doors.

In giving you tools for doing this, I want to say what this book will *not* do. It will not give you directions about how to set up an addiction recovery program in your church. The concluding appendix will connect you with helpful resources that can jumpstart you in this endeavor; but the approach here is not programmatically prescriptive or a one-size-fits-all model for doing addiction recovery work. Instead, the insights in this book are meant to jump-start discernment about what being in relational outreach to addicts might look like in your unique church context; the questions answered here are a way of easing, if

not entirely dismantling, the obstacles that rank-and-file churches face in approaching the task of loving and encouraging addicts on the road to recovery. In other words, if you're looking to be in grace-filled, transformational relationships with a greatly overlooked but huge segment of the American population, this book is your toolkit.

The Distant Country of Addiction

Few things better encapsulate the parable of the prodigal son and the general condition of human lostness to which it speaks than the blight of addiction today. In his book *The Return of the Prodigal Son*, author Henri Nouwen writes:

> "Addiction" might be the best word to explain the lostness that so deeply permeates society. Our addictions make us cling to what the world proclaims as the keys to self-fulfillment: accumulation of wealth and power; attainment of status and admiration; lavish consumption of food and drink, and sexual gratification without distinguishing between lust and love. These addictions create expectations that can't but fail to satisfy our deepest needs. As long as we live within the world's delusions, our addictions condemn us to futile quests in "the distant country," leaving us to face an endless series of disillusionments while our sense of self remains unfulfilled. In these days of increasing addictions, we have wandered far away from our Father's home. The addicted life can aptly be designated a life lived in "a distant country." It is from there that our cry for deliverance rises up.[2]

If addiction is that distant country in which many addicts find themselves, then what might "home" be? What if home were *your* church—or if addicts showed up on Sunday morning thinking it was? Would you be ready to receive addicts in your pews? Are you equipped for the task of loving addicts into recovery and throughout that journey? Do you have the necessary tools to help your congregation become a prodigal community that, like the God it worships, will be extravagant in loving children God seeks to restore?

Addiction recovery is more than a referral to the closest AA group. It is a one-of-a-kind opportunity for a whole community of wayward children to be transformed by the grace of a wildly-in-love-with-you God.

Addiction recovery is more than a referral to the closest AA group. It is a one-of-a-kind opportunity for a whole community of wayward children to be transformed by the grace of a wildly-in-love-with-you God.

I have designed this book as a toolkit to help you encourage, plan for and celebrate the homecomings of recovering addicts, which in this country means finding ways to be in relational outreach to an estimated 30 percent of the population who struggle with some form of addiction. Here is how this staggering estimate was calculated:

- At least 6 percent of Americans struggle with some form of sexual addiction.
- Approximately 10 percent have drug or alcohol addictions.
- Around 7.5 percent exhibit some form of an eating disorder.
- Some 5 percent are compulsive shoppers.
- At least 1 percent are pathological gamblers.

Add these numbers together, and you're in the whereabouts of 30 percent.[3] The estimate is conservative, because many of those struggling with addiction will never report their struggles out of fear or shame, or they will become casualties of their addiction before they can get the help they need.

Social scientist, therapist and founder of *The Daring Way*, Brené Brown, whose TED talks on shame and the power of vulnerability have reached millions of online viewers, describes our plight this way: "We are the most in-debt, obese, addicted and medicated adult cohort in US history."[4]

So the distant country of addiction is vast and maybe not so distant as your church may be inclined to think: it may be as close as your own nose.

What Sets This Book Apart: Your Toolkit

If the story of the prodigal son is ultimately a story about a prodigal God who lavishly forgives detours and wrong turns—a God for whom "recovery" isn't just about getting clean but about finding wholeness, restored relationships and the joy of being truly alive—then churches seeking to know and love this prodigal God need to love and learn from people with addiction and to be part of the beautiful work of restoration that God is doing through faith-based recovery.

This book is the fruit of the conviction that when more and more churches have the information and tools they need to understand addiction and the recovery process, and when more and more churches embrace addicts and families in recovery, and when they peel back the layers of their own hidden addictions, churches will encounter the prodigal God they serve in powerful, transformative ways. And maybe, in the process, God will begin to fill the addiction treatment gap in this country—one addict, one family, one church at a time—and, as those in recovery have come to know, one day at a time. (For more on the nature of the addiction treatment gap, see chapter five.)

This book belongs to that vision and to that prayer, as a go-to manual on faith-based addiction recovery for church leaders and their congregations. In the chapters to come, you'll see answers to some of the questions you yourself have probably asked about addiction and addiction recovery. That's because the questions answered here are ones real church leaders are asking.

I surveyed an ecumenical focus group of one hundred church leaders (both lay and ordained) to discover the biggest obstacles they face in loving and ministering to people with addictions. The results of that survey, shared in the course of this book, may surprise you. Each chapter addresses the very real questions, quandaries and gaps in education or experience among today's church leaders, with biblically grounded insights and practically accessible tips for making your congregation a recovery-friendly community for addicts. The questions at the end of each chapter are intended for small groups, Bible studies, local church book clubs and governing bodies—as a way to live into your shared future as a prodigal church.

The Recovery-Minded Church also presents a challenge—and an invitation. Until now, addiction recovery has remained largely uncharted territory for far too many churches across this country, as results from my survey confirm. Congregations may host Alcoholics Anonymous (AA) and other twelve-step recovery groups in their basements, but beyond that, far too many ministers and

laypeople are ill-equipped to know what to do if the same addicts in those basement meetings show up in church on Sunday morning or join a Sunday school class, asking for help in the recovery process. Similarly, seminaries provide limited training, if any, in addiction counseling and recovery. Yet many people struggling with addiction are looking to the church for answers. This book will equip you and your congregation for meeting addicts and their families where they are and journeying with them in their homecomings.

The chapters that follow will lay out a clinically informed, biblical and theological framework for loving the addicts in your midst, along with practical tools and strategies to help you in this endeavor. The chapters in section 1 will outfit you with practical tools for loving the people with addiction in your midst. The chapters in section 2 will equip you with tips and practices for building a recovery-friendly church. The appendix will inform you on various addiction-related offerings, such as Christian treatment programs, recovery groups, websites and suggested readings. The appendix also includes detailed information on the various addictions you may encounter.

My Own Journey with Addicts and Addiction

Growing up in a recovery-friendly home and following in a long line of ministers on both sides of my family, I was probably destined for the work I now do directing faith-based clinical programming in the areas of addiction recovery and mental health.

The story of how I landed in recovery ministry begins with the influence of my father. In the 1980s, my dad, a minister, became friends with a parishioner named Bill. Bill was an old-timer in AA, having remained sober years after his plane was shot down in World War II. Bill took my dad, a nonalcoholic, to his first AA meeting. Soon after, my dad began regularly attending meetings and working the program. He even found a sponsor. My dad realized that AA and twelve-step programs taught lessons applicable to all of us, whether or not we struggle with addiction.

My dad and Bill were soon hosting faith-based AA meetings in our church. As a young teenager, I would go to some of those meetings and hang out with the smokers outside. I distinctly remember that anyone and everyone was welcome and that it was not out of the norm to see more than a hundred people from the community gathering regularly to talk about their recovery from

addiction.

Within this context, addicts and alcoholics were not “bad” people or “less than” others; they were my teachers, mentors, friends and family who just happened to suffer from a disease for which they were seeking help. These same relationships not only helped to keep me away from drugs as a teenager and young adult, they also introduced me to a gentler form of Christian ministry birthed out of humility, compassion, historic Christian spirituality and unconditional love.

Following college and a brief stint in teaching, I entered ministry. After completing a master’s degree in counseling psychology, I took a job with my church’s counseling center. The heavy recovery emphasis and twelve-step approach there shaped my counseling of addicts and people with mental illness from a variety of religious backgrounds.

Since 2008, I have been working again in the behavioral health and substance abuse field, first as a chaplain, then as a certified addictions professional and now as a director of faith-based clinical programming. As program director, I am charged with overseeing the clinical treatment of clients, who are usually struggling with drug or alcohol addictions.

Through my extensive work in the field of faith-based recovery, I have come to believe there is no one-size-fits-all approach for churches seeking to be in relational outreach to people with addictions. For example, choosing the right recovery program to partner with or to send struggling addicts to can depend on your congregational context and the demographics of the people and community you serve. This book stops short of prescribing any one approach or program in Christian recovery over another. (If you’re looking for treatment programs and recovery meeting resources in your area, as well as other helpful resources, see the comprehensive list in the appendix.) But my experience in the world of addiction recovery has convinced me of the lifesaving importance both of connecting addicts with supportive faith communities that can provide a spiritual home and of connecting faith communities with the addicts in their midst.

Your Invitation to the Party

Today the God we read about in parables is still running out to greet prodigal children with big bear hugs and a wide-eyed grin. Finding lost people, restoring broken lives, celebrating homecomings—this is what God wants for addicts;

these are God's plans for them. And God's ways, in addition to being higher than ours, are often surprising. They might not be safe, predictable or comfortable.

The disease of addiction, for all the pain and damage it causes, is an invitation to see this prodigal God in action. The question is, *will* we?

The disease of addiction, for all the pain and damage it causes, is an invitation to see this prodigal God in action. The question is, *will* we? Will we as the church step out of our comfort zones into uncharted territory that will at times be unpredictable and even scary for us? Or will we, like the older son, gloat, sulk and stomp off in resentment? Would we rather be party poopers or partygoers, estranged children or reconciled ones?

The recovering addicts are at the party. They are enjoying a raucous hoopla with their long-lost dad (the prodigal God). They know that nobody sets out to become an addict, which is why grace is an even bigger deal for those who once were lost but now are found (in the words of the old, familiar hymn).

So they're getting down with gusto and moving to the liberating rhythms of God's new life.

They're living in the space of recovery—the now of the celebration, the exhilaration of a resurrected life.

They're experiencing God's grace, and it's better than any cheap thrill or fleeting high.

Want to join them? Then read on.

Discussion Questions

1. Read the parable of the prodigal son in Luke 15. Where do you see yourself and/or your church in the story? Are you the prodigal son or the older brother? Or can you identify more with the father? What new thing might the parable be saying to you personally or to your church in relation to where the life of the party is?
2. Does the term "prodigal church" resonate for you? Why or why not?

Does it scare you? Why or why not?

3. What do you make of Brené Brown's conclusion that Americans are "the most in-debt, obese, addicted and medicated adult cohort in US history"? How have you experienced this to be true in your own life? In the lives of those around you? What might it look like for your church to minister more effectively to this population?

Section 1

Tools for Loving People with Addiction

one

Responding to Addiction

The breaking of so great a thing should make a greater crack.

WILLIAM SHAKESPEARE

ANTONY AND CLEOPATRA

THE FUTURE CAN TIPTOE IN ANY DAY: One morning you're leading worship, and in he walks, clearly high on something. Or you are in the office of the suburban church that you pastor, preparing for Sunday's sermon, and she knocks on your door, asking for advice about her husband's compulsive use of porn. Or your worship leader begins showing up to practice with the smell of liquor on his breath.

Any number of real-life scenarios can propel your congregation into its prodigal future. The question is not whether you will encounter addicted people, but how you will respond when you encounter them. Will you encounter addicts with an effective pastoral response that points them in the direction of recovery —or not?

Chances are that when one of these situations or a variation of them occurs, your first and most pressing question will be "How can I get this person into recovery?" And if you are asking this question, you are not alone. My survey of one hundred church leaders found this question to be the one that most plagues church leaders—next to its corollary, "How do I help an addict stay in recovery?" This chapter offers some answers.

The Essential Prep Work First

Far too often, even the most experienced pastoral caregivers with all the right recovery resources at their fingertips view their main task at this juncture as one of providing one or more referrals, such as to the local AA/NA group or a therapist. And knowing whom to refer to, so that addicts can connect with the right providers who can help, *is* a very important part of the answer.

But too often church leaders' care for addicts *ends* with this referral step. Sometimes the referral can serve as a convenient way to hand off a thorny pastoral problem to the "real pros." Busy pastors already have a multitude of other pressing concerns on their plates, and pastoral dealings with addicts can be messy and inconvenient. Beyond this, a church leader often feels less equipped than a trained clinician to deal with all the issues that might arise, so there is a certain level of comfort in knowing that the matter is now in the hands of a specialist. This feeling is not just understandable but even commendable to a degree. Pastors should not have to be, or expect to be, the experts on every issue that walks through their door, addiction included. Connections with trusted Christian recovery programs in your area, AA groups and therapists are essential, and you may find some in your own congregation.

Still, I want to correct the knee-jerk assumption that loving the addicts in your midst *ends* with a referral to the pros or a twelve-step group. When the homeless stranger on crack sits down in your pew or when a spouse unburdens the secret she has kept hidden all these years or when your worship leader shows up late to practice for the umpteenth time with liquor on his breath, that is actually just the beginning, not the end, of an opportunity to encounter the prodigal God who loves you beyond your wildest imagination. This critical first encounter with the problem of addiction in your midst can be the start of a life-giving transformation that happens not just in the life of the addict seeking your help but also in the very DNA of your congregation.

Such transformation is not essentially about learning to minister to an at-risk population. At its heart, this process of growing in God's grace is ultimately about tapping into your community's potential to be transformed into prodigal people by the grace of a prodigal God. And this ongoing journey can't be reduced to a quick fix (pun intended) in the form of a referral.

When addicts are not just the heroin pushers or prescription pill junkies “out there,” but are in our pews and among us, we are in the right position to begin helping addicts step into recovery.

Transformation happens when we see our own crippling brokenness and need for God’s grace in the face and story of the addict in front of us. When addicts are not just the heroin pushers or prescription pill junkies “out there,” but are in our pews and among us, we are in the right position to begin helping addicts step into recovery. And this identification can’t be emphasized enough: my own secret cravings, patterns of self-destructive behavior and unchecked forms of consumption (of money, power, approval—you name it) may not manifest themselves in quite the same way as those of the crack addict in front of me, but they fall within the same realm of human bondage. So getting addicts into recovery means first standing in solidarity with addicts, recognizing that their plight and their stories are hitched to our own and in many ways are similar.

Few characters better embody the nature of addiction than the slimy underworld creature, Gollum, in J. R. R. Tolkien’s fantasy series *The Lord of the Rings.* Gollum was once a man, but an obsession with a ring that makes him invisible has turned him into a sniveling, grasping, enslaved wretch, part man, part animal. Gollum’s pathetic, groveling submission to this one thing, the ring, and his willingness to do anything to have “My Precious,” causes repulsion even as it can strike a chord of recognition: at least a little bit of Gollum is in each of us.

A similar dynamic can play out in how we relate to people with addictions. If we are preparing to help an addict into recovery and find ourselves dealing with intense feelings of revulsion and disgust toward his compulsive behaviors, we have not done the hard work of looking at our own inner Gollum and sizing it up for what it is: a dehumanizing compulsion to choose our own enslavement over the Spirit’s life-giving freedom. Chances are, too, that the greater the repulsion, the greater the externalizing of that inner Gollum.

Philosopher Francis Seeburger at the University of Denver describes the dynamic this way:

> At least part of what makes us react with such abhorrence to images of the depths of addiction, refusing to admit any community with addicts who have plumbed those depths, is our hidden fear that we are like them, or might become so, if we relax our vigilance. Perhaps we can, in fact, all too easily imagine ourselves in their places. Perhaps that is really what frightens us so.[1]

Effectiveness at getting an addict into recovery thus first requires some rigorous interior work done either alone with God or, preferably, with a close friend or accountability partner, before all else. The following components can belong to this spiritually formative process:

Make a moral inventory. A good place to start, if you are not already doing this daily work in your personal devotional life, is to "make a searching and fearless *written* moral inventory of yourself," to paraphrase step four of AA's twelve steps.[2] Here you are examining the messes in your own life and the areas where your soul needs a bit of housekeeping work. You may have issues with anger or fear or the use of your sexuality. In recovery groups like AA, step 4 usually takes place in the context of working with a sponsor, someone who's further along in the working of the twelve steps; so, in the spirit of the twelve-step model, this work should be done with at least one other person, like a close accountability partner or spiritual mentor or director.

If this exercise in introspection seems daunting at first, some resources can jump-start and guide the process. The eighteenth-century theologian John Wesley's "22 Questions," developed for the sake of private daily devotional use by members of Wesley's Holy Clubs—small groups committed to encouraging one another in the pursuit of a sanctified life—are one helpful tool; they are also easily accessible online. The Alcohol Addiction Foundation has also made a handy worksheet with a checklist for approaching step 4.[3]

An exercise in ruthless inspection before even approaching the task of getting other addicts into recovery is also in keeping with the advice of Jesus himself: to take the plank out of our own eye before taking the speck out of our neighbor's (see Matthew 7:5). We all have at least one plank to assess and unload in the light of God's tender love for us. Writing out a list of these things can help us to look them squarely in the eye. So ask yourself whom you resent. Do you find yourself harboring anger toward something or someone, and if so, why? What groups of people do you resent? Who has wronged you? Who do you need to forgive? What have you "done and left undone" (a phrase from *The*

Book of Common Prayer)?

Review fears. Now review your fears. What keeps you awake at night, and what is the source of that fear? Where do you most seek to control outcomes in your life, and how? Do you worry about finances, a relationship or your reputation? If so, these things may be, metaphorically, idols that you need to let go of and let God replace. If addiction is in fact "a disorder of worship," as some contemporary Christian scholars have called it—or if addiction is a matter of "disordered loves," to borrow St. Augustine's language—then unveiling these misplaced objects of love will help *re*order priorities, so that God is at the center rather than at the outskirts. These blockages to real connection (with God and, in turn, with neighbor and self) may be feeding unhealthy patterns of behavior. Again, write these things down.

Identify false gods. Identifying the false gods that dictate how we live our lives is, as psychologist Ed Welch and pastor Gary Steven Shogren suggest, to fill in the blank in the following statement: "If only I had _____, I'd be happy."[4] Alternatively, ask yourself what in your life, if you lost it, would cause you the greatest grief.

Look at intimate relationships. Finally, take a look at your intimate relationships (both past and present), and ask yourself where you have been hurt or caused hurt to others. Many addicts have experienced childhood trauma like physical, verbal, emotional, spiritual or sexual abuse. Such things need to be addressed (if they have not been already), ideally with the help of a good therapist. In this step, you will also need to scrutinize the places where you have been inconsiderate or disingenuous toward others. How have you used your sexuality to harm others?

This is not the time for moralizing, but for gentle, honest and rigorous introspection. Because twelve-step programs like AA seek to create a nonjudgmental environment and because they view problems with sex as on par with other problems, AA will not make your sexual choices and behaviors a litmus test for membership by ranking it above other issues.[5] A review of your most intimate relationships within the context of step 4 is really about uncovering another dimension of your recovery by shedding light on your addictive thoughts and behaviors.

Following the above steps will allow you to assess what one thing, or two or three, you have pursued over and above a connection with God. We need to be brutally honest about these things. Do you find yourself constantly obsessing about a particular thing—like that bonus at work or a new car? Maybe you catch

yourself paying more attention to your iPhone than to the person in front of you.

If a personal inventory unearths certain unhealthy behavioral patterns, that's because nobody is invulnerable to addictive tendencies, regardless of where they fall on the continuum. So continue to ask God on a daily basis to reveal the fault lines in your soul that keep you from finding real freedom in the Spirit and deeper relationship with the One who most wants you to be happy, joyous and free. God will show you the areas where you, too, display addictive tendencies or compulsions, a clear measure of which will be the humble recognition that addicts are not "over there" but right here in our midst, among us, and even in the mirror.

In this way, our own homecomings are inextricably bound with those of the addicts we hope to help recover. And the adventure, messiness, joy and heartache—both the risks and the possibilities of a shared journey together—really begin with the question "How do I help this person get into recovery?" As is the case with most journeys, there are some ways you can prepare while surrendering the rest to the guidance of the Holy Spirit. Soulful, meditative preparation is just the first of a number of things you will need for your journey home to the heart of God—but it is arguably the most important.

Our own homecomings are inextricably bound with those of the addicts we hope to help recover. And the adventure, messiness, joy and heartache really begin with the question "How do I help this person get into recovery?"

Recognizing and Identifying Addiction

Once you have inventoried your own issues, you are ready to begin the next step of helping addicts get into recovery. This step entails becoming familiar with the signs of addiction and the forms addiction can take. The summary that appears in the appendix can help, with the disclaimer that it is meant to be an introduction for laypeople and is by no means clinically exhaustive. Some recovery centers also offer free assessments for people who are unsure whether they or a loved

one has an addiction, so you might consider connecting with one or two such treatment programs in your area.

The main thing to look for when identifying whether an addiction is at play is a repetitive behavior (be it drug use, sex or exercise) linked to a cycle of cravings and withdrawal that causes negative life consequences. Over time, as addicts build tolerance to a particular drug or behavior, they start craving more of it to get the same high, doing whatever they can to have their "drug" of choice, despite the consequences. And their cravings and withdrawal can manifest as a loss of control and responsibility.

A more recently studied phenomenon is our capacity to become addicted to certain human activities that generate pleasure. Process addictions can involve eating, work, sex, falling in love, exercise, gambling, shopping and technology. Such activities can become our taskmasters, unleashing similar dynamics to those of a chemical dependency, such as highs, lows, tolerance, craving and withdrawal. As the sex addiction expert Patrick Carnes writes in his book *Out of the Shadows*, "Addiction taps into the most fundamental human processes. Whether the need to be high, to be sexual, to eat, or even to work—the addictive process can turn creative, life-giving energy into a destructive, demoralizing compulsivity."[6]

The seductive power of process addictions lies in the fact that so many of these activities are necessary to our survival in the modern world. Eating, shopping, technology—such things are the stuff of contemporary life. We need to eat in order to survive. If our ancestors' hunting-and-gathering rhythms are no longer a necessity, we still need to shop in order to provide for material needs. Most of us have to work, unless we are independently wealthy, and the great majority of us now have to communicate by email and depend on smartphones. All of us depend on love and intimacy with other human beings for psychosocial health and happiness.

As a church leader, you may not be qualified to make a clinical diagnosis, but you can be mindful of when these ordinary, often necessary and life-giving activities have gained an unhealthy stranglehold in your church members' lives. For example, you do not have to be a behavioral therapist to ascertain that one of your parishioners does not just like to shop but may actually be enslaved to those weekly sales at Nordstrom and Neiman Marcus. And, for that matter, anyone can reasonably conclude that an unhealthy attachment (an addiction) to collecting things may be at play when they read real headlines like this: "Mummified body found inside hoarder's San Francisco home."[7]

Similarly, you do not have to know all of the latest drug slang to be aware that the street person who stumbles into your Sunday morning worship is high on something and may be struggling with an addiction. You *do* need to know how to respond wisely and effectively with the love of Jesus, which first involves helping that addict get into recovery, if at all possible. And you need to be aware of your limitations in helping as well as the professional resources available to you in the process.

Intervention, Referral and Follow-Up

Helping a person with addiction get into recovery will look different depending on her circumstances. In many cases, intervention is the first step in getting an addict into recovery. (Chapter 2 is about that process.) Other times a typical intervention may not be at all appropriate—ever. In cases of sex addiction, for example, I have found from experience that the principles of group intervention that might usually work with other addictions are not applicable, because of the greater stigma and sensitivity unique to sex addiction. The better part of discretion is to keep the matter completely confidential between you, the addict and only those directly affected by the addiction, such as a spouse. Refer out to the professionals (sex therapists, marriage counselors or addiction specialists), and provide ongoing informal check-ins. In these cases, one-on-one intervention may have a better chance of getting an addict into recovery than a group intervention process that may only feed the addict's humiliation.

So, in cases like sex addiction, there will be times when your first line of action will be to refer out to a therapist, and then be available for informal conversation, prayer and encouragement. At other times, you may decide that you are able to provide some limited pastoral counseling to the person in need. Your decision will depend on discerning a number of things within an initial encounter: the nature of the addiction and your own familiarity with it; the presence of a mental disorder requiring professional treatment (like clinical depression, for example); the nature of the addicted person's existing support network; and your own comfort level in ministering to the person.

Some pastors place a strict limit on the number of times they will meet to discuss a particular pastoral concern; honor such boundaries. Your main role in these conversations is not a clinical or therapeutic one. It is to minister the love of Jesus in word and deed through a relationship of trust and care that brings

glory to God. This way you will be doing your job while leaving the clinical complexities of an addiction to professionals like me. When in doubt, you can refer out and then follow up with the person to see how he is doing.

Every pastor should therefore have an addiction recovery referral list on hand. Take time to prepare it and make it available to your Stephen Ministers (pastorally trained lay leaders), pastoral care team and those who come to you seeking help with addiction-related concerns. You might even keep the checklist on hand in a visible place, be it at your front reception desk or in the foyer of your sanctuary. (Of course, be sure that the resources you list are accredited and have been vetted by one or more clinical professionals in your church.)

Here are some suggestions for what to include on your referral checklist:

- Twelve-step groups with personal contacts for each of these groups
- Clergy and churches in your area with thriving support-group ministries and recovery expertise (if your church does not have these)
- Physicians and psychiatrists with addiction and dual-diagnosis specialties
- Hospital facilities and detox centers providing services to alcoholics and addicts
- Outpatient and inpatient treatment programs with good reputations
- Halfway houses and other follow-up programs for addicts coming out of treatment programs
- Mental health professionals with addiction expertise, as well as therapists trained in stress management
- Treatment programs for homeless addicts, such as the Salvation Army

Have a Policy Regarding Financial Assistance

In some situations, you may find yourself asking whether it is appropriate to use church funds to help people with addictions get into recovery. Maybe a transient person with a drug addiction wanders into your building asking for gas money, or a poor, uninsured family from your congregation wonders aloud how they will afford the next few days of detox for Dad. Having a financial policy in place can help you navigate these situations better.

If you do not have a policy, consult your denomination’s benevolence

ministry guidelines; or, in the absence of an existing strategy on which to model yours, consider undertaking a discernment process with your leadership team in order to create a policy for your church. (For resources that will help you create a benevolence strategy, consult the appendix.)

Your policy can list the specific types of financial requests that your congregation will and will not grant. For example, if your church has agreed to meet people's "basic needs," your policy can include examples of what you mean by basic needs. Will your church provide food, lodging or medical treatment? Will your church cover transportation to a job or funeral expenses? The more specific you can make the list of needs you are committed to providing, the better. Similarly, your policy can list the types of handouts that your church does *not* believe fall within the category of basic needs and thus will not grant. These might include legal fees, private school tuition or business investments.

Another consideration as you create your policy will be what forms of assistance your congregation may or may not be prepared to provide. If, for example, your church is committed to helping transient people get a warm meal or a coat on their back, your policy should explicitly list "transient assistance" and examples of it among the various forms of aid you provide. In such instances, your church can determine whether to hand out monetary gifts or in-kind donations and the necessary protocol for distributing those handouts.

To visitors who come through our doors asking for money, my church often gives meal gift cards (for use at grocery stores or fast-food joints). Other churches hand out bus or subway cards. If you are worried about feeding an existing addiction or are unsure about whether someone is telling the truth, erring on the side of caution when it comes to what you give is perfectly appropriate.

There is also another line of reasoning in favor of giving money handouts to whoever is in the unenviable position of having to ask for money from strangers. In River Falls, Wisconsin, Servant of the Shepherd Church has been featured in local newspapers for its work among addicts. Some 90 percent of its four hundred to five hundred members are in recovery from one addiction or another. Pastor Frank Lukasiewicz says he often hands out cash to those who come to him in trouble. In cases involving homeless people with addictions, he advises praying for discretion before giving any sort of handout.

He cites as one example a young family who was on the verge of homelessness when they asked him for money. They had no food for themselves

or formula for their baby. Lukasiewicz chuckles, recalling that, no sooner had he given this young couple fifty dollars from his own pocket than he heard a friendly holler from across the street. This person, having not seen or heard the preceding interaction, approached Lukasiewicz with a wad of cash that she wanted him to have, for no other reason than she had felt God wanted her to give it to her pastor; it was forty dollars.

By not withholding financial support to underresourced people with addictions, Lukasiewicz believes he has a better chance at building long-term relationships with people who, in addition to often being itinerant, might not otherwise trust someone in a clerical collar. While he recognizes there is a risk involved in this approach—a generous church member may inadvertently be fueling an addiction and the manipulations that go along with it—Lukasiewicz believes that financial giving prayerfully entrusted to the will of God ultimately can't go wrong.

Why? Because the act of giving changes the heart of the giver, freeing him to be more like Jesus, and because the ultimate recipient of our giving, when all is said and done, is Jesus. Here Lukasiewicz quotes Jesus' words in Matthew 25:40 as a plea to remember that anything we do for "the least of these" we do for Jesus himself. How we love people with addictions, then, is ultimately about the One at the center of all things and his invitation to become more like him.

How we love people with addictions, then, is ultimately about the One at the center of all things and his invitation to become more like him.

Back to the Future

Let's return for a moment to the three scenarios that opened this chapter, with a view to answering the question "How do I help this person enter recovery?"

A new high in worship. Disheveled-looking street types grace the Sunday morning worship at your inner-city church, but this visit is a first; you can't think of a time when someone walked in behaving *this* way. With his slurred speech, a glazed, clouded expression and occasionally strange outbursts, there is no telling

what he is on. He looks out of control, and for all you know could be dangerous —but he also seems to *want* to be there, in your midst. As a ministry leader, what do you do?

Here are some pointers for how to proceed:

- *Assess the level of disruption or danger this person may pose to those in your congregation—and act accordingly.* For example, if the man is having loud outbursts during the service, a previously deputized team of two or three members (ideally those who are in recovery themselves) can escort the man respectfully to a private place and engage him there. If the man is violent, is making aggressive gestures or appears to be a danger to himself or those around him, call 911. If the man is strung out but poses no real disruption or danger during the worship service, wait until worship is finished to reach out to him with one or more members.
- *Stay calm, and get as much factual information as possible from your visitor.* You can ask him if he knows where he is and what the date is. You can ask him what drug he is on and when he last took it. (The answer may reveal whether he is likely to have withdrawal symptoms, for example, that may be life threatening and require the attention of a doctor.) Try to get to know as much as you can about your visitor: Where is he from? Does he have family members who live nearby? Here again, include the help of anyone from your congregation whom you know to be in recovery or medical professionals in your midst.
- *Treat the person with as much respect as you would any other first-time visitor in your congregation, speaking gently, calmly and clearly, with attentiveness to what he is telling you.* This is not a time for small talk, but it is also not a time for lecturing or patronizing someone with a problem. One way you can assess whether you are talking down to your visitor is by your own body language: Are you sitting across from him and conversing at the same eye level, or standing above him? The first option is a better one. Your default mode is a listening stance with short, calm and kind directives when necessary, such as, “Please sit down here” and “Tell me more.”
- *In consultation with the medical and clinical professionals in your church and those whom you know to be in recovery, discuss your referral checklist and identify resources that will best support your visitor’s*

unique circumstances. Together, encourage your visitor to telephone his family (if he has any in the area) and, with his family, to initiate a first step into treatment via at least one of the resources on your list.

- *If your visitor is asking for a handout, consult your church's policy regarding financial assistance to those in need, and strive to be prayerfully generous, asking that God's will be done.* In many cases, your visitor will be homeless and requesting a handout. Having a policy in place for these situations can help, as long as it doesn't hamper your attentiveness to the leading of the Holy Spirit. Sometimes the "letter of the law" must be broken for the sake of lovingly attending to the unique needs of the person in front of you. At other times, your policy will be a helpful boundary to which you can appeal.
- *Set clear boundaries and be clear with yourself and your visitor (if necessary) about what you can and can't do in the situation.* You and your team can point him in the direction of some helpful recovery resources. You may be able to help put him in touch with family or connect him with people in your congregation who are already in recovery. You can invite him back to church the next Sunday, and if he is unruly or belligerent when high, you can gently insist that he be sober the next time he shows up (or at least less disruptive). You can tell him how glad you are he is there and that you are committed to helping him get on the path to recovery. But avoid making commitments that could endanger you or others, or extending promises you can't fulfill.

Desperate housewife. You are as shocked as she is to learn of her husband's secret porn addiction. He has been a faithful member of your church: he regularly tithes, serves on your vestry and even taught the sixth-grade Sunday school class last year. Together this couple parented three children who are now grown. They are respected in your church and community. As a pastoral caregiver, what do you do?

The following tips will help:

- *Listen calmly and attentively without expressions of shock or revulsion.* This woman needs to be listened to compassionately without judgment. Validate her feelings, and avoid contributing to the shame and trauma she already is experiencing. Even if your jaw is on the verge of dropping, assure this woman that what she is going through is not uncommon, as

painful as it is, and that the problem is pervasive within the ranks of the church. Letting her know that sex addiction is a disease that can be treated may also be helpful.

- *Encourage the wife to focus on her own self-care, and refer her to a therapist (if she is open to this) and to a recovery group for family members of addicts, such as Co-Dependents Anonymous.* Consult your referral checklist here. Encourage her to protect herself physically, which may include getting tested for sexually transmitted diseases. You can also invite her to lean on her existing inner resources and network of relationships in the church as supports during this time.
- *Help the wife articulate some clear boundaries in relation to her husband's behavior, and encourage her to uphold them.* One such boundary may be issuing a zero-tolerance rule with respect to porn in the house as well as installing monitoring technology. It may also require asking for access to the husband's email and computer passwords and that he submit to a lie detector test or tests for sexually transmitted diseases (depending on the seriousness of his addiction). But emphasize *your* boundaries here, too: as her pastor, your job is to love her through this crisis; a therapist will be better positioned to provide her with the ongoing clinical care she will need to uphold the boundaries.
- *Avoid potential triangulation or attempts to help that may actually dissuade the wife's husband from getting help.* For example, the wife may ask you to meet with her husband in hopes that you might persuade him to get help. Taking this initiative before any show of interest from the husband himself is not your role. Let the wife know that you are happy to talk in confidence with her husband and refer him to the right professionals but that he needs to reach out to you first, by his own volition and on his own initiative. In the meantime, be present to the wife as a sounding board and a prayer support.
- *Pray together, asking God to help the husband recognize his problem and take the first step into recovery.* There is only so much we can do to help others find recovery; they must take responsibility for their own recovery. But we can pray for them and pray incessantly.
- *If the husband does seek your help, either on his own or with his wife there, refer him to a certified treatment center or to a certified sex*

therapist. Also connect him with a recovery group like Sex Addicts Anonymous. Be prepared for some resistance. The following are possible reactions and objections (in italics) with suggested ways to respond in quotation marks:

- Denial: *I have no idea what you're talking about.* "Your wife found the porn on your computer. She couldn't believe it either." *If I have a problem, I'm not hurting anybody but myself.* "Your compulsive behaviors are hurting your wife and your kids."
- Anger: *This is none of your business.* "As your pastor, I'm charged with caring for you. And your challenges, in addition to having negative consequences in your life, affect this church, too."
- Self-pity and victimhood: *You don't care about me.* "If that were true, I'd just keep my mouth shut and let you ruin your life. I'm here because I care and want to help you get into recovery."
- Self-reliance: *I can handle this problem on my own.* "You're facing a chronic and progressive disease that, if untreated, could have tragic consequences for you and your family. Like anyone who has walked this path, you need help, and we are here to walk with you in finding recovery."

Poor harmony: a case of hitting the low notes. Your worship leader, Harmony, has fallen on tough times lately, with her recent divorce and a sick mother to care for. She has begun showing up late for staff meetings and choir practice, often blaming her lateness on one issue or another. One Sunday morning, she called in sick at the very last minute. Members of her worship team say they often smell liquor on her breath. As a pastoral caregiver and as her boss, what do you do to help her into recovery?

The following suggestions will set you on your way:

- *Approach her with prayer and in a spirit of humility.* Dealing with substance abuse or dependence issues is tricky, whether the addict in question is a volunteer or a paid staff member. If she is salaried personnel, the chances are greater that if you challenge her, she will deny having a problem. (Naturally, she doesn't want to lose her position or paycheck.) The biblical approach is one of restoring the individual. Ask

yourself how to help your worship leader while maintaining her integrity in ministry and keeping in mind the spiritual care of your congregation. You can come to her in a spirit of genuine concern and seek to understand, while assuring her that if she is struggling with alcoholism, you will help her do what she needs to do in recovery. But she also needs to know that the other option—continuing to show up late to work with liquor on her breath—is not working. Lay out as matter-of-factly as possible what behaviors are being brought to your attention as her boss.

- *Be honest about your concerns and observations—and about your own discomfort in having to wear two hats, both as her employer and as her brother or sister in Christ.* As the employer, you must set and enforce your boundaries, which apply in the same way to this employee as they do to every member of your staff; your expectations are that she perform her job responsibilities. You are also concerned that her alcohol use may be out of hand if it is causing her to show up late and is affecting her job performance. Be gentle but direct in stating that you and others (not naming names) have regularly noticed the smell of liquor on her breath. Give her an out if she needs it, at least initially, by letting her know that you are aware that in some cases individuals on medication experience the effects of just one drink more dramatically. (Also be prepared to suggest an intervention to her family if she rebuffs your efforts to address the behavior and continues to show up late to work with liquor on her breath.)
- *Listen to her with respect and attentiveness.* Ask her if she is using alcohol to cope with life stressors, and validate her feelings of stress. Let her know that you understand that when life becomes tough, we all look for ways to cope and get by—and that some ways are healthier than others. Ask her if she has given thought to her alcohol intake and whether she thinks it is resulting in some of the behaviors you and others have noticed.
- *Ask her if the issue is something she is dealing with already or if she needs some help—and let her know that both as her employer and a pastoral caregiver, you are committed to helping her get into recovery.* You might ask her what she needs to rectify the problem(s), and let her know that, where you can support her in meeting these needs, you will. (For example, if she needs an hour once a week to see a therapist, you

will honor that need and find ways to support it.) This way you can also gauge to what degree she is already aware of and dealing with the root issue, and you can gently prod her further in the direction of seeking help.

- *Honor privacy and confidentiality.* Let her know that, as her employer, you are bound by rules of confidentiality when it comes to her health issues. With the exception of suspected risks of suicide, you should *never* share anything she divulges to you without first asking for her permission. Here, too, proceed very carefully with great discretion. For example, if you are obliged to justify her leave of absence with your vestry, session or leadership team, invite her to write out a one-sentence explanation for why she needs a leave of absence. That way you are in agreement about the boundaries of confidentiality. You also have a written record; the last thing you need as her employer is a lawsuit for violating strict HIPAA guidelines for health confidentiality. Equally important, you do not want to undermine your pastoral integrity and betray her trust in you as a pastoral leader.

Get Up and Start for Home

The question “How do I help an addict into recovery?” is rife with all sorts of contextual considerations that depend on the circumstances. But one assumption can underlie every interaction with an addict you seek to help into recovery—namely, that your point of contact and referral is just the beginning of a journey home; it is when the prodigal son comes to his senses and “arises” or “gets up,” as the biblical language says.

Ultimately, addicts must make the decision for themselves to arise. They must consider their circumstances under the sometimes-painful glare of God’s grace-filled light and choose whether to get on their feet and turn toward home or to continue in the same destructive patterns. But churches can challenge addicts to arise and can be there to lend a helping hand. Churches can extend the invitation to come home.

The catch is this: lending a hand to someone on the ground requires that the one who extends the hand is standing. Only a church that is itself arising from its own addictive tendencies will be able to lend that helping hand. Standing in an upright position has little to do with moral or spiritual perfection and instead has

everything to do with the recognition that one is a long way from home and wants to get back there. In this sense, getting an addict into recovery is as much about getting recovery into the church. When recovery is in the church and churches are in recovery, they are able to offer that helping hand.

Discussion Questions

1. Have you ever had to ask the question “How do I help an addict get into recovery?” If so, how was it answered? What might you do differently next time, based on reading this chapter?
2. What unhealthy attachments and behaviors leave you in the same state of bondage as other addicts? What will it take for you to arise?

two

The Intervention

The redemptive way goes through pain, not around it.

PHILIP YANCEY

THE QUESTION THAT NEVER GOES AWAY

✝

CHUCK ROBINSON KNOWS A THING OR TWO about getting addicts into recovery. His home congregation, Henderson Hills Baptist Church, is on the frontlines of ministering to people with addictions. The frontlines are where Robinson, who is thankful for more than thirty years of sobriety from alcohol and drugs, spends most of his time in ministry these days: participating in twelve-step meetings and working the program; driving to and from detox facilities, treatment programs and jail cells to be in prayer and conversation with addicts; and comforting the families of those lost to addiction. Robinson has also facilitated many an intervention (an orchestrated attempt by a small group of family and friends to try to convince an addict to seek professional treatment).

When I asked Robinson to share one story (among many) of a family he helped via an intervention, he remembered sixteen-year-old Rose and her parents. Rose was hooked on drugs and alcohol, and like a tornado, her life was spinning out of control, sweeping the lives of those around her into its destructive vortex and leaving only wreckage in its path.

When Rose's parents came to Robinson and asked for his help, they were at the end of their rope, having already taken desperate measures—going so far as to appear on a national talk show to seek advice. Their daughter had spent days in rehab only to relapse, during which time she had gotten pregnant out of wedlock with a boyfriend who was abusive and himself an alcoholic. Even after

the birth of her daughter, Rose could not sober up, no matter how hard she tried—even after losing custody of her child.

In the meantime, Rose's parents had been working a Christian twelve-step program, which is where they first met Robinson. He encouraged the couple to share their story and, in the process, to undertake a "searching and fearless moral inventory" of their own behavioral patterns, insofar as these issues may have contributed to Rose's addiction. By way of an intervention, Robinson encouraged them to write their daughter "love letters," in which they described for her the daughter they once knew, before addiction stole her from them. And with Robinson's support, these heartbroken parents pressed their daughter to give treatment one more try—this time in a different rehab center.

The intervention was successful in getting Rose to "arise": to enter recovery and begin a long journey home. During her time in a treatment center, she began to rediscover herself apart from her addiction and developed a new set of friendships and a network of support. But her breakthrough, coming on the heels of a successful intervention, was soon to meet the tragic consequences of addiction.

While in treatment, Rose learned the news that her daughter had been killed at the hands of her own father (Rose's alcoholic ex-boyfriend). In a drunken state, he had pushed their young child down some stairs to her death. The tragedy threw Rose into a deep depression, out of which she was able to emerge only gradually with the help of a competent therapist and a few close female friends also in recovery. Their love, support and compassion helped Rose stay in treatment, so that today she is now several years clean and active in her church recovery program, carrying the message of recovery to those who suffer from addiction.

Demystifying the Intervention

Rose's story illustrates an important truth about extending care to people with addiction: in many cases, your heart will be enlarged and broken, captivated and crushed. The same can be said about the intervention process itself, which may be one reason why so many of us are intimidated if not terrified by it. If it's true that *intervention* is the most immediate and familiar one-word answer that comes to mind in response to the question of how to get an addict into recovery, it is also true that the mere mention of the word can send blood pressures soaring and

cause the most experienced pastors among us to tremble or shudder at least a bit.

Consider *Intervention*, an Emmy Award–winning, reality TV show that once aired on the A&E channel with a foreboding soundtrack, jaw-dropping statistics about the morbidity of the addiction in question, and tense, tearful revelations by family. All this was interspersed with scenes from their loved one's descent into hell—leading up to a final, climactic encounter: the intervention.

The riveting suspense of these real-life stories of people whose lives literally hung in the balance because of a spiraling heroin addiction, eating disorder or other habit captivated viewers. And invariably the show's heroes were the interventionists, whose no-baloney straight-talk won the day. Their winsome one-liners seem to stick: "Everyone here loves you like crazy," says a favorite interventionist, Jeff Vanvonderen. Or "we are here to fight for your life, and we're asking you to join that fight!"

Most of us find the prospect of staging an intervention daunting at the very least. And this is understandable. When two or more of an addict's closest family or friends present that addict with the reality and consequences of his disease, along with a concrete plan for getting their loved one into recovery, their most desperate hopes for his healing can indeed be met with some of the deepest heartbreak (if he rejects their overtures).

Success has far more to do with the sheer presence of love—a love that is genuine, relentless and on display when two or more are gathered in Jesus' name.

The fact is that intervention can be an uncertain and stressful enterprise marked by both setbacks and encouragements, hurdles and healing. Hope and despair rarely share such close proximity in one relatively short encounter as they do in this context, and tragedy can follow on the heels of the most encouraging of breakthroughs. But as Rose's story conveys, love can and often does prevail—maybe not magically or overnight, but miraculously and in the darkest of circumstances.

If the clearest measure of an intervention's success is whether it helps an addict get into recovery, the freeing takeaway from Robinson's story is this: the

biggest chances for success have much less to do with an impeccable intervention format or a perfect performance on the part of those involved; success has far more to do with the sheer presence of love—a love that is genuine, relentless and on display when two or more are gathered in Jesus' name.

And if love can surround and comfort a young woman in a treatment center who has just heard the news that her young child has died, that same love can surely help you to encourage grieving parents to write a love letter to a daughter in need of coming home, or to sit with an anxious, grieving family as they initiate a hard but necessary conversation. Such love can help hope triumph in the worst of circumstances.

Writing "love letters" to the one we want to see enter treatment may not square with the preconceptions that have been drummed into our heads about what a typical intervention should look like. We may imagine a barren, fluorescent-lit room with a somber circle of people seated around a belligerent kid in the hot seat. The whole affair can sound like the spiritual equivalent of having one's molars removed, and it probably does not top the average church leader's ministry bucket list.

Common Challenges

To be sure, when it comes to a more traditional intervention, certain challenges are inevitable. When I asked a group of pastoral caregivers to share their biggest challenges when intervening in cases of addiction, a majority said their biggest hurdle is denial on the part of the addict or the addict's family. Denial—or an unwillingness to "surrender," in the words of one caregiver—can present a formidable roadblock to helping those with addictions. The same obstacle can present itself in the intervention itself.

A predominant question among this group, according to one respondent, Christine, was "how to actually get [the addict] to accept they have a problem and physically get them into a program." Christine shared from her experience that "there was always a lot of talk or promises" but no real show of commitment. "In the meantime, more damage is done, and it snowballs." Like denial, empty promises on the part of the person you are trying to help can also surface in the course of an intervention.

Another hurdle in helping addicts into recovery is the shame, embarrassment

and sense of failure that afflicts so many people with addictions and their families. Brad Bosworth, who coordinates a program for recovering addicts and their families at Smyrna First United Methodist Church in a suburb of Atlanta, shared how these emotions are one inspiration for the name of the program he runs. Peter's Promise embraces the example of the disciple Peter, who, in spite of his fear, shame and faltering denial of Jesus, went on to become a foundational pillar of the church—all because of the resurrection.

Bosworth invokes Peter as a way to tap into the intensity of emotion that addicts and their families experience at the beginning of recovery. On the eve of Jesus' death, Peter's shame, fear and sense of failure would have been overwhelming. Yet in the light of the resurrection, these stumbling blocks were not the final story, and in fact helped to shape "the Rock" on which Jesus built his church.

The intervention may very well become the venue in which you and others there must address shame head-on. (For tips on how to do this, see chapter five.) But this encounter, when undertaken in a spirit of genuine and relentless love, will at the very least be one building block, however small, in the making of a story that, when prayerfully surrendered to the will of God, can end up like Peter's. It can be a story of turnaround—a story that makes God God and the church God's turnaround children, turning and returning on a path toward home.

What You Can Do

When preparing for an intervention as a pastor or church leader, you can benefit from knowing your role, which will primarily be one of providing pastoral presence and support to the addict and family as well as connecting them with the resources they need to undertake an intervention.

Most of the time—unless you lead interventions regularly in a recovery group like AA, you are a certified interventionist or you direct a recovery ministry—you will not need to *lead* the intervention yourself. That role can be outsourced to the pros that do this sort of thing regularly. A certified interventionist, for example, will require a fee, which the family of an addict will usually need to cover. Your role may be to connect with the intervention pros in your congregation and community and to support their work with the family.

Your role may also be to identify others in your congregation who will have the greatest chance of influencing a decision in favor of recovery. Ideally, these

folks are themselves in recovery and well established in their sobriety. Most of the time, they will be your biggest cheerleaders and delighted to serve in this way.

Lukasiewicz, who sometimes leads interventions himself and other times calls in professionals to facilitate in his place, says he finds the most success when he taps the right people to participate. He recommends identifying as many as four or five people who, in addition to being in a twelve-step group, are of the addict's age and gender and are willing to intervene with key family members.

One question to consider as you provide support to the addict and her family in this tense time is whether to tell the addict in advance that the intervention will be taking place. Generally, upfront honesty with the addict is the best policy here. Surprise interventions have the potential to stoke an addict's anger and to dissuade her from even sitting down to hear what you have to say.

But each case is different, which means there may be times when you really should *not* tell the addict what is going to happen, because he simply will not come (a scenario that misleadingly is the norm in the show *Intervention*). If ever in doubt about how to proceed, always consult the pros in your congregation (those in recovery with a long record of sobriety) or contact a certified interventionist in your area. (To find interventionists, see the appendix of this book.)

When you have a basic familiarity with addiction and have done the hard work of prayerfully scrutinizing your own unhealthy attachments and coping mechanisms (see chapter 1), you are ready to provide a supportive pastoral presence to the family and the addict in the course of the intervention. And a few tools for participating in an intervention will help you in this endeavor. But before proceeding, I want to make something very clear: to be a healing interaction and to be the primary vehicle of getting an addict into treatment, an intervention must not be understood in terms of a few healthy people trying to cure the one "sick person" in the room. I have seen how this far-too-frequent mindset on the part of well-meaning church people can cause deep spiritual and emotional damage to the very people churches honestly but misguidedly are trying to help. Avoid this snare—even if it means saying to an overactive savior complex, "Get behind me, Satan."

An intervention grounded in love will put a bunch of equally flawed human beings in a room together and require them to tell the truth about what is going on, their part in it and their responsibility for one another.

An intervention grounded in love will put a bunch of equally flawed human beings in a room together and require them to tell the truth about what is going on, their part in it and their responsibility for one another. The assumption, in other words, is that this sickness of addiction took more than one dysfunctional person to develop and will need more than one person (the addict) to be conquered. Yes, ultimately the addict must take responsibility for his own recovery, but this initiative usually comes only after deep-seated, family-related issues of abuse, trauma and past hurts have been dealt with from within the painful but hope-filled crucible of an intervention.

Often, just the words “I love you” from a long-distant father can be just what a person needs to choose treatment. (Many addicts say they never felt loved growing up.) Similarly, a mother’s heartfelt plea for forgiveness for the times she failed to be present or to protect her daughter from molestation can be a hopeful turning point: it can be just enough for that daughter to “get up” and, like the prodigal son of the parable, see brighter possibilities for her future than a needle in a dark basement. The intervention is where humbled, desperate, heartbroken people cut to the chase in addressing their shared pain and move through that pain toward the possibility of resurrection, trusting and praying for this new beginning with every fiber of their soul.

If pastors are privileged to share in these moments, they can bear witness in word and deed to both the achingly real pain and the bold hope of resurrection that coexist in the room. Listening attentively and prayerfully; dispensing plenty of hugs and tissues—and sharing in the tears; inviting forgiveness to happen in your midst; praying silently for those present from start to finish; *being there*—these are the most important things that pastors and ministry leaders can do.

Tools for Participating in an Intervention

Admittedly, interventions look different based on who is leading them, but there are some usual features involved in any traditional intervention. Participants—those most influential in an addict's life and those with the most at stake in seeing an addict recover—must be prepared for the encounter, and usually must prepare their remarks in advance.

The guiding principle for any intervention is to remember the goal of getting an addict into recovery. This objective must govern how participants conduct themselves in the course of the intervention. The following guidelines are worth remembering here.

Challenge, don't confront. Intervention has sometimes been described in terms of confrontation, with the idea being that a few close family and friends confront an addict about his behavior. *Confrontation*, however, connotes negative associations that from the get-go can influence the mindsets of the stakeholders in this process (both the addict and those who intervene). To confront is to oppose forcefully. And for those of us who have been on the receiving end of opposition, especially when it is clothed in spiritual language, the likely response is to duck and dodge the flying bullets rather than to listen carefully and give thoughtful consideration to what is being said. Most of us don't like being confronted and, instead of feeling helped, will feel attacked or diminished in worth.

One biblical illustration of confrontation occurs in Matthew 18:15-17, where Jesus sets out some guidelines for resolving conflicts between brothers and sisters in the church:

> If another member of the church sins against you, go and point out the fault when the two of you are alone. If the member listens to you, you have regained that one. But if you are not listened to, take one or two others along with you, so that every word may be confirmed by the evidence of two or three witnesses. If the member refuses to listen to them, tell it to the church; and if the offender refuses to listen even to the church, let such a one be to you as a Gentile and a tax collector.

Confrontation thus implies an existing conflict and suggests that the one initiating the confrontation is finding fault with the person being confronted. And indeed, family members or dear friends who have been hurt or violated by an addict's actions may benefit from confronting the wrongdoer. But for pastoral

caregivers, a more helpful, less intimidating language with which to frame this stage of getting addicts into recovery is that of *challenge*. Challenging the addict's behaviors still requires the directness that Jesus commands in Matthew 18, but it is usually more effective in its gentleness. It also embodies what, I believe, is at the heart of Jesus' words in Matthew 18—namely, a restorative approach that seeks to build up the person being challenged.

In my own clinical work, I have found that challenging behaviors or attitudes of the heart is very helpful. Asking the individual, for example, "How is that resentment working for you?" is usually far more effective than saying point-blank, "You need to get rid of your resentment." The latter statement can inadvertently unlatch an addict's deep reservoirs of shame. She then shuts down, so paralyzed that she can't lift herself out of the shame enough to see beyond it.

But when we challenge the unhealthy behavior, we enable addicts to see how their addiction is not working for them and is, in fact, wreaking havoc. Our challenge thus empowers the addict to evaluate his behavior for himself, as opposed to reinforcing his sense of powerlessness. If an addict becomes defensive when challenged, church leaders can understate the case rather than avoiding head-on confrontations, and they can encourage addicts to answer the questions posed by their habit for themselves.[1]

Avoid labels. I have learned through years of walking with addicts through their recovery processes that labeling people with addiction is counterproductive. The labeling is something addicts must do for themselves when they are ready, having accepted that they have a diagnosable addiction. And when addicts are ready to adopt a terminology of addiction, they may have different language preferences: some people prefer to be called addicts, while others like to consider themselves people recovering from an addiction. Each individual can choose to give expression to her condition in a way that best helps her embrace and own her recovery process. We do not need to do this for her, and the same holds true during an intervention.

If an addiction has led to sinful behaviors, labeling these behaviors as sin (even if they are) is also not helpful to the addict. Addicts need to apprehend for themselves, with the help of the Holy Spirit, what their sins are—and in some instances may need some straight talk from family members or an interventionist about how their behavior has hurt those around them. But church leaders usually need not assume this role. Instead, pastors can encourage people with addictions to unweave the various strands of experience that are keeping them in bondage.

Pastors can also approach this process of disentangling unhealthy thoughts,

emotions and behaviors from the knot that has become addiction, one strand at a time (as opposed to trying to "fix" the problem all at once). There will be times when the forceful, quick-fix directive will be necessary—when, for example, an addict has already overdosed and his life is literally hanging in the balance. But more often than not, pastors have the opportunity to listen attentively without leaping to rash prescriptions for a cure (which often involves dispensing unhelpful labels).

During the intervention, pastors can also demonstrate sensitivity to the disease nature of addiction without labeling the person in front of them as sick. By referring to addiction as a disease, pastors give addicts the grace they need to seek treatment—rather than guilt and yet another reason to drown negative feelings. This truth bears out in a study that found that clergy who understand addiction mainly in terms of disease, as opposed to sin, are *three times* more likely in the course of one week to be approached for help by a person with an addiction.[2]

Identify, don't compare. Your own ongoing spiritual inventory will come in handy at this juncture. Hopefully, you have become intimately aware of your own weaknesses and shortcomings, and with this awareness, you are cultivating humility in your relationships. This prep work makes it harder to approach the addict in your midst with an off-putting sense of moral superiority or self-righteousness; you are coming to the aid of a fellow addict rather than as a savior from on high.

When you identify, compassion comes more naturally. Whereas you might have been inclined to contrast yourself to the drug addict—much like the Pharisee who thanks God that he is not a sinner like the tax collector—now you are positioned to recognize that the addict using heroin is suffering, and that the needle in her arm is not unlike your own misguided ways of dealing with pain.[3] You are ready to identify, not compare; you will be relationally more open to understanding the emotions underlying such destructive behavior. This identification is the pathway to loving well. If all you do is compare, you limit your ability to find connection with the humanity of another person in need, and you hamstring your capacity to share in the beauty of her healing process.

As the philosopher Francis Seeburger writes in his book *Addiction and Responsibility*,

> Instead of comparing our own lives negatively with those of [addicts], attentive to all the ways in which we are not like them (a ploy at which

> addicts themselves are masters), we need to develop an eye for the ways in which we are all too like them. We need to let the light of the depiction of their experiences illuminate our own lives, permitting us to see the addictions and addictiveness present, to one degree or another, in ourselves.[4]

Comparison is a cruel taskmaster. It always wins; we always lose. But identification is the avenue to finding connection with God and with one another. It is the means by which we ourselves enter into God's very best for us, being renewed more and more in the image of God.

If you are unsure what you have in common with an addict, here are some ideas to jump-start your identification process:

- *Impulsivity.* "I want it, and I want it now."
- *Perfectionism.* "Failure is not an option—and anything less than perfection is failure."
- *Grandiosity.* "The world revolves around me."
- *Self-reliance.* "I don't need anyone."
- *Power and control.* "I call the shots."
- *Difficulty managing emotions.* "Feelings are so painful that I'd rather feel nothing."[5]

It takes a group. If the following guideline for interventions has not been made clear, I want to enunciate it clearly: never do an intervention on your own; always have the right others there. The power of two or more is essential in the recovery process from start to finish. Consider the image of three strands or cords of rope woven together. The reference is to Ecclesiastes 4:12: "And though one might prevail against another, two will withstand one. A threefold cord is not quickly broken." Jesus may be saying something similar when he promises that whenever two or more are gathered in his name, there he is also (see Matthew 18:20).

There are a number of reasons pastors need never approach an intervention on their own. For one thing, family members and close friends are crucial in this process. In the vast majority of situations, addiction occurs within a dysfunctional family system in which residual patterns of relating to one another reinforce addictions rather than undermine them. Therefore, participation of the

family is essential in the recovery process.

A group presence also lends a stronger sense of accountability to all participants, especially when they begin with a time of corporate prayer. Opening your conversation with a prayer of repentance helps to level the playing field, so to speak, between those challenging and the one being challenged, with the implication that the gap between you is not that great after all.[6] Also, Jesus' promise that he is there when two or three gather is more palpable in the room when you open your time in prayer.

Then there is the fact that a team intervening (as opposed to one individual) ensures that statements made from a place of loving concern meet their mark. The person with the addiction will have a chance to hear the same bottom line from different people; sometimes what an addict isn't able to hear from me, she will be able to hear from someone else. The more stakeholders present, the greater the chance that the message is heard and received.

Finally, a group's presence ensures that you have the support you need, should an addict turn violent (a highly unlikely possibility) or issue threats—or if any sort of conflict occurs.

Have a plan of action for treatment. A follow-up plan must include referrals to appropriate resources, such as local counselors, AA groups, detox programs and other support groups (provided in the appendix). The plan will have been determined beforehand in a joint effort usually involving the family in consultation with the one or more professionals who will facilitate the intervention and who will present the plan to the addict during the course of the intervention.

If the addict refuses to enter any form of treatment, do not despair or give up. Consider this intervention a dress rehearsal, and then try again. You can't force someone into recovery against his will. Even in cases where self-harm or harm to others is a real possibility, your ability to make decisions for an addict is next to null. But your persistence sends the message that you are with the addict for the long haul and that your commitment to his recovery is genuine.

If the next step involves detoxification from an addictive substance, your group will have consulted a medical doctor in advance, before recommending detoxification in a detox facility or hospital, or within the confines of home. In many cases, a short detox is the preferable route, since it means less disruption of job and family commitments; but a longer-term rehab program can also be a viable option.

There is no magic number of days in rehab that works for everyone.

Depending on factors such as the nature of their addiction and co-occurring mental disorders, insurance coverage and the advice of clinicians, some people spend a couple weeks in a recovery program. Others need as long as six months.

Encourage family members to consider the following criteria in deciding on a program that is right for their loved one:

- Length of program
- Total cost, including insurance coverage
- Length of waiting list
- Demographic of those in the program and whether they are a good fit
- Staff qualifications
- Accreditation of the program
- History and reputation of the program
- Familiarity with and treatment of co-occurring disorders

Follow-up with family. Follow-up with family after making the appropriate referral is essential. If the addict agrees to enter treatment, your main pastoral focus in the immediate future will be how to support this family still very much in crisis. Communicate that you are in this journey for the long haul by staying in touch with the family and being available for prayer, a listening ear and as a referral resource in instances where family members could benefit from working with a therapist or attending twelve-step meetings for codependency issues. Having a basic familiarity with codependency and enabling issues can ensure that you are encouraging family members in the right direction in their own much-needed recovery.

Family members of addicts often become so emotionally enmeshed in their loved one's struggle that they assign more worth to the addict than to themselves, spend exorbitant time obsessing about their loved one's condition or frantically try to change their loved one's behavior.[7] Or they turn to alienating patterns of communicating with the addict that fuel the addict's behavior.

In these instances, getting an addict into recovery should coincide with getting the addict's family into recovery, through twelve-step groups like Al-Anon, Alateen and Co-Dependents Anonymous (CODA). Sometimes an addict is more amenable to entering recovery once an immediate family member has been able to detach from and release the addict—a necessary step toward

healing.[8]

A pastor need not be a professional clinician to encourage a family to do the following, suggested by the late pastoral-care professor Howard Clinebell in his helpful textbook *Understanding and Counseling Persons with Alcohol, Drug and Behavioral Addictions*:

- Let go of feeling responsible for the loved one's addiction, and stop trying to control the addict's behavior.
- Let go of tendencies to punish the addict overreactively or to shield him from the consequences of his behavior.
- Let go of waiting around for the addict to find sobriety in order to make improvements in your own personal and family life.[9]

Encouraging family in this direction of detachment and release may precede getting an addict into recovery, or this work can begin once an addict has entered recovery—but its importance can't be overstated. In a vast majority of interventions, family are present and therefore should be invited into a long-term process of healing and recovery that pertains as much to them as to the addict. In this way, loving the addicts in your midst can have an enormous impact on families and in turn your whole community.

When Love Is Enough

In the fourth episode of season 13 of *Intervention*, the camera pans in on a dialogue between Gina, a hardened and hopeless heroin addict, and her mother. Gina's mother is a hard-driving, tough-talking, self-made woman. A first-generation immigrant from Korea, she made her way to the United States via an unhappy marriage to an American GI. When Gina was six, her mother decided to leave Gina's father and strike out on her own as a single mother to two girls. When she spoke on camera about Gina's addiction, her face was contorted in uncensored disbelief, shame and disgust at the fact that her daughter was providing sexual favors for strangers on the street in order to sustain five daily heroin injections.

Gina is six years into her addiction, the words that scroll across the screen tell us. She makes $5,000 a week renting out her body—and she has at least one STD and a host of other health issues to show for it.

Until then, Gina had explained her addiction in terms of an unhappy childhood marked by her mother's beatings, shunning and disapproval. This childhood abruptly ended one night in a tent on a camping trip, when a male friend of her mother reportedly slipped into Gina's tent and raped her. After the incident, Gina's mother did not believe her story, blaming the crime on Gina and insisting that the sex could only have been consensual. In a clip just minutes before the intervention, Gina's mother insisted on her version of the events in question: the perpetrator was handsome, and Gina would have been looking for some action in her tent that night.

After the rape, heroin became Gina's "best friend," she said. It provided an escape from the painful feelings of her mother's rejection and the trauma of being violated as a young teenager by a man who should have been held accountable for his crime. Heroin let Gina check out and stop caring; it made it possible for her to cope.

But then, in a room with her closest family, who had been preparing with the help of a professional interventionist, Gina tuned in to her mother's prepared statement, which was read to her in broken English with pleading expressions, prompting Gina's intermittent tears. "Gina, I've done so much things hurting you. . . . You carry inside your heart until this day. I am here to say sorry. How I ask can you forgive me? And to take me inside your heart? I don't know how to show you my heart. I want you to forgive me. I want to be your mother. Truly, it's all my fault, baby. I love you—I always do, Gina. I will be there anytime you need me."

It was an appeal for forgiveness, a profession of love, a promise to be there—a love letter to a prodigal child that this time was convincing. Gina went to a treatment center, but not without first crumpling in her mother's arms with a hug and a word of consolation that it was not all her mother's fault.

It was the first healing glimmer of reconciliation, an outward sign of an invisible grace, a sacrament not crowned by church steeples or flanked by pews, but a sign that God was in the house and Jesus was present.

And where Jesus is, there the church can be also.

Discussion Questions

1. What most scares you about the prospect of taking part in an intervention? Why?

2. Watch an episode of *Intervention*. How do you see Jesus at work in the lives of those taking part*?*

three

Myths About Addiction

There was a lot of praying over me: prayers for an instant and permanent cessation of my drug use; for a miraculous recovery in which I'd never have even a flicker of desire to use drugs ever again—like faith healing for the drug addict; the laying on of hands, with the occasional really loud "in Jesus' name!" where there was that awkward psychological pressure to fall backward, even though I didn't feel the need to, or want to—but it was always seen as an indication that something had "happened." Overall, they were highly emotional events, and I remember crying and shaking a lot, which I was told was the Holy Spirit.

MARY

MARY GREW UP IN CHURCH. Her addictions to various drugs prompted many a prayer, the laying on of hands and even a number of attempted exorcisms, all with the goal of ridding her once and for all of her affliction. Fortunately, Mary found recovery—but not in the church and not even with the help of the church. Disappointingly, the church failed to provide that safe, sacred space of unconditional love and acceptance that Mary says she needed in moving toward recovery.

Mary's journey to recovery was a jagged, nonlinear one. Along the way, there were multiple relapses, extended stays at the local county jail and many a disingenuous prayer for healing. The instances when the church failed Mary can

serve as teaching moments, insofar as they help illustrate various myths about addiction and recovery that can hamper churches' efforts to be of greater service to people like Mary.

Rats on Crack, and Other Insights from Neuroscience

In 1953, two neuroscientists, Peter Milner and James Olds, stumbled upon a surprising discovery after implanting electrodes in the brains of rats, whose brain circuitry is similar to that of humans.[1] They wanted to see what would happen when electrodes delivered electrical currents to a part of the brain known as the midbrain reticular system. Rats in a box with corners labeled A, B, C and D received an electrical jolt every time they traveled to corner A. In no time, those rats were spending a whole lot of time in that corner, looking for the same stimulus. When Milner and Olds introduced a lever in the box that the rats could press to generate the same electrifying rush, those poor rats were pressing the lever as many as seven thousand times per hour, ignoring food or drink just to get their high.

Another study, this one by researchers at Texas A&M University, took Milner and Olds's rats-in-a-box-with-a-lever scenario and added one variation: cocaine. Gone was the electrical current. This time, rats pressing the lever received a tiny intravenous injection of the drug best known on the streets as crack. In no time, the rats had quickly learned to press the lever at a furious pace to get their high.

In a similar way, the phenomenon of addiction happens when our brain comes to associate a particular substance or action with a whole set of pleasurable sensations, so that we keep compulsively coming back to "the lever" (alcohol, drugs, food, sex, whatever), even when this compulsive behavior has become self-destructive. In other words, we human beings are hardwired to seek pleasure, and that search can quickly go haywire. The findings of Milner, Olds and others more recently have thus strengthened a claim now largely accepted by today's medical and scientific communities: addiction is a disease.[2]

Myths That Get in the Way

In the area of addiction, I believe the church in many quarters is still very much grappling with the implications of science. For example, whereas the prevailing

consensus in the medical and scientific communities is that addiction is a disease, many people of faith still use the term *sin* to describe the affliction—or, if they have adopted the disease definition, they are hard-pressed to explain how it fits within a Judeo-Christian worldview and are looking for a scripturally faithful understanding.

A majority of church leaders can accept that addiction is a disease but have not yet contextualized this understanding within a biblical and theological framework.

Results from my survey of one hundred church leaders indicate something similar. An overwhelming majority of respondents agreed with the statement "Addiction is a disease," and very few disagreed (5 percent) or were unsure (3 percent), which would suggest that, at least among church leaders, the scientific consensus is largely accepted. Nevertheless, 56 percent of the respondents said they could use a biblical and theological framework for understanding addiction. In other words, a majority of church leaders can accept that addiction is a disease but have not yet contextualized this understanding within a biblical and theological framework—hence this chapter.

Next to shame in importance is the language we use in addressing addiction: how we talk about this modern-day epidemic is critically important to how we love the addicts in our midst. In my work connecting recovering addicts with faith communities, I have found that this task first involves dispelling various misconceptions—myths, in essence—that get in the way of loving addicts well. Dispelling these myths means providing a more faithful interpretation of Scripture and the Christian faith, one that accommodates the latest insights from science. In this chapter, I will call attention to the various misunderstandings that in many churches can wrap addiction in a shroud of fear and isolation, and I will call attention to some biblically sound, pastorally effective ways to talk to addicts as people of faith.

"Addiction is a sin." Naturally, if addiction is a medically diagnosable and treatable disease, to characterize it as a sin is at best unhelpful and at worst harmful for people in its grips. In the church, we are usually careful to

distinguish medical diagnoses from sin, so that, for example, we would never equate cancer or Parkinson's disease with a person's bad behavior. Even in cases when it is very clear that a person's behavior contributed to her illness, we do not then label her disease a sin; so the lifelong smoker with lung cancer can rest assured that we won't call her diagnosis a sin. We might infer (sometimes erroneously) that she has lung cancer because she smoked; and, in the case that she did or does smoke, we might understandably draw a link between her behavior (smoking) and her diagnosis. But we are careful to parse the term sin *out* of such interpretations, just as we are with other illnesses, like high blood pressure or diabetes. Most of the time, then, we do okay maintaining a careful separation between illness and individual sin.

However, with addiction, this separation seems harder to maintain. A person can't become addicted without first choosing to take that pain pill or light up a joint. Was that initial decision (or two or three) to pop those pills or inhale that joint a sin or the sign of moral failing? Possibly, but to speculate here is, for one thing, a useless exercise in splitting hairs. The woman with disabling hip pain who takes Oxycontin and becomes hooked as well as the loner kid who begins lighting up joints in the school parking lot in order to feel accepted are sinners like the rest of us. And approximately half of people who abuse drugs or alcohol are attempting to medicate an underlying mental health issue.[3] To equate their resulting chemical dependency with sin or to seek to localize that sin somewhere along the path of its development into a full-blown disorder is senseless, cruel and pharisaical.

Certain process addictions, such as food or sex addictions, are arguably easier to label as sin: we are probably quicker to conclude that a person's obesity reflects gluttony or that an adulterous affair is an indication of lust and covetousness. But regardless of their credibility, these snap judgments blunt our capacity to love addicts in real time: the person in front of us may have made those choices, but often her current problem is now of a different nature; it's a medically diagnosable illness that requires treatment.

By defining addiction as a disease (as opposed to a personal sin or moral failing), I am not suggesting that addiction bears *no* relation to sin, insofar as sin according to a Christian worldview is fundamentally a universal human condition, one into which we all are born. On the contrary, addiction, like any other sickness, takes its place within a whole pantheon of ills that beset human beings as a result of the pervasive brokenness Christians call "sin." The apostle Paul observes in Romans 8 that all creation has been groaning in labor pangs,

longing for a day when it will be set free from bondage to sin and suffering.

The issue is not that addiction somehow falls outside the overarching category of what Augustine in the fourth century called “original sin” (and which Christians who subscribe to this doctrine would describe as a genetically inherited state of sinfulness). Yes, addiction, like all illnesses, exists because our world is a sinful mess and needs the Redeemer, Jesus. But addiction is not the same thing as the particular sins of a person who has the illness, nor should it be equated as such. The problem with this myth, then, is that it presents a false, misleading reductionism about addiction *and* sin. Put another way, it is not a sin to be an addict: having the disease of addiction may result in sinful consequences, but a simple equation between addiction and sin fails to account for the tragic complexities of the illness and its development and impact on addicts’ lives.

The heartbreaking story that the late author Brennan Manning liked to tell of a peer in AA, “Max,” who eventually found recovery from alcoholism, helps to illustrate this point. Manning recalled a group intervention with Max, who needed to be confronted with the consequences of behavior resulting from choices he made while drinking compulsively. The man had ended up in a rehab center after leaving his little girl in the car in freezing temperatures in order to go drink with his buddies.

Manning writes that Max’s “daughter’s ears and fingers were badly frostbitten, resulting in the need for amputation of a thumb and permanent hearing loss.” Confronted in the rehab center with the truth of his actions while under the influence, Max “collapsed on all fours and began to sob.”[4]

Max needed to know the consequences of his misdeeds. The disease of alcoholism itself was not the sin in question; the abuse and mistreatment of his daughter were. Max needed to face the consequences of his actions in order to see how letting his disease progress untreated was hurting not just himself but also those he most loved and cherished.

“Addiction is God’s punishment or a sign of God’s judgment.” The biggest problem with this myth is that it makes human beings mouthpieces of God’s judgment—and Jesus explicitly commands us not to do this. “Do not judge,” he tells us in Matthew 7:1. But, like the misguided witnesses to Jesus’ healing of the man born blind (John 9:1-3), who attribute the man’s condition to either his sin or the sin of his parents, we can make arbitrary inferences about why someone struggles with an addiction. Concluding that someone’s addiction is a sign of God’s judgment is arguably the worst of these. And often we can so subtly cast

judgment that we are not even aware that we are doing it, at the expense of the person in front of us.

This dynamic can also play out in how we treat the loved ones of addicts. Parents of children in recovery can be especially prone to self-condemnation, and the last thing they need is another finger-pointing voice in the mix to echo their own. A friend whose daughter was the epitome of the all-American girl before discovering meth asked, “How did I fail so much as a mother that this would happen?” These sorts of questions plague family members of addicts all the time and offer no easy answers.

Yes, actions have consequences: a particular form of upbringing or set of choices or traumatic event may contribute to a developing addiction—but not always. Studies have shown that at least half the risk of developing an addiction is genetic and that children who grow up in very troubled homes may not become addicts, whereas children from loving, happy homes can become addicts. Layering on the suggestion that a person’s addiction is a sign of divine judgment (which we are not qualified to declare in the first place) is like pouring salt in a festering wound. Even if there is some truth to be found in the particular claim, there is nothing compassionate or biblically faithful about drawing this connection for those suffering from the effects of addiction.

On the contrary, if we genuinely believe that God’s mercies are “new every morning” (Lamentations 3:23), we will also recognize in those lines a God for whom mercy trumps judgment over and over again. As the writer of the book of James puts it, “Mercy triumphs over judgment,” and those who fail to show mercy will themselves be judged (James 2:13). Mercy, not condemnation, should be the guiding principle behind what we say to people with addiction. In response to the question “Is God judging me?” we can answer with the promise that “God’s mercy endures forever” and that “great is God’s faithfulness.”

“Addiction is demon possession.” One church leader in our survey said addiction is “a demon.” This answer squares with findings from a larger survey of Christian leaders undertaken by Amy Simpson in her book *Troubled Minds.* There Simpson reports that 19.7 percent of leaders (almost one in five) say their congregations believe mental illness is “indicative of demon possession/demonic influence.”[5] Admittedly, Simpson’s survey addressed mental illness more generally (rather than just addiction), so deciphering whether this misconception is as pervasive when the mental illness is specifically addiction is hard to say; a reliable conclusion would probably depend on surveying a much broader demographic than my focus group permitted. Still, one leader’s conviction that

addiction is a demon would suggest that at least in certain pockets of the church, the belief that evil spirits lurk behind addiction's door is alive and well.

Mary's story strengthens this inference. Mary, who grew up in charismatic circles, reports having been the object of multiple attempts to cast out her demons:

> I distinctly remember one woman claiming she could "see the demon behind my eyes." When I expressed disbelief, I was told this was the demon talking through me, because the demon didn't want to leave. It liked living inside of me, and it was very strong and very high up in the demon hierarchy. I was told it had taken over my ability to think or judge accurately, so I couldn't trust myself. I realize now how incredibly disempowering this was.

For Mary, addiction was already disabling enough. She didn't need yet another way to externalize her problem (in the form of evil spirits wreaking havoc), so that her inner resources seemed even less sufficient in the face of that problem. Accusations of demon possession further dispossessed Mary of a sense of accountability for her actions, ownership in the recovery process and a capacity for loving self-connectedness. Instead, what she most needed was to discover and then tap into her own unique and God-given inner resources for overcoming addiction. In Mary's words, "I needed to be able to use my God-given brain, and to have a little faith in myself." She recalls,

> I needed some control, a sense of power, and it needed to come from *within* me, not from outside of me—not good versus evil forces battling for my soul while I sat on my hands and tried to believe hard enough, and not repetitive, redundant meetings with regurgitated catch phrases, where people tell you how they stay sober.

In addition to posing obstacles to loving the addicts in our midst, the notion that addiction is demon possession is also more often than not a fallacy. Matthew Stanford, in *Grace for the Afflicted*, notes that even in Scripture, demon possession in general is relatively rare: only the books Matthew, Mark, Luke and Acts make mention of it; exorcism never appears in the Old Testament or in New Testament letters; physical infirmities are far more common.[6] Stanford concludes that for the early church, exorcism played an insignificant role, and that for those who are believers in Christ, demon possession is not even possible.

Simpson, citing Stanford, goes on to contend that assuming demon possession or demonic influence in cases of mental illness is incompatible with Scripture.[7] In light of both the apparent rarity of demon possession in biblical times and the impossibility of demon possession in those who have accepted Jesus as their Lord and Savior, Simpson pointedly asks whether anyone really believes that 25 percent of the population of the United States (the proportion of Americans with a mental illness) is demon possessed. She goes on:

> Automatically asking questions about demon possession distracts us from our calling to minister to people in need. It is harmful and negligent and may discourage a person from receiving critical treatment. . . . Confronting demon possession or demonic influence should not be the starting point for our response to troubled people. If an illness responds to medical intervention, it's a medical problem. And that should be the starting point. If someone displays symptoms of psychological illness, we should not take time to wrestle through questions of demon possession. We should help that person seek and find psychological treatment, walk with the person through the difficult work that will follow and address spiritual issues that linger.[8]

Addiction, like all other mental illnesses, should elicit the same response.

"Addiction doesn't happen to church people." Christian writer and blogger Melody Harrison Hanson can tell you otherwise. "I can't count because it happened so many times, the number of Sundays I spent sitting in church nursing the world's worst hangover, full of shame and self-loathing," Hanson writes.[9] The statistics would suggest she is only one of many churchgoers who show up on any given Sunday struggling with some form of addiction. Christians fall prey to addiction at the same rate as everyone else, so to believe that addiction does not happen to church people is to buy into a great big lie.

Unfortunately, this lie finds ample room to sprout in the landscape that is the contemporary American church. Not unlike the rest of corporate America, many churches have come to believe they are selling a product to prospective consumers, and for this reason, they reveal only an airbrushed image of themselves. For these "attractional" churches—for which church growth and bigger budgets are the most important measures of success—weak, sick and broken people are not good for business.[10] Happy conversion stories about how Jesus has changed lives and helped people live happily, healthily and

successfully ever after are a whole lot easier to sell than admissions of struggle or relapse from people with chronic mental illnesses. As Simpson notes, a lot of pastors do not want "the wrong kind of people" to stand in the way of their vision of congregational success.[11]

Christians fall prey to addiction at the same rate as everyone else, so to believe that addiction does not happen to church people is to buy into a great big lie.

The biggest problems with this approach are twofold. First, if you are marketing yourself as a group of attractive, put-together people, you will never have an opportunity to love and learn from people in your pews with addiction. They will either avoid your church or, in greater likelihood, fly under the radar and remain at the margins of your community. Your community forfeits an opportunity to experience real, authentic relationships forged in a crucible of brokenness and vulnerability. And recovering addicts in your congregation try to blend in, pretending to be like those nonexistent perfect people.

Second, this way of being church is antithetical to the gospel Jesus proclaims —so much so that a church that exists mainly to attract nice-looking, respectable, successful people is probably not really following Jesus. For one thing, the Jesus we meet in Scripture is rarely if ever calling those sorts of people. His mates are more often than not the poor, the outcasts, the sinners, the prostitutes—"ragamuffins," as Manning termed them. They are the people you might *least* expect a Fortune 500 company to hire.

If a church takes more pride in being successful than in the message that God and God alone is Savior, that church is contributing to a life-sucking lie.

In a similar vein, the apostle Paul urges the church in Corinth to consider

their call, reminding them that not many of them were "wise by human standards" or "powerful" or of "noble birth." That is why the message of the cross can sound so ridiculous, Paul says in 1 Corinthians 1:27-29, which is precisely the point: "God chose what is foolish in the world to shame the wise; God chose what is weak in the world to shame the strong; God chose what is low and despised in the world, things that are not, to reduce to nothing things that are, so that no one might boast in the presence of God."

If a church takes more pride in being successful and having its act together than in the message that God and God alone is Savior, that church is contributing to a life-sucking lie for which Jesus probably has little time. As one theologian framed it and then quoted another, a more "realistic theology of the church must always begin with the frank acknowledgement that . . . 'A basic reality of congregational life is that we are engaged in socially acceptable (indeed socially celebrated) patterns of mutual self-destruction.'"[12]

Sometimes it takes something traumatic like an addiction—something that shatters our protective self-understanding—to open our eyes to this truth and move toward our liberation. Spiritual breakthroughs can come with the kind of discovery writer and journalist Cathryn Kemp made after becoming hooked on prescription painkillers. "I used to think a drug addict was someone who lived on the far edges of society," Kemp writes. "Wild-eyed, shaven-headed and living in a filthy squat. That was until I became one."[13]

Maybe more churches could benefit from a similar awakening.

"Once an addict is born again, she won't relapse." In his final book, *All Is Grace*, Manning pokes holes in this common misconception. Manning was a popular, sought-after Christian speaker and writer, having written more than twenty books, including the bestseller *The Ragamuffin Gospel*. He was also a recovering alcoholic who relapsed multiple times.

The question Manning says he heard over and over again across the years was how he could relapse after having experienced a conversion to the Christian faith (or what some Christians describe as being "born again"). In Manning's words: "Sometimes [the question] has been asked with genuine sincerity; other times I'm sure it was a loaded Pharisaical grenade: 'Brennan, how could you relapse into alcoholism after your Abba encounters?'" Here is his response in *The Ragamuffin Gospel*:

> It is possible because I got battered and bruised by loneliness and failure; because I got discouraged, uncertain, guilt-ridden, and took my eyes off

> Jesus. Because the Christ encounter did not transfigure me into an angel. Because justification by grace through faith means I have been set in right relationship with God, not made the equivalent of a patient etherized on a table.[14]

At the end of his life, Manning goes on to say that while he stands by those same words, he believes he can whittle them down to a much briefer answer. How could he relapse after experiencing new life in Jesus? The answer: "These things happen."[15]

The fact that relapses happen yields both a scientific and a scriptural explanation. First, there is the nature of the disease itself: one of its defining characteristics is a high rate of relapse. In Mary's case, this reality meant relapsing four or five times before finding sobriety.

Chronic relapse is pretty typical in cases of addiction. For example, national studies in recent years have placed the "rate of remission" (or relapse) for addiction anywhere between 59 to 82 percent, depending on the year and the study.[16] The high-relapse nature of this disease is no respecter of persons—faith or no faith.

But there is also a biblical and theological way to explain how Manning and many like him fall back into unhealthy patterns and compulsive behaviors after experiencing a genuine conversion. The apostle Paul himself confesses to his own tendency to do the very things he does not want to do and admits to not understanding his own actions: "For I do not do what I want, but I do the very thing I hate," he exclaims (see Romans 7:15-25).

Paul's conundrum sheds light on the questionable actions of a whole cast of shady characters whom God loves and with whom God chooses to be in relationship. Many of us have read their stories in Scripture, from Adam and Eve on. Many of us count ourselves among them: Abraham, Sarah, Rachel and Moses, each with a spotty track record at best. And then come the first disciples, who having seen Jesus in the flesh and having walked and talked with him, fall away from their dearest friend in his moment of greatest need.

Their stories are a reminder that we are all prone to relapses in some form or another—and that, therefore, suggesting to an addict that his relapse is inherently a measure of the genuineness of his conversion is at best unhelpful and at worst a form of spiritual abuse. Such a suggestion fails to take seriously a number of things—among them the narrative of Scripture, the reality that sanctification is never complete in a world marred by sin and the very definition of addiction as a

medical disease.

A more helpful and biblically faithful way to frame conversion and a relationship with Jesus is to view them on a much longer continuum that involves multiple experiences of being born again and being awakened anew to God's loving pursuit of us. Entering into a relationship with Jesus may immediately change some but not all of one's old habits. Sanctification is a gradual, ongoing process that can transpire across a whole lifetime and never really ends, at least until death (which some theologians have suggested is itself a final sanctifying process) and possibly not even in eternity (as ancient theologians like Gregory of Nyssa have suggested). A whole lifetime of journeying in God's grace will thus inevitably comprise failures and backsliding—and, with these prodigal moments, fresh experiences of God's power to forgive and redeem broken people.

"Prayer, Bible study and right belief are enough to cure addiction." A September 2013 LifeWay Research survey found that nearly half (48 percent) of evangelicals, fundamentalists and born-again Christians believe that prayer and Bible study alone can help people overcome serious mental illness. This misconception is dangerous because it misconstrues chronic illnesses like addiction as curable, when addiction is actually something one must learn to live with and monitor one's whole life, like diabetes or high blood pressure. In the same way that a diabetic person must learn to check her insulin levels, a recovering addict must develop daily habits of self-care that build resistance to her disease. Doing otherwise can jeopardize her life.

Another problem with this myth is that it overspiritualizes addiction, once again singling out addiction next to other infirmities as more of a spiritual problem than a physical one. That's not to say that addiction does not involve spiritual dimensions just as other sicknesses do—and I will address these later—but that it requires medical treatment just as other chronic illnesses do. To reduce the treatment of addiction to merely praying more and having more faith can actually endanger the health and life of an addict. Yes, God heals—but not always in this life, and certainly not because we have prayed more or been diligent about going to Bible study. God's ways are higher than our ways (see Isaiah 55:8). Furthermore, God uses modern medicine all the time to heal, and he does the same in cases of addiction.

Yet another wrong assumption that undergirds this myth is that addiction is a choice and getting better requires exerting greater willpower. If you believe this myth, you're in good company. A study of the public's views on food addiction

and obesity revealed, for example, that approximately one-third of Americans believe food addiction and obesity are a choice.[17]

Nothing could be further from the truth of addicts' lived experiences. "Most alcoholics, for reasons yet obscure, have lost the power of choice in drink" and "are without defense against the first drink," AA's *Big Book* states.[18] Any addict will tell you the same. There is no such thing as choosing to drink only one beer. As the popular saying in recovery circles goes, "One is too many, and one hundred are never enough."

A Stanford professor of psychiatry and behavioral sciences, Dr. Keith Humphreys, who served as a senior White House drug-policy adviser, helps to explain this experience in terms of the biology and neuroscience behind it:

> It's kind of like putting on a lot of weight. Your body changes, and from then on losing weight is way harder than it ever was before you got fat in the first place. Because addiction-associated brain changes are so enduring, a lot of people are going to relapse. So the course of treatment has got to be longer-term than it often is.[19]

So there is usually a limit to how much sheer willpower or prayer or Bible study will accomplish for addicts (without additional interventions). Scripture, too, would suggest that "getting better" when it comes to finding redemption from sin, sickness and the tragedies of this life does not ultimately depend on human "righteousness." Ultimately, there is very little we can do in our own power and apart from the grace of God to make things right. We are actually far more dependent on God and a larger ecosystem of sin and grace than we usually care to admit. Wanting to get better from an addiction can be a first step toward healing, and praying for healing is a commendable part of that process; but rarely are these two things on their own enough to rid a person of addictive behaviors.

When she tells her story, Mary highlights the importance of a desire to quit using as well as her personal experience with prayer. Wanting to get better was the starting point of her journey home from the faraway land of addiction. For a long time, Mary says, "My actual problem was simple: I needed to get to the starting line—that is, I needed to *want* to quit—but I wasn't there, and I couldn't see how to get there."

> So while the church prayed for my miracle transformation, I prayed on my own, too—in between the dope hits—that God would make me want

> to quit. But the fact is that I didn't want to quit, and I didn't even *really* want Him to make me want to, because I wanted to get high. And so I did. Years later, I got to the starting line, and because I had the desire to quit and the tools I needed, most of my prayers during that time were (and are to this day) prayers of thankfulness, rather than half-hearted pleas for my addiction to just "go away."

Mary's story helps to illustrate how prayer and positive thinking alone are often insufficient to rid a person of addictive behaviors. (And the same might be said of Bible study and having more faith.) Spiritual tools can help in the recovery process, but viewing them as the only thing necessary can endanger that process.

What to Say to Recovering Addicts

This chapter has addressed the popular myths that, for many recovering addicts, pose a stumbling block to receiving God's love in and from the church:

- "Addiction is a sin."
- "Addiction is God's punishment or a sign of God's judgment."
- "Addiction is demon possession."
- "Addiction doesn't happen to church people."
- "Once an addict is born again, she won't relapse."
- "Prayer, Bible study and right belief are enough to cure addiction."

If ever in doubt about what *not* to say to recovering addicts in your midst, a quick review of this list may help. "But what *should* you say to addicts in your midst?" one pastor in our focus group asked. To help me answer that question, I asked Mary what message she would have liked to receive from the church (in contrast to what she did receive). She said, "Unconditional love and acceptance."

> Aside from [my church] not doing what they did do, I would've liked to have been unconditionally loved and accepted. I didn't want to be an experiment on the power of prayer or a candidate for a miracle. If church had been a more peaceful place, less intrusive and domineering; if I could've just sat there quietly, hearing how God loved me and accepted

me too; if I had felt safe, if I had not felt I had to "be" or "act" in certain ways in order to gain acceptance—well, I don't know if I would have recovered any sooner, but I would have come back.

On this note, here are some suggestions for what we can and should say to addicts looking (like the rest of us) for unconditional love and acceptance:

You have been made for so much more life and love than what your addiction has taught you to expect for yourself. Remind addicts that their identity and belonging come from Jesus, not drugs, sex or any other unhealthy attachment—and that because this is true, they were made for so much more than putting needles in their veins or dialing hookers. When God has created you and called you "good," when the kingdom of God—a small piece of heaven itself—is within you, why shoot up? Life itself is waiting to be enjoyed and shared for the glory of God, who has your very best in mind. As the ancient church father Irenaeus remarked in the second century, "The glory of God is man truly alive."

God loves you just as you are, regardless of what you've done, are doing or will do. Let addicts know that God loves them unconditionally just as they are—and mean it. Lest you have any doubt about this reality or feel the least bit disingenuous declaring it to be true, remember that Christ died for you while you were still a sinner (Romans 5:8). Jesus did not wait for the human race to get its act together before demonstrating his love for us. The church need not wait either, in loving people with the disease of addiction.

God forgives you—and where you can make amends to the people you have wronged without causing further harm to them or yourself, do so. Leave the rest to God. Tomorrow is a new day. Addicts in recovery may express guilt or regret about decisions they have made when acting out of their place of addiction. Give addicts permission to confess these things confidentially to you—or in a pastoral setting where they feel safe. Assure them of God's mercy and forgiveness, which are new every morning. Encourage them, in the spirit of the twelve steps, to make an honest assessment of their shortcomings and of where they can make amends to those they have wronged.

Welcome! We want you here. Invite addicts to get involved in your congregation and to spend time with God in prayer, Bible study and other forms of spiritual community. Encourage them to see these things as an important part of the solution to their problem but not the only resource available to them. Let them know you are there to support them in finding additional resources for

recovery.

Tell me your story. Has God been real to you in it? Invite addicts to share their story with you. Then take a learning posture as you listen, asking them what God has been teaching them in their journey (wherever they are on the recovery spectrum). You may be surprised by what you hear and learn.

You have a chronic disease, and we believe God wants you to find recovery—and so do we. We will walk with you every step of the way, not just on the good days. Because relapse is so common in the recovery process, let addicts know you are in this process with them for the long haul and are aware of how arduous the road ahead will be. Let them know that they will have hard days and may even relapse. And let them know that you want to be in relationship with them no matter what sort of day they are having—and when they are in trouble, you are only a phone call away.

These are just a few of the things one can and should say to people with addiction, rather than the old myths that do more harm than good. Loving addicts really begins here, with a commitment to shelving unhelpful misconceptions so we can better relate to people with addictions as human beings like the rest of us. The truth is that the church needs addicts as much as they need us. Their struggles, like ours, belong to the cosmic recovery story that our prodigal God wants to tell. By listening to and learning from one another's stories, and offering expressions of compassion and understanding and affirmations of God's mercy, we also will journey homeward, both to our prodigal God and to one another.

Discussion Questions

1. Of the myths listed, which one do you think your church is most prone to and why? How do you see this myth play out, either explicitly or implicitly, in your church's culture? What are some ways you might work to dispel this myth in your congregation?
2. Whether or not you struggle with addiction, can you personally identify with any part of Mary's story? If so, what part is it and why?

Section 2

Tools for Creating a Recovery-Friendly Church

four

Cultivating a Culture of Long-Term Sobriety

Before AA we were trying to drink God out of a bottle.

BILL WILSON

FOUNDER OF ALCOHOLICS ANONYMOUS

✝

THE OTHER BIG QUESTION among the one hundred church leaders I surveyed was a natural corollary to getting an addict into recovery—namely, "How do I help an addict stay in recovery?" And indeed, it is not enough to "arise"; in order to arrive home, prodigal people must turn their face in that direction and begin the long walk of putting one foot in front of the other. Thankfully, with a few key tools at their disposal, churches can help in this process and so arrive home themselves.

Spiritual Resilience and Authentic, Long-Term Relationships

The best predictor of whether a prodigal will stay on a path of sobriety is this: emotional resilience.[1] The capacity to adapt to the inevitable stresses of life is vital to an addict's prospects of full recovery. Thankfully, such resilience is not a genetic trait with which one is born (although some personalities are more naturally resilient); resilience is something that can be taught, formed and "caught" within relationships of care and support. In fact, addiction recovery experts have found that the presence of resilience can be linked to having at least one strong role-model relationship from outside one's family of origin (which

may explain the success of the AA sponsorship model).[2]

How, therefore, might churches best help recovering addicts stay on the path toward recovery? The answer lies in cultivating spiritual resilience, which can be the byproduct of a church culture that defines itself in terms of authentic, long-term relationships entrusted to God's care and transformation. Prodigal children's best chances of getting home depend on building reservoirs of connectedness with God, one another and oneself for when the tough times hit, and churches can help to facilitate this process by fostering relationships characterized by mutual "response-ability," truth-telling, commitment, acceptance, compassion and understanding.[3]

Prodigal children's best chances of getting home depend on building reservoirs of connectedness with God, one another and oneself for when the tough times hit.

Mutual "response-ability." Antithetical to what many churches might think, their job in relating to addicts is not to be construed merely in "helping" terms, with addicts only being the recipients of that help. There is something inherently hubristic about this assumption—as if the church holds all the answers to recovery and is there to dispense them. Relationships in which there is clearly one helper and one recipient of help (and no exchange of these roles) usually are strictly clinical or professional—and many recovering addicts have these sorts of relationships already in place coming out of a recovery program, such as in the form of a doctor, therapist or recovery coach.

Where the church can most help then is in inviting the mutuality of care that recovering addicts may not be getting elsewhere. The beautiful irony here is that the churches that recognize how recovering addicts can also help them will go the furthest in helping people stay in recovery. Successful recovery, after all, means moving from a place of victimhood and irresponsibility to a place of ownership and response-ability. Addicts must move from passively accepting help as the beneficiary of others' acts of kindness to extending help to others and becoming response-able to the people in their lives. And church communities must move from a position of meeting needs and providing "service" to

empowerment and "kinship" in relating to addicts.[4]

Even in an addict's place of greatest need, churches can listen to and learn from him, rather than making him an object of pastoral care or missionary zeal. After all, at the heart of the gospel we proclaim is an earth-shattering claim about reality itself: at the center of existence is a God whose death on a cross and resurrection have transfigured brokenness into gift. The "principle of transfiguration," as Archbishop Desmond Tutu has aptly named it, says that

> nothing, no one, and no situation is "untransfigurable," that the whole of creation, nature, waits expectantly for its transfiguration, when it will be released from its bondage and share in the glorious liberty of the children of God, when it will not be just dry inert matter but will be translucent with divine glory.[5]

And this transfiguration is ongoing. "The texture of suffering changes when we begin to see it as redemptive," Tutu writes, noting that human beings can tolerate suffering but can't tolerate meaninglessness.[6]

One way human suffering thus becomes meaningful is when the lessons learned from it can be shared with others. Mutuality of relationship begins to happen when we invite God's blessings to shine in and through the wounds and fissures we behold in others and ourselves.[7] Addicts—all of us—can experience transfiguration within relationships of mutual care and support.

In contrast, focusing only on the needs of another human being in order to "save" her can greatly impair our vision, obscuring the gifts and contributions of that person. Relating to an addict exclusively in terms of how he should be fixed or saved (rather than as a person made in the image of God who on that ground alone has something to teach us) not only diminishes his own capacity for response-ability but also reduces the capacity of the self-appointed fixer to be attentive to how God is *already* at work.

In addition, the project of fixing is one that the Bible says only God can do; there is only one Savior. And this truth is liberating. The church need not bear the impossible burden of fixing or saving people. Instead, the church can first and foremost set out to build relationships with recovering addicts that are grounded in mutual love and learning. The posture entailed is thus not one of "What do I do to fix their situation?" but rather "What is God already doing in this person's life, and how can I connect with that work?" Is the person in recovery attending a twelve-step group and finding spiritual community there,

for example? If so, ask them if you can come along and see for yourself how God's Spirit is at work in their life and the lives of others there. In doing so, you will be building a relationship of mutual trust and care.

Another way to cultivate this mutuality in relationships is by employing what pastor and theologian Matt Russell describes as "theological curiosity."[8] Russell is a founding member of Mercy Street Church in Houston, a spiritual community for recovering addicts and spiritual refugees. When asked to recall how Mercy Street began, Russell says he spent a lot of time in coffee shops listening, learning and asking questions. What he most wanted to know was why so many of these people no longer belonged to a church and what they thought "church" really ought to be. Out of the answers—those that the recovering addicts and spiritual refugees themselves provided—Mercy Street was born.

It took the curiosity of Russell and others—a humble willingness to learn—to initiate these conversations that became the ground for meaningful, long-term relationships. Theological curiosity is therefore about asking where the Spirit of God is already at work in the world.[9] This teachable desire to learn more about God's ways and an attentiveness to God's freeing, restoring and creative work in the world is a necessary precursor to asking how to follow God there.

"If we believe the Spirit of God is happening in the world, our question is not 'What do I do?' but 'What is happening?'" Russell says. "If something is happening, the very life of God, the question is. . . . 'What is happening, and how do I befriend that?'"[10]

By way of illustration, if the God of Exodus, who leads the people of Israel out of bondage, is still at work in the world today, the next question can be, "*Where* is this same God now freeing people in bondage?"[11] If the God of Exodus, who provided manna for his people in the wilderness, is still at work today, the next question can be, "Where are hungry people being fed?"[12] These are the places where the church can go and be transformed by the Spirit of God.

However, Russell says, the church's counterintuitive and counterbiblical tendency is to build mission and ministry programs with the mantra "We've got it. You need it. How about it."[13] The problem with this mindset is that it sets up a false equation between the church and the kingdom of God, so that the church, rather than the world, becomes the center of God's activity—when Scripture would suggest otherwise.[14] In Scripture, the Spirit of God is alive and well, creating, restoring, healing and setting free in the world, which is where the church is invited to follow Jesus and witness to his work.

Your first job in building authentic relationships with addicts is therefore to find ways to learn from the recovering addicts in your midst and in their world, and to let them teach you and share their experience of God's grace with you—even if that grace might be called by a different name or shows up in an AA meeting rather than church. The offshoot of this work will be greater mutual response-ability: as recovering addicts find a new web of relationships in which to practice responsiveness toward others, churches learn how to respond to the work of the Spirit in recovering addicts' lives. This life together thus becomes the seedbed for character reformation and spiritual renewal for both addicts and those who seek to love them.

Truth-telling as "testimony." Authentic relationships that help addicts stay in recovery also entail truth-telling. While this element would seem like a no-brainer, telling the truth in church circles can often be difficult. Professor of Recovery Ministry Dale Ryan, who directs Fuller Seminary's Institute on Recovery Ministry, gives the illustration of the recovering addict who in AA meetings can be honest about the hard, nitty-gritty details of his life but then in church is quick to answer "fine" or "blessed" when asked how he is. Many of us can identify.[15]

Ryan notes that many of us in the church have learned how to give a great testimony, often tying up our faith with a pretty bow only after we have come through a crisis and are able to look back and see God's provision in the rough patches. "It's fine to tell the truth if you're all better now," Ryan explains.[16] Yet we are often terrified to tell the truth about how we are "not better now"—about our wounds and the ways we wound others and the rough edges and incompleteness of our stories. We do not know how to share our sins, doubts and imperfections when we find ourselves in the midst of them.

To be sure, our predilection for deception goes along with being human. In a similar vein, Mark Twain is quoted as saying that "a lie can travel halfway around the world while the truth is putting on its shoes." But prodigal churches are the people doing the hard work of putting on the shoes. Their concern is with living as wholly as possible in reality and representing this reality for others—*being* well, as opposed to only looking well.

There are a number of concrete ways you can encourage truth-telling in your congregation. Consider inviting the often voiceless or marginalized people in your community to share honestly and from the heart, without editing out the hard stuff: the single mother working hard to survive, or the couple reeling from the death of a child, or the recovering addict for whom daily compulsion is a

struggle to overcome. There is no “right” testimony, as if in order to be a Christian we must fit our story into a redemptive template that obscures our lived reality. Instead, giving your community permission to tell the truth about themselves and the world they inhabit can be another entrée into authentic relationship that will sustain not just recovering addicts but all of God’s wayward children. Sometimes this giving of permission means being the first to ask the hard questions.

Telling the truth can also come from the pulpit, with a willingness to capture the grays and complexities of a life of faith and doubt, sainthood and sinfulness, both in sermons and in leading the weekly prayer of confession.

Leaders can also normalize confession within small groups and support groups, and between accountability partners (in AA, these are called sponsors). Regular opportunities for the sharing of prayer concerns, whether in worship or a weekly prayer meeting or healing service, can also encourage a culture of honesty and inclusiveness of all stories, not just those of the “victorious Christians” in our midst.

Being aware of the kinds of deceptions to which addicts in recovery are uniquely susceptible can also be helpful in creating a climate of greater transparency, vulnerability and accountability. Sensitivity to these potential snares on the road to recovery will better prepare you to help recovering addicts anticipate them and maneuver around them.

One-on-one conversations are the best context for unmasking lies and self-deception for what they are (dangerous cognitive distortions) and replacing them with truths. Some common cognitive distortions used to justify addictive behavior include the following, as relayed in Welch and Shogren’s book *Addictive Behavior*, with my italicized suggestions for how to respond:

- “One [drink, hit] isn’t going to hurt.” *This one hit could cause me to overdose and die.*
- “I am hopeless anyway, so why bother trying to stop?” *I’ve been promised a future and a hope.*
- “If I do it only once, it will prove that I have self-control.” *One is too many, and a thousand is never enough; with one I lose all self-control.*
- “Maybe I’ll just hang out with the guys and not drink anything at all.” *I’ll set myself up for a fall if I do this.*
- “If she wouldn’t treat me that way, I wouldn’t have to drink.” *I do not*

have to react to the actions of others.

- "I just need a little something to relax with." *I am capable of relaxing without a substance. I can meditate, listen to music, etc.*[17]

Intentionality of commitment. Intentional commitment says to a recovering addict, "I will help you get home; will you help me, too?" You are, in essence, covenanting to be part of God's work in one another's lives, however that may evolve. You are not covenanting to an agenda or program for how God should work. You are covenanting to a relationship that you have surrendered to God and to the Spirit of God working itself out in one another's lives, and this commitment involves supporting one another in known places of weakness.

Taking the following concrete steps will manifest this intentional commitment:

Invite recovering addicts to share what congregational language or practices trigger or enable their addiction, so you can be sensitive to these things and work to eliminate them in your life together. For example, does the fact that the men's group meets at a pub become an occasion for temptation for the recovering alcoholic in your midst? Do you offer a nonalcoholic option during communion? Or do other elements in your worship service present stumbling blocks? In his autobiography of teenage heroin addiction, Jim Carroll tells the story of a friend who tried to quit his heroin habit by reconnecting with the Catholic church of his childhood. The smell of the church incense, however, was enough to remind him of the sweet odor of heroin—so much so that he left straight from church to go shoot up again.[18]

Ask recovering addicts if they have a plan in place for their recovery and how you can help them stick to it. If they do not have a plan in place to prevent relapse, encourage them to develop one with their sponsor or accountability partner. You now know just how common relapse is among recovering addicts. Especially during the first months back in the real world, recovering addicts can benefit from preparing themselves for the internal and external stresses that often precede relapse. A plan will help a recovering addict prepare for and navigate these various contingencies.

In developing a plan to prevent relapse, an addict can brainstorm all of the various factors in her life that will make sobriety difficult: relational conflicts; old social circles and occasions to drink or use; or unresolved consequences of an addiction, such as snowballing hospital bills or pending drunk driving charges.[19] These external stresses can precipitate a relapse.

So can internal stresses, such as all of the old unhealthy patterns of self-talk that feed addictive behavior: denial, projection and externalization. Having a plan in place with strategies and specific steps to follow when the cravings hit is always a good idea, and church leaders and their communities can gently insert themselves into that plan, making it clear that they understand the dynamics of addiction recovery and want to be part of an addict's recovery.

Encourage the rhythms of recovery in an addict's life by embracing them yourself or by connecting him with others who practice these rhythms. If an addict practices the twelve steps and attends recovery meetings, practice the steps with him or attend a meeting with him every so often. Going regularly is even better. Invitations to deeper life together develop organically within authentic, long-term relationships that embody commitment to one another.

Invite recovering addicts with open arms into the life of your church and its various ministries, demonstrating that you value their contributions as much as those of the person next to them. When I ask clients who have come through my program how the church most helped them stay in recovery, one resounding commonality emerges: clients say that the church provided them with natural outlets for service and ministry and a new web of life-giving relationships.

Unconditional acceptance. In the opening to his book *Addiction and Grace*, Gerald May shares the following conviction:

> After twenty years of listening to the yearnings of people's hearts, I am convinced that all human beings have an inborn desire for God. Whether we are consciously religious or not, this desire is our deepest longing and our most precious treasure. It gives us meaning. Some of us have repressed this desire, burying it beneath so many other interests that we are completely unaware of it. Or we may experience it in different ways —as a longing for wholeness, completion or fulfillment. Regardless of how we describe it, it is a longing for love. It is a hunger to love, to be loved, and to move closer to the Source of love. This yearning is the essence of the human spirit; it is the origin of our highest hopes and most noble dreams.[20]

If May is right—that a desire for love defines what it means to be human—then helping human beings connect with love itself is not just central to cultivating long-term sobriety among addicts but essential to helping every person in your congregation become more fully human and more fully alive. In other words, the

two journeys toward sobriety and fullness of humanity coincide and shape one another—and will depend most fundamentally on the love you are learning to share with God and one another.

> Helping human beings connect with love itself is not just central to cultivating long-term sobriety among addicts but essential to helping every person in your congregation become more fully human and more fully alive.

Are the relationships within your congregation authentic? Are they based on mutual love and support, truth-telling as testimony and intentional commitment? The deepest longing of the human heart, to be loved and accepted not as one should be but as one *is*, resides in an affirmative answer to these questions. Whether we call this universal longing a desire for wholeness or God or love, that longing is there, making us uniquely human. And, in response to this universal longing, the whole meaning of the gospel might be summed up in one simple but powerful declaration: "You are accepted."[21]

The incarnation of unconditional acceptance takes practice.[22] Here are a few suggestions for ways to inculcate it in your midst:

*Help people set measurable, daily goals for their spiritual journey.*Recognize that setbacks like relapse can belong to the journey toward abstinence (rather than posing a final detour) and need not be feared or dwelt upon. Steer one another away from all-or-nothing thinking about some future spiritual perfection and instead keep your focus on the small, daily victories. Encouraging the living of life "one day at a time" helps. The fact that God's mercies are new every morning means that God's grace can be enough for today, and whatever spiritual assaults or temptations may come in the day ahead, the promise of a new beginning is only a breath away. So encourage the making of spiritual goals that can be achieved within the course of one day—or in some cases one hour at a time—rather than a whole lifetime. In this context, "total abstinence," while still a daunting task, becomes a bit less intimidating viewed through the lens of the here and now of today (rather than against one's entire future).

Practice, practice, practice forgiveness. One man at the end of his life told a

pastor I know that he had found an immense sense of release after listing all the names of the people who had wronged him across his lifetime and then intentionally forgiving each of them in prayer, releasing them to God. Forgiveness is not a warm, fuzzy theory; in order to be real, it needs to be put into action and tried deliberately with the help of the Holy Spirit. You can encourage concrete expressions of forgiveness wherever there are opportunities—in worship, sermons and Bible studies on forgiveness, for example. You can engage in relationally based ministries to people groups who have received the message that they are not accepted, like prisoners, the homeless, the mentally ill, addicts and alcoholics, with the goal of asking God to teach you unconditional acceptance for "the other."

Find ways to celebrate even the smallest of victories as milestones. In times of corporate celebration—say, for example, a wedding or anniversary—give room for congregational sharing about the smaller victories in life, those times when as prodigal people you responded to God's love, however small the gesture. The example of AA is instructive. Over the course of one and the same meeting, and with the same gusto, attendees may celebrate one member's fortieth year of sobriety next to another's one week of being clean.[23] During times of corporate prayer and in regular sharing from the pulpit, you can create an environment that comes to see any step in a direction toward home, however small or large, as something worthy of celebration.

Compassion and understanding. Authentic, long-term relationships with recovering addicts can't survive without compassion and understanding. Walking an addict home—helping her stay in recovery—depends on a capacity to suffer with her in her places of pain (*compassion* literally means "to suffer with"). And in this case, compassion requires an understanding of the dynamics of recovery. The more familiar churches are with the physical, emotional and spiritual aspects of recovery and the nature of life after addiction, the more they will tap into their God-given reserves of compassion.[24]

Just as addiction is laden with certain symptoms, so are withdrawal and recovery. In a nutshell, these will involve greatly heightened emotional reactivity, so that even the smallest of issues or stressors can generate a grossly disproportionate response; psychological disturbances like impulsivity, memory loss and confusion; and physical issues such as weight gain, sexual dysfunction and clinically diagnosable conditions like anxiety or depression.

Awareness of these various aspects of addiction and recovery will foster greater understanding of the plight of recovering addicts and ways to be with

them in their walk home. Greater understanding breeds greater compassion—and, in turn, more effectiveness at helping recovering addicts take certain steps in their self-care that can alleviate or address the above symptoms. Here are some of those measures:

- Regular psychotherapy to address anxiety and other psychological issues, as well as sexual dysfunction
- Psychiatric oversight for situations involving clinically diagnosed depression or anxiety (or other mental health disorders)
- Regular medical checkups
- Healthy sleep habits, as well as breathing and meditation practices
- Basic organizational habits, such as keeping a to-do list or daily planner that will assist with short-term memory challenges
- Nutritional eating habits and exercise
- Regular involvement in support and recovery groups

Cravings demand a strategy of their own. Churches in authentic, long-term relationship with the addicts in their midst can implement a method known as the Three Rs: recognize, reduce, refocus.[25] First, *recognize* a craving for what it is. When a recovering addict shares a vivid dream or memory associated with his drug of choice or seems to be in a particularly elated or depressed mood, he may be experiencing a craving. Do not be afraid to ask him whether he is.

Then *reduce* the craving by engaging in an activity that interrupts the craving. Often a craving will not last long. An alternative distraction can help here, such as vigorous exercise; eating a nutritious snack; talking with a friend about the craving; meditation or the use of a relaxation technique; or, if the craving is environmentally triggered, disengaging from the tempting situation.[26]

Once the craving is gone, *refocus* on a prior source of attention, without overanalyzing the meaning of the craving.[27] Too much navel-gazing can actually reinforce the power of a craving or misplace the real issue (which is purely a craving). Instead, recovering addicts can be assured that their cravings mean they are on the road to recovery and that the longer they stay on the path of recovery, the more their cravings will diminish in frequency and intensity.

In cases when the Three Rs fail and relapse occurs, churches that are in authentic, long-term relationships with the addicts in their midst will be in an

ideal position to steer them back into recovery. They can respond compassionately by

- normalizing the experience of relapse (as something that describes the disease of addiction, thereby removing the shame and stigma)
- offering the assurance that repetition is not failure but another occasion to learn, and then asking what needs to be learned that was not learned before
- praying together for the obsession to lift[28]
- encouraging addicts to see relapse as one more conduit to spiritual growth and stronger long-term recovery
- reminding addicts that rates of relapse are highest (and therefore risks of relapse strongest) within the first year of recovery and then drop significantly after that[29]

These answers to the most common physical and psychological challenges encountered in recovery are not a panacea. There is a reason why those who have been through recovery have often described it as the hardest thing they have ever done. But knowledge of the physical and psychological hurdles of recovery can only enrich churches' efforts to minister compassionately to addicts from within the framework of authentic, long-term relationships.

And I suspect the traits that define these relationships—and that form the genetic sequence of prodigal people—are not just good for addicts in recovery. They are good for all of God's people—and they are good for the world. Mutual response-ability, truth-telling as testimony, intentionality of commitment, unconditional acceptance, compassion and understanding—these can keep us headed in the direction of home.

Rat Park—and the Land of Milk and Honey

Spiritual and emotional resilience, formed in the crucible of a relationship with Jesus and with one another, is the pathway to finding freedom, wholeness and abundant life. These are the outposts of a land that flows with milk and honey. They are the fulfillment of our deepest human longing and an expression of humanity at its best.

And as the pathos-ridden words of one alcoholic illustrate, addiction at its heart is a misguided effort to find the "land of milk and honey": "When I reached a certain point in a drink, I felt as though I was on the edge of a beautiful land. I kept drinking to try to find it, even though I never did."[30]

Churches can help people with addiction stay in recovery by encouraging them to seek the land of milk and honey that will not disappoint them: the kingdom of God. Churches do this work of witnessing to God's *shalom*—the ongoing work of Jesus in the world—through a ministry of word and deed—not just by preaching unconditional grace on Sundays but also by seeking to live it daily in the world.[31] In this way, churches can embrace the reality of the kingdom and its fruit. Love, joy, peace, patience, gentleness, kindness and self-control—these byproducts of a life fully surrendered to God are far more persuasive appeals than the guilt-laden, fear-inducing measures that emphasize judgment over grace and mercy.

Churches can help people with addiction stay in recovery by encouraging them to seek the land of milk and honey that will not disappoint them: the kingdom of God.

Science itself seems to confirm this claim. Remember those poor rats on crack? They didn't have a chance when their only choice was either heroin or water paired with solitude in a cage. The heroin always won out.

But as one researcher discovered, the plight of those rats took a dramatic turn for the better when they were given a more life-giving alternative to their quick fix in the form of a rats' paradise known as Rat Park.[32] Rat Park was a lush cage where the rats could enjoy delicious rat food, plenty of rat friends and other fun, wholesome stimuli, like bright-colored balls to roll and tunnels to scamper down.

Strikingly, the rats with good lives, those residing in Rat Park, avoided the heroin-laced water, essentially shunning it. They consumed the drugged water at less than a quarter of the rate that the rats in isolation did, and unlike the rats in isolation, none of the rats in Rat Park died during the course of the study period.

Like Rat Park, the kingdom of God is a land that once beheld is hard to trade

in for cheap thrills or quick fixes. When congregations begin to participate in what is happening in the kingdom of God, they no longer have time for unfruitful habits. They do not want to drink from ratty, old droppers (pun intended) or wells that run dry.

The same is true for recovering addicts. When the spiritual equivalent of Rat Park is in their midst, they will have less desire for hitting drug-delivering levers. Take TJ, for example. TJ came to in-patient treatment in the fall of 2012 after a short detoxification from alcohol and opiates, including heroin. He was not raised in the church and describes his teenaged years as a time of agnosticism. Eventually, TJ started to drink and experiment with drugs and "this progressively got worse," he recalls. "By age twenty-three, I had crashed my motorcycle; my relationships with friends, girlfriends and family were damaged; and I wanted to check out. I felt as if I was so deep into my using I could never pull myself out."

It was in treatment that TJ says he first really met Jesus—and it was in church that TJ discovered a whole community of people with whom he could share that life-giving relationship.

Now several years sober and with a job in recovery, TJ attributes his ongoing sobriety to active involvement in the church, in addition to AA meetings and working the program daily. For him, weekly, Spirit-filled worship and sermons, the daily application of faith and the twelve steps, and the sense of God's presence in the welcome and fellowship of other Christians—both those in recovery and those "who didn't have such a wicked past as mine"—were the life-giving alternatives that rendered alcohol and drugs pointless and no longer necessary.

As an example, TJ cites the warm sense of connection he felt upon accepting an invitation to a birthday party from a friend from church:

> I was nervous because I didn't know what to expect. There were about seven or eight of us and the energy was awesome. The women cooked food for us, and we prayed before we ate. We ended up playing games, like board games that you would play with your family at a holiday or something. We had so much fun playing simple games with tons of laughter. They weren't in recovery but they didn't drink. We were like a family that night. . . . I realized that not everyone drinks and uses drugs to have a good time—and that we can have a blast just fellowshipping like "Crazy Christians" (as we were calling ourselves by the end of the

> night). I've seen the goodness in people at the church. That really impacted me. I've been invited to a special seminar, hung out with missionaries, been at youth services and gotten to know people at church. There are so many ministries to get involved with—over one hundred at the church I attend. . . . They offer Celebrate Recovery. . . . They hold meetings and have community groups to get involved in.[33]

Like Rat Park maybe—but a whole lot better.

Kintsugi and the Art of Broken Pieces

A form of Japanese artwork known as *kintsugi* takes broken ceramics and repairs them with a special lacquer mixed with gold, silver or platinum. The philosophy that undergirds *kintsugi* is that broken parts should not be hidden or thrown away but instead reincorporated into a product that, when finished, will be even more beautiful to behold.

Addiction recovery is like divine *kintsugi*. I have seen this miraculous and creative work of God play out in the lives of many recovering addicts who, like TJ, have discovered they are beloved children of God—maybe precisely because of the brokenness that was there in the first place. And I have the privilege of witnessing clients integrate their experience of brokenness within a life that, in the long haul, will be better for it—more beautiful, more original, more extraordinary to behold. The lesson for churches seeking to help addicts stay in recovery, then, is that such cracks, chips and broken pieces need not be thrown away, ignored or denied, but can be dealt with in the open, in authentic, long-term relationships among recovering people.

I suspect all of us need God's *kintsugi* to be reconfigured in beautiful and original ways.

Discussion Questions

1. How is your congregation investing in authentic, long-term relationships with one another?
2. Of the qualities that define these relationships (mutual response-ability, truth-telling as testimony, etc.), is there one that your congregation has

already gone a long way in developing? Is there one that your congregation needs to develop more of?

five

Ending the Shame

If we really believe the gospel we proclaim, we'll be honest about our own beauty and brokenness, and the beautiful broken One will make himself known to our neighbors through the chinks in our armor—and in theirs.

FIL ANDERSON

BREAKING THE RULES

NOBODY SETS OUT TO BECOME AN ADDICT. They may find that a few drinks at the bar help numb deep-seated feelings of insecurity that would otherwise keep them from socializing with colleagues. Or that treatment for Parkinson's disease may spike levels of dopamine in the brain—and in turn, a new predisposition for gambling.[1] That first rush of snorting cocaine—of getting high and feeling on top of the world—may seem like an easy escape from a low-grade sense of depression about the way things are, and online porn may appear to be a harmless way to treat a pervasive sense of loneliness and alienation. But, before you know it, you're regularly snorting coke or trolling Craigslist for anonymous hookups. Addiction is never a choice quite like choosing to play the ukulele or hike the Appalachian Trail might be.

Again, addiction is a brain disease, according to an overwhelming consensus in the medical and scientific communities. The American Society of Addiction Medicine (ASAM) defines addiction as a "primary, chronic disease of brain reward, motivation, memory and related circuitry" that "leads to characteristic biological, psychological, social and spiritual manifestations."[2] The disease is characterized by a pathological pursuit of reward or relief by substance use and

other behaviors, and like other chronic diseases often entails relapse and remission, as well as the prospect of disability or premature death if left untreated.[3] The latest edition of the American Psychiatric Association's gold-standard textbook for clinicians, known as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) classifies addiction as a mental illness.

Addiction, like other chronic diseases, is never a life aspiration. Take, for example, the story of "Angie." Angie was reared in a mainline church home. Her parents loved her, and she was afforded a good life, playing sports, attending church youth group and excelling academically in high school. She went on to college, got her graduate degree and entered the helping profession. By this time, she had also strayed from her childhood faith.

Then Angie was in a terrible car accident and required prescription pain pills for her rehabilitation. She took them as prescribed but soon found that they gave her energy—an added boost. She kept taking them, citing her pain as the reason, but found that the euphoric effect they had on her helped her get through the day.

Life was easier on pain pills: Angie didn't feel sad, and life challenges were easier to meet. But as her body built up tolerance, she had to take more and more. She then began to doctor shop, and before she knew it was consuming one month of prescribed pain pills in the space of a week. Her work began to suffer, and supervisors stepped in. In shame she admitted that her pill use was out of control. Her supervisor gave her a month of leave, and she went to a traditional treatment program. She stayed sober for several months through her own strength. AA and NA (Narcotics Anonymous) were not for her. Nor did she feel a need for ongoing counseling. One day she found a pill in the pocket of her jeans in the back of the closet. The urge was too much. That one pill sent her in a downward spiral of more guilt and shame, cravings and relapse.

The Problem and Origins of Shame

Because addiction is a disease (albeit with unique contours), talking about its cure in terms of mere choice or the exercise of willpower is not a helpful avenue of discussion.[4] Talking about shame, however, is. That is because shame and addiction are like conjoined twins; they form a mutually reinforcing cycle, so that addressing addiction requires uncovering shame and its tremendous power in the lives of addicts. But what exactly is shame?

The Merriam-Webster dictionary defines shame as "a feeling of guilt, regret,

or sadness that you have because you know you have done something wrong; an ability to feel guilt, regret, or embarrassment; or, dishonor or disgrace." The last of these definitions, "dishonor or disgrace," comes closest to a clinical understanding. Whereas guilt entails remorse over specific mistakes made or sins committed, shame affects a person's whole understanding of her self-worth and identity: "I am bad" as opposed to "I did something bad." As Brené Brown puts it, "Guilt is about behavior: 'I made a mistake.' Shame is about self: 'I am a mistake.'"[5] And there are few things more *dis*graceful (that is, grace-denying) than an inner conviction that *I am the mistake*.

Shame and addiction are like conjoined twins; they form a mutually reinforcing cycle, so that addressing addiction requires uncovering shame.

Compulsive, repetitive behavior, which changes the neurochemical makeup of the brain over time, often evolves from and feeds on this inherent sense of shame or unworthiness. An initial impulse to take that first hit or click that link to pornographic images can quickly mushroom into a self-imposed exile from oneself, one's God and one's neighbor—because of shame. The same shame that led the first man and woman in paradise to cover themselves in fig leaves and hide from their Creator is one of the biggest reasons why many addicts will never find freedom. As Robin Williams once said, "Cocaine for me was a place to hide." Shame can make hiding seem like the *only* option.

That said, the shame unique to this sickness does not excuse addicts from responsibility for their actions. Like anybody with a medical diagnosis, be it diabetes or high blood pressure, addicts should not be blamed for having their illness; but they can be held accountable for getting better and staying healthy, whether that means taking their medication, seeing a therapist or regularly attending recovery group meetings. Addicts' choices and behaviors, like anyone's, have consequences that they, like everyone, must face.

So healing from addiction first requires uncovering shame and its origins. Former pastor, church planter and recovering sex addict TC Ryan tells the story of his own harrowing journey through the darkness of sex addiction as a minister and offers insights in his book *Ashamed No More: A Pastor's Journey Through*

Sex Addiction. He describes various sources of shame: childhood trauma and abuse can contribute to low self-esteem and a sense of inherent unworthiness, and dysfunctional family systems can send the message that misbehaving children should be ashamed of themselves. So can past failures, both those committed by oneself and those suffered at the hands of others.[6]

Over time, such messages can become encoded in the mental scripts addicts play over and over again:

- I'll never measure up.
- I'm not good enough.
- If they only knew just how bad I am, they'd never accept me.

But for Ryan, there is one more source of shame for addicts, one that because of his calling as a pastor he finds "painful to write"—and that's the church. He observes that

> for many folks, the very spiritual community where the message they ought to get is that they are unconditionally loved by God and God's people is a place of moralizing that ends up playing on their vulnerabilities to shame. Instead of love and redemption, the takeaway from Christian churches for far too many people is one of moralizing condemnation. They are told how they ought to behave in a spirit or style that condemns who they are.[7]

The Stigma of Addiction in the Church

I invited a group of clients to share about the messages they received from the church, either implicitly or explicitly. Most of the messages were shaming and impacted the individuals' spiritual identities to the point they thought they didn't belong. Here were their answers:

- I'm the chief of sinners.
- I'm a horrible person because I can't control my drinking.
- I've broken every commandment.
- Addiction is not a disease. It's a sin. I should be able to control it.

- You are doing this to yourself. It's your fault. If you really wanted to, you would stop.
- Go to church more and you'll do better. Pray more. Tithe more. Take Communion more.
- I fell away from God because of the addiction and am not good enough to come back.
- I took Communion as a protection for myself because I was afraid I might overdose and go to hell.
- I don't deserve forgiveness.

It would be impossible to determine how much each of these messages is a projection of the recovering addicts' internalized shame and how much is the real takeaway in congregations, whether directly (from the pulpit and in worship, for example) or more indirectly (from a church culture). The overall impression, though, is that for many of the clients coming I have treated, church was not a safe place because there they felt judged and alienated. There they felt shame.

If the church can be a stumbling block on the path to recovery, can it even be said that the church is helping addicts move beyond their shame? Yes . . . sometimes. Some of our clients—albeit a significantly smaller proportion of them—said they received positive responses from the church before coming through our program. One client said, "I attend a nonjudgmental, accepting congregation where we have recovery groups. I feel very accepted and look forward to going back." Another was quick to admit that "my church could help, but I felt shame because I was putting up a front of sobriety in the middle of a very accepting environment. That was all on me and not from them."

Americans are more inclined to view addiction as a sign of moral failing than they are other mental disorders, such as bipolar disorder or schizophrenia.

One positive response acknowledged that the church lacks an understanding of addiction: "I could separate the overall message of the gospel from people

who didn't understand my struggle."

Based on these findings, it seems safe to assume that in the church addiction remains at least as much of a stigma as among the larger American public. Findings published in the journal *Psychiatric Services* point to a significant discrepancy in how Americans view addiction in relation to other mental illnesses.[8] Americans are more inclined to view addiction as a sign of moral failing than they are other mental disorders, such as bipolar disorder or schizophrenia.

Doing Better Than "No Casseroles"

When she first came to our program after her relapse, Angie was like so many addicts who have internalized that stigma. She had come to see the church of her upbringing as a place of *dis*grace, where her shame would only shout at higher decibel levels. Still, where the church had failed her, there was something irresistibly alluring about a prodigal God who welcomes home broken people. That something was enough to land Angie in a Christian program like ours.

By the grace of God, and with the help of local churches working collaboratively and intentionally with our program to welcome her home, Angie was able to reconnect with this God of love and forgiveness. This God was a far cry from the angry parent who shakes a finger and exclaims, "You should be ashamed of yourself." This God had time to celebrate the present moment as an opportunity to restore what was lost.

During her time with us, Angie began to realize that she wasn't a bad person for being an addict. Nor was God angry with her. She wasn't being punished; she was sick. She reconnected to her faith and today is back in a fulfilling job, has a sponsor, is attending recovery meetings and is involved in a church. Her spiritual life is vital, and she reports being "happy, joyous and free."[9]

Angie's homecoming testifies to the fact that faith-based recovery works. Every day, in stories like hers, I see prodigal children coming home to a God they needed to rediscover as recklessly in love with them. Every day, my staff and I see healing happening before our very eyes: broken lives transfigured by grace. And every day in addiction rehab, humbled, broken people admit their desperation for God's healing touch and a second chance.

Does this kind of experience sound like church—or at least what church *ought* to involve? I asked respondents in my survey of one hundred church

leaders how many times in the last year they had been asked for help with an addiction (either a chemical dependency problem like alcohol or prescription drugs, or a process addiction involving food, sex/porn or gambling). Thirty-one percent answered "never," with another 40 percent reporting that they had been approached only "one to two times" in the last year.[10] This finding would suggest that if the great majority of our survey respondents have been asked for help with an addiction only once, twice or not at all in any given year, chances are their congregations are not places of healing from addiction, where those on the path to recovery can know they'll find love and support. But is such an inference fair or accurate?

In her book *Troubled Minds,* Amy Simpson examines lingering church hang-ups around mental illness more generally, with a view to replacing these with healthier, more constructive approaches. She observes that whereas the church is usually quick to organize meals for sick people in its midst, the approximately 25 percent of people in our churches who suffer from some form of mental illness receive no such thing.[11] Simpson goes on to remark, "No wonder several people I talked with called mental illness the 'no-casserole illness.'"[12]

Simpson and her interlocutors make a good point, one that by default would seem to hold true for addiction, too (as a mental illness): if, in American society, addiction often goes untreated, in the church, being addicted won't land you a home-cooked meal from the church caring committee. Instead, most addicts in the throes of their illness will have to count on their local take-out restaurant or the frozen section of the nearest supermarket.

The Shame of a Largely Untreated Epidemic

There is another reason why the term *shame* enters into a discussion of loving the addicts in our midst: it is a disgrace—some would say *shameful*—that addiction in this country and around the world now represents a tragedy of epic proportions and that a looming gap in treating a treatable illness remains. The number of Americans now affected by various forms of addiction (as addicts themselves or as family or friends of addicts) is an indisputable majority. A recent study by the National Center on Addiction and Substance Abuse at Columbia University (CASA Columbia) has found that the disease of addiction now affects more Americans than heart conditions, diabetes or cancer.[13] (This finding exclusively relies on statistics regarding alcohol, nicotine and drug

abuse, and would be even more dramatically high if behavioral disorders involving food, sex and gambling were also included.) Then there are the 43 percent of American families who report having at least one alcoholic family member.[14] In other words, addiction, if often hidden, is rampant in American society and could fittingly be called "the elephant in the room."

In a race to keep up with the spread of this epidemic, recovery group options in the United States have proliferated—but maybe not fast enough. Since its founding in 1935, Alcoholics Anonymous (AA) has grown to a global membership of two million, with some two-thirds of those members coming from the United States. Not included in this number are the many groups that have spun off from AA, adopting the twelve-step model for recovery from just about anything, from online gaming to hoarding. While their membership pales in comparison to that of AA, these offshoots represent a significant number of Americans: for example, Narcotics Anonymous (645,000 members); Al-Anon (340,000 members); Co-Dependents Anonymous (11,000 members); and Overeaters Anonymous (50,000 to 65,000 members), to name just a few.[15]

This exponential growth of twelve-step groups has accompanied an unprecedented expansion of the professional addiction treatment industry. Just ten years ago, that industry, encompassing public, private and military facilities, treated 1.1 million patients.[16] Today, the number of patients treated for chemical dependency disorders alone has almost tripled (with the implication yet again that this number would be significantly higher if it also reflected treatment for process addictions).[17] The March 2010 passage of health care reform, which now makes addiction treatment an insured benefit for millions of Americans, has guaranteed that more and more people with addictions will seek treatment.

But will they actually receive it? Despite extensive public awareness about addiction and the increasing accessibility and affordability of recovery and treatment options, a disproportionately large number of Americans with the disease do not get the help they need. The consensus is that only one in ten Americans with a substance addiction receives treatment, in contrast to seven in ten for diseases such as hypertension, major depression and diabetes.[18] *Only one in ten Americans*.

So, in treating the epidemic of addiction, much work is left to do—in the absence of which the increasing recovery gap will remain a downright shame. If the self-declared mission of Jesus is to proclaim good news to the poor, release to the captives and freedom to the oppressed, how might the church join in that mission, better loving the addicts in our midst? How might the church, "the body

of Christ," better incarnate the prodigal God it worships?

The Shamelessness of Jesus

I suspect the beginning of an answer lies in getting to know the God Christians proclaim in the person of Jesus. Jesus, like the father in the parable of the prodigal son, doesn't have time for shame. He is far too busy running out to meet people in their places of sin and sickness in order to restore them to *shalom* (Hebrew for "wholeness"). To the adulterous woman about to be stoned for breaking the law (John 8:1-11), Jesus declares his refusal to condemn, sparing her life and setting her free with the words "Go your way, and from now on do not sin again" (v. 11). Whereas the religious leaders equate the value of this woman's life with her sin (the very embodiment of shaming her), Jesus instead comes to her in her mess and in essence tells her just the opposite: "Go and sin no more"; in other words, "You are *not* the bad things you've done; you are better than that, so go and live like it."

Just moments earlier, when the religious leaders bring this woman to Jesus after catching her in the act of adultery, Jesus bends down and silently with his finger begins to write something on the ground. Whatever Jesus writes—and this remains a source of speculation to biblical scholars—is enough to cause each of the woman's accusers to walk away. What might Jesus be writing?

I wonder if Jesus is drawing a line in the sand—a line that illustrates the divide that this woman's sin, her gender and the self-righteousness of the religious leaders have erected. It's a divide that could otherwise be termed *shame*, and Jesus (who alone would be justified in condemning the woman) crosses that line to be with the woman in her place of shame—when all of the religious leaders have themselves walked away.

Some commentators believe that when Jesus wrote in the sand, he was painstakingly cataloging all the secret sins of the woman's accusers. The contemporary equivalent might be a Wikileak exposé cataloging in painful detail all the indiscretions of today's church leaders.[19] At the end, nobody except Jesus has any ground on which to stand.

If this inference by commentators is true, there is an important distinction to draw here between uncovering sin and shaming the sinner. Telling the truth about the ways we fall short does not equate with shame; shame happens when we come to see our transgressions as the sole measure of our value as human

beings. In Jesus' economy, telling the truth about one's brokenness—confession—is a pathway to receiving God's healing and restoration. Jesus uncovers the sin of the religious leaders not in order to shame them, but to extend them an opportunity to heal, too, because they, like the older brother in the parable of the prodigal son, are as lost and muddled as the woman Jesus sets free—only in potentially more dangerous and insidious ways.

The Samaritan woman at the well receives a similar blessing from Jesus. Without judgment, he names her past for her: "You are right in saying, 'I have no husband'; for you have had five husbands, and the one you have now is not your husband" (John 4:17-18). The purpose of this honesty is not to deepen an already full reservoir of shame; it is to quench a deep thirst for God's transforming love, in the light of which the Samaritan woman can now share her story, warts and all, without shame.

The same Jesus who spares the adulterous woman's life and draws another out of her hiding place also regularly dines with "sinners and tax collectors"—and shamelessly so, to the outrage of the religious leaders. One of these tax collectors is Zacchaeus, who in his desperation to meet Jesus, climbs up a tree, literally going out on a limb just to catch a peek of Jesus, and he accepts an invitation from this prodigal God: "Zacchaeus, hurry and come down; for I must stay at your house today" (Luke 19:5).

Welcoming Jesus into our homes—and into our churches—begins with acknowledging our brokenness and our need for him. When we honestly and courageously face the chinks in our own armor, we can then glimpse who this Jesus really is and just how much he is rooting for us.

The chinks in our armor are blessed cracks where the light of Jesus can shine through, as the song by Leonard Cohen instructs:

> Ring the bells that still can ring
> Forget your perfect offering
> There is a crack, a crack in everything
> That's how the light gets in.[20]

Probably nowhere in the Bible is Jesus clearer about the blessedness of brokenness—as a pathway to God—than in the Sermon on the Mount. "Blessed are the poor in spirit," Jesus says, "for theirs is the kingdom of heaven. Blessed are those who mourn, for they will be comforted" (Matthew 5:3-4). The succeeding list of blessings is a manifesto written by a God who is boldly, unashamedly and totally *for* those who are most in need of God's grace—and

know it.

If welcoming Jesus into our home begins by embracing brokenness, wouldn't churches be the first place where this sort of transparency happens? Churches can encourage this vulnerability in at least two ways. First, they can accept the brokenness and suffering in their community, and instead of being surprised by it or pretending it does not exist, they can find ways to talk about it openly and to consecrate it. By consecration, I do not wish to suggest in any way that sin or suffering are good in themselves or that "anything goes" or that all sins and forms of suffering are exactly the same. But I do want to invite a deeper engagement with brokenness, which, by virtue of belonging to the human condition, is operative in your church and in your life together. Addiction is one embodiment of this often hidden brokenness and one way in which your community can begin to tell the truth about the cracks in its façade, in order to ask for God's light to shine through precisely in those places.

If welcoming Jesus into our home begins by embracing brokenness, wouldn't churches be the first place where this sort of transparency happens?

Just as Jesus is clear that sin is not cause for condemnation, he is clear that suffering is not a manifestation of God's judgment or an indication of moral failing. In the case of the blind man whom Jesus heals, whose condition elicits the question "Who sinned, this man or his parents, that he was born blind?" Jesus refuses any potentially shaming attributions, saying, "He was born blind so that God's works might be revealed" (John 9:2-3).

So the church need not be surprised, baffled or scandalized by the reality of sin and suffering in its midst: the church should expect sin and suffering. And the church can begin to listen to and cry alongside those who suffer, and ask for God's light to shine through in these places of pain and emptiness. It has been said since way back in the second century that the church is a hospital for sinners. *What if we in the church really lived as if we knew this to be true?*

As churches begin to view sin and suffering as the very place where the living God goes looking for hurting people, they can learn to let go of shame.

Sometimes this letting go may look more like an old-fashioned exorcism of shame wherever shame rears its head. Here again churches can find a role model in Jesus, who was willing to endure the suffering of the cross but "disregarded" or, as other translations say, "despised" its shame (Hebrews 12:2).

As a very public form of capital punishment, crucifixion was an instrument of humiliation—but Jesus rejects that shame even as he freely and willingly suffers with the rest of us. On the cross, he weds himself to human beings in their sin and sickness: he says yes to us and no to our shame. By openly acknowledging brokenness and standing in solidarity with those who suffer from addiction—or any other form of alienation from God, one another or oneself—the church can join Jesus at the foot of the cross in despising shame.

And when sin and suffering are no longer skeletons in the closet, meant to be hidden away, feared and avoided, but are instead the very stuff of God's redemptive work, shame begins to lose its power. Shame becomes a piddling, minor character in a great drama about a prodigal God redeeming the world.

Lest there be any doubt, then, in no way is shame ever of God. The Bible says that in the very beginning before sin entered the world, Adam and Eve (in Hebrew *adam* signifies "humankind" and *hawwah*, for Eve, "having life") were naked and without shame. They lived in an open place of vulnerability with one another (metaphorically, nakedness), which was God's intention for them. Paradise was a place of security and vulnerability, but when sin entered the world, that all changed, with fear and shame supplanting security and vulnerability. Then the man and the woman sewed fig leaves for themselves and hid from the Lord. They were now in a state of disconnection from God, one another and their own selves.

Deprogramming Shame

I have tried to show how this abiding problem of human alienation and disconnection finds a remedy in the shamelessness of Jesus. This means that if the church is about encouraging encounters with Jesus, it must also be about the business of eliminating shame and building resilience against it. But how, practically speaking, might your church do this?

To answer that question, let's return one last time to Angie. Angie, like many recovering addicts—and like many in the church, addiction or no addiction—needed a gentle reprogramming of sorts, so that shame would no longer be such

an automatic reflex. She needed new habits and coping mechanisms, which our program sought to impart. So, for example, Angie's clinical week with me started first thing on Monday with a "Morning Motivation." During this time, she would meet with peers and a staff member to read from the Scriptures, integrate principles of recovery and spend time preparing for her day in prayer and reflection.

The rest of her morning would be devoted to group therapy addressing psycho-emotional issues like shame that were feeding her addictive behavior. After lunch, she would continue her learning in psycho-educational groups, developing ways to deal with trauma, prevent relapse and integrate the twelve-step model into her daily life, for example. Some days Angie would participate in guided meditation and prayer, which is effective in teaching the addicted brain to slow down. When practiced regularly over time, prayer and meditation can help reprogram the brain.[21]

Other days, Angie would connect with one or more of our in-house recovery professionals, such as our chaplain (for spiritual direction), recovery coach (to prepare for recovery in the real world) or the medical team (to address medical or psychiatric issues that could hamper recovery). In our program, we are intentional about treating the whole person—body, soul and spirit—which means that every one of our clients has the support of a multidisciplinary team including doctors, nurses, psychotherapists and other clinicians, recovery coaches and a chaplain.

Some evenings, Angie would attend an AA/NA meeting in the community. One night a week, she would hear a local clergy person speak about faith and recovery. One night a week she would break bread with peers at a potluck dinner where, led by a staff member, she could converse with other clients about their experiences of faith-based recovery. On weekends she would attend a local church service and be free to make use of the other services we provide, such as leader-facilitated meditation and yoga, dialectical behavior therapy, the gym or excursions to the beach. Meanwhile, with our client care coordinators always on hand, many of them also in recovery themselves, Angie knew she could go to folks who understood her experience and would offer helpful advice.

The point is this: deprogramming from the shame that feeds addiction involves a pretty extensive reprogramming and the support of at least a small caring community. Church can't be a recovery program, nor should it be. But church can be a community in which shame is not welcome and in which people with addiction are intentionally and genuinely invited to share their experiences.

Church can consist of shame-free relationships between people who, regardless of where they come from or their struggle, are helping one another "recover" the best life God has for them now.

With this goal in mind, here are some practical ways that you and your congregation can work to end shame in your midst and build shame resilience.

Find ways to normalize the experience of addiction. Shame gains power when those who struggle with addiction start to believe that "If they only knew I struggle with x, they wouldn't accept me." Let parishioners know just how prevalent addiction is and how much they are affected by it: talk about it from the pulpit; invite guest speakers to share their experience and expertise; encourage your parishioners to do the same sort of searching moral inventory that addicts in recovery do, with a view to illuminating addictive behaviors.

Validate feelings of shame while disabusing people of the notion that their shame is warranted. Because they were created in God's image, people with addiction have the same capacity for good; they just have a disease—one that is very treatable; so they don't need to buy into the lie that they are bad or inherently unworthy of God's love. They do need to recognize that their disease only feeds on feelings of shame and can be as strong as those feelings.

At the same time, don't be afraid to help addicts take responsibility for their choices. Disabusing people of shame doesn't mean denying the reality that they have made poor choices or done bad things while under the influence, nor does it mean shielding people from the consequences of their actions. Disabusing people of shame means helping them see that they are inherently better than their actions might say to them and far more loved than they know.

Create safe, confidential settings for honest group sharing. Shame can't function well in the face of genuine intimacy in community. But genuine intimacy requires safe spaces where people can share their biggest questions and struggles with one another without fear. Examples of these sorts of settings might include "circles of trust" of the kind author Parker Palmer suggests (see the next chapter); recovery support groups are another—even small groups, to the degree that they uphold confidentiality and enact key guidelines around safe, nonjudgmental listening.[22]

Make yourself available for confession. Here Protestants can learn from Catholics and Orthodox Christians: the sacrament of confession in Catholic and Orthodox churches is one very effective way to disable shame. In the absence of a sacrament, Protestant ministers can still create a version of this rite of confession both in one-on-one pastoral hours and in congregational worship.

Always keep confidentiality, unless someone's life is in danger or in known or suspected instances of child abuse or neglect—in which case, you should immediately report your concerns to law enforcement authorities or the Department of Human Services. Parishioners need to know that what they share with you really will stay there—unless, that is, they specifically request that their problem be added to the church prayer chain.

While pastoral confidentiality would seem like a no-brainer, it is sadly not always the norm in congregations. Under the cloak of "prayer concerns," one person's addiction or struggles with mental illness can suddenly become open public knowledge before they are ready to share it. The result can be the very thing you most want to avoid in loving addicts: a shaming effect. When this happens, you not only lose credibility as a leader, you jeopardize that relationship (and potentially others) by destroying a parishioner's trust. They and they alone must be able to share their story first—not you. But by being a confidential prayer and conversation partner, you can support them in their journey toward freedom from shame and addiction.

Model vulnerability by being honest about your own imperfections and addictive behaviors. This, too, might seem like a no-brainer; but in churches where a senior pastor is often expected to "have it all together" and to have all the answers, and where image often takes center stage, showing vulnerability can seem awfully scary, risky and even taboo. Your willingness to be real about the fact that you are a work in progress and that there is blessedness in this reality will give others permission to do the same with their struggles.

Connect recovering addicts with people who are on the same path. This can mean sending addicts to an AA, NA or Celebrate Recovery group in your area; it also can mean reaching out to someone in your congregation who has found success in recovery and asking her to serve as a mentor to another person with addiction in your congregation (with the latter's permission, of course).

Always extend hope. Addiction doesn't have to be a dead-end street. Instead of being a cause for despair, addiction can be an invitation to opt into a whole new way of life. Addiction is not a failure; it's an opportunity. The breakdown is a signal of a coming breakthrough.

The Whisper Test

In her memoir, Mary Ann Bird recalls the shame she experienced in childhood

growing up with multiple birth defects.[23] She was deaf in one ear and had a cleft palate, disfigured face, crooked nose and lopsided feet. These physical impairments, in addition to the emotional damage inflicted by peers, were a constant source of suffering.

"Oh Mary Ann," her classmates would say, "what happened to your lip?" She would lie, saying she cut it on a piece of glass.

One of Mary Ann's worst childhood experiences was the dreaded day of the annual hearing test. That was when the teacher would call each child up, ask him or her to cover first one ear and then the other, and then whisper something like "the sky is blue" or "you have new shoes." This was the so-called whisper test. If the child repeated the teacher's phrase correctly, the child passed the test.

To avoid the humiliation of failing the test, Mary Ann would always cheat, secretly cupping her hand over her good ear so she could hear what the teacher said. But one year Mary Ann was fortunate to have Miss Leonard as her teacher. It was every student's wish to be Miss Leonard's favorite child. She was just that way; she was beloved.

Then came the day of the dreaded hearing test. When her turn came, Mary Ann was called to the teacher's desk. As Mary Ann cupped her hand over her good ear, Miss Leonard leaned forward to whisper seven fateful words.

"I waited for those words," Mary Ann writes, "which God must have put into her mouth, those seven words which changed my life."

Not "the sky is blue."

Not "you have new shoes."

This time when the whisper came, it said, "I wish you were my little girl." Those seven words of love and acceptance changed Mary Ann's life.

Recovering addicts, like all of us, have multiple hidden birth defects. When recovering addicts set foot in church, it's because they, like the rest of us, are hoping to hear a faint whisper that they are worthy of God's love. A whisper that banishes shame, from a God who says, "I wish you were mine." A whisper that changes lives. What are the words that people are hearing from your church?

Discussion Questions

1. Have you struggled with shame? Why or why not? If you haven't really struggled with shame, can you think of one experience in your life when you did? How did it affect your behavior and relationships?

2. What message(s) would you say your church is currently sending to people with addictions?

six

The Practice of Attentive Listening

At its core, hospitality is an opening of the heart.

RENÉE MILLER

✝

HOW CAN THE CHURCH BECOME more hospitable to people with addictions? That was the second biggest question among the one hundred church leaders I surveyed. The answer lies in understanding the essence of hospitality and then implementing some key spiritual practices that will deepen and enrich it.

Most fundamentally, hospitality is not about name tags, coffee or donuts for Sunday visitors, or hosting AA meetings in your basement, but rather a posture of welcome: an openness to apprehending the divine image in another human being. This "opening of the heart," as the author Renée Miller defines it, is critical to learning to love—or what the poet William Blake described as the very meaning of existence when he quipped, "We are put on earth a little space, that we may learn to bear the beams of love."[1] Learning to love—being "repossessed by love"—is the essence of recovery, after all.[2]

And the church shows hospitality to recovering addicts when it lives into its identity as a spiritual laboratory of sorts, in which hearts can gradually open to love itself. A more commonly used term to describe the role of the church is that of a *school* for love. The metaphor is fitting: insofar as God is love itself, churches are simply communities learning not just intellectually and doctrinally about that love—which is important, of course—but experientially, through daily rhythms of life that root them more deeply in the very ground of their being (which is this love), by drawing them into greater communion with God and

with all creation.[3]

Spiritual exercises are thus only worthy of practice to the degree that they increase one's love of neighbor and self. Many of these practices, like various forms of contemplative prayer, are already familiar as helpful tools for spiritual formation and need only brief mention. Centering prayer, *lectio divina* and yoga —to name just a few such practices—have been helpful to my clients as regular spiritual disciplines, and churches do well to connect with these sorts of offerings. This chapter features some less-familiar practices that—when undertaken even in baby steps—offer great potential for transforming churches into recovery-friendly communities.

The Practice of Attentive, or Redemptive, Listening

In his book *Breathing Underwater: Spirituality and the Twelve Steps*, Franciscan priest Richard Rohr makes the observation that the Western church has traditionally excelled at preaching, teaching and inculcating doctrine, but he says that with the task of forging experientially real spiritual transformation, the church can do better.[4] And recovery is a process of spiritual transformation. So churches seeking to become more recovery friendly—more hospitable to people with addictions—will undertake concrete practices that encourage this spiritual healing and growth.

One such practice is attentive listening, or what Rohr terms "redemptive listening" or "nonviolent communication" (I will use these terms interchangeably). Listening to our own soul and to the stirrings of God's Spirit in our life is certainly important and belongs to a discipline of listening. (Here again, familiar spiritual disciplines for devotional use have a necessary place.) But by redemptive listening, Rohr means the oft-overlooked discipline of listening to one another in ways that build bridges between people rather than further divide them.

Rohr's remarks on redemptive listening come in the context of making amends for addictive behavior that has caused harm to others, as prescribed by step eight of AA's twelve steps.[5] In other words, the act of redemptive listening emerges as an appropriate response to another human being's experience of suffering—and specifically to the pain that we have caused them. But redemptive listening need not happen only within the context of redressing wrongs we ourselves have committed.

Rev. Kelly Carpenter, who pastors Green Street United Methodist Church in Winston-Salem, North Carolina, notes the example of Job's three friends, Eliphaz, Bildad and Zophar, whom he colorfully refers to as "the three stooges of Pastoral Care, the Larry-Mo-&-Curly of Sensitivity, the care-giving trinity from Hell."[6] Carpenter, citing Rabbi Harold Kushner, observes that Job's three misguided friends at least do two things right: they come to Job, refusing to let their own feelings of discomfort about their friend's suffering keep them away; and they sit in silence with Job for a very long time (seven days). They sit in silence because words and explanations—sermonizing—fail when pain and suffering are so palpable and acute. For Carpenter, the capacity to be silent and remain with another human being in the midst of that person's pain is a critical aspect of redemptive listening, whatever the context. The same is true in relating to people with addictions.

Attentive, or redemptive, listening is also the means by which I am able to enter into your story and find places of connection with you, even at points where our stories may dramatically diverge. Nonviolent communication humanizes and dignifies the parties involved, allowing them to tap into God-given reserves of self-empathy, compassion and free mutual connection. Such listening allows both parties to speak and feel heard with respect to their particular feelings and needs.

And this act of listening is indeed a discipline that benefits from practice. On the surface, a person with addiction may seem to have nothing in common with me; listening to her story without jumping to prescriptions for how she should behave or believe (which is often just an extension of how we ourselves tend to behave or believe) demands self-control. Alternatively, a person with an addiction may remind me so much of myself that I am afraid to listen to him for what his brokenness may reveal about those places in my life that feel out of control or hopelessly dark.

Practicing and modeling attentive listening may not come intuitively—especially for pastors trained to deliver and administer the Word of God—but it also does not require a whole course in mediation or conflict resolution; nor does it demand a sophisticated familiarity with the principles of nonviolence that undergirded the civil rights movement in this country. In other words, you do not need to become an expert in order to listen attentively to those in your midst and to encourage the practice in your congregation.

Remember Matt Russell, who appeared in the last chapter as the originator of Houston's Mercy Street? His whole initiative to plant a church for people in

need of healing began with the simple act of listening deeply to those same people, many of whom were in recovery from one sort of addiction or another. In these conversations, Russell was not merely a passive recipient. He asked pointed questions that revealed his own heart, and then he actively tuned in to what was being said. He wanted to know what recovery looked like for these folks—and what church might be for them (and what church failed to be for them). The only real agenda, if it could be called that, was to listen carefully to a demographic that looked quite different from the one that typically shows up for worship on Sunday mornings in your average, garden-variety congregation.

Attentive listening has enough of its own agenda, after all: it is inherently redemptive, insofar as its focus is building connections between people (which belongs to the work of a God whose mission is to reconcile all things to himself; see Colossians 1:20). Russell did not show up to listen to strangers in coffee shops in order to sell his church's latest outreach program. He was not there to make a case for why the person on the other side of the table should come back to church—or even to Jesus, per se. But the act of listening was itself an incarnation of the love of Jesus, a way of showing that the feelings, needs and experiences of the person before him mattered to him and mattered to Jesus.

In listening attentively and in creating opportunities for these listening encounters, you are letting people with addiction know that they matter to you and they matter to Jesus.

In listening attentively and in creating opportunities for these listening encounters, you also are letting people with addiction know that they matter to you and they matter to Jesus. You are letting them know that their story has a place in the larger story of God's people. That in itself is a holy, redemptive enterprise. That is agenda enough.

But something else can happen during the act of listening attentively that can't happen when we are busy talking (or as church leaders, preaching, teaching and offering words of pastoral encouragement). When we listen attentively, we can better hear the subplot of the story that God wants to tell about our lives and those around us. We can begin to connect our story to others' stories and to move

out of the suffocating, self-absorbed storylines in which we, like anyone with an addiction, can become stuck.

Knowing what happens in God's story is one thing, but coming to see that we have a part in that story is another. Attentive listening is one way we do this. It can capture and recapture our imagination, firing it with the newness of life that a God who is ever and always making "all things new" extends to those with open, attuned ears (Revelation 21:5). The bigger, better, more spacious story of recovery that God wants to tell using your life and your congregation as writing instruments will become a reality to those who have ears to hear it.

Getting Started

The homework assignment of listening attentively to people with addictions can begin wherever you are in your life together as a community. You may be a church leader with no existing connection to the recovery world. You can start small. Consider doing what one leader did during the announcements section of worship. He invited anyone present who was "friends with Bill W" (immediately familiar language for people in AA) to meet with him after church and share their stories. That initial meeting evolved into a six-month commitment to meet weekly and unpack principles of recovery together. Eventually, that group developed into a recovery ministry.

But you need not meet with this longer-term goal in mind. Your only goal initially can be that of listening to the stories of people in recovery whose struggles and victories have so often remained hidden in the church. And you will be surprised to see how many people respond to your Sunday morning "recovery altar call." People you would never guess to be struggling with an addiction of some form or another may take you up on your offer.

"Every pastor has people in his or her congregation that are in recovery," Pastor Frank Lukasiewicz (who pastors Servant of the Shepherd Church in River Falls, Wisconsin) assured me. "Most of the time the pastor doesn't know that, because people with addictions don't feel comfortable enough in the church to share it."

A natural question to ask, then, is "How do I encourage enough of a comfort level that people with addictions in our church can respond to an invitation to share their stories with me?" Here are some ideas for preparing an initial, public invitation of this sort:

Reference and be mindful of anonymity. Familiarize yourself with the guidelines for anonymity that undergird AA and other recovery support meetings. (I'd recommend getting a copy of AA's *Big Book* and reading through it, for example.) Expressing your commitment to anonymity will be crucial, especially if your church is beginning with very little connection to the recovery world. People in your church who fall anywhere on the spectrum of addiction recovery will need to be able to trust you.

Adopt a learning posture. Frame your invitation in terms of wanting to learn, see, understand and ultimately serve not just this population but your whole church, as a whole community that (whether or not it knows it) is in recovery.

Choose neutral ground for your meeting place—and don't announce from the pulpit where you'll be meeting for the first time either. Find an environment other than your church office or a Sunday school classroom to conduct this and any other conversations. Coffee shops are often great places for free, easy and unobtrusive conversation, depending on the size of your initial gathering. They are also frequent gathering places for people in recovery.

By meeting in a place like a coffee shop, rather than in your own office, you will be doing a couple of things. You will be making your guests feel more comfortable, since even longtime churchgoers in recovery have come to view church and its associations as a place where they can't share freely about their issue. You will also be helping to normalize and de-stigmatize addiction: you will be sending the message that talking about these matters should not have to be a private, hush-hush affair, in the way that confession with a priest might be, for example. That said, for an initial meeting of this sort, take care not to announce right from the get-go that you will be gathering at your local Starbucks to share journeys of recovery. Simply invite interested folks to come up or contact you after the service, and then take it from there.

Prepare yourself for the fact that you will encounter distrust from this population. And do not be intimidated by this fact. There is usually a tacit understanding within recovery groups that only one addict in recovery can help another. "It takes an addict to know one" so to speak. And many addicts do have hang-ups with the church and have felt let down by God. If you are not in recovery yourself, be prepared to encounter some level of distrust. The way to build trust will be to identify at least one congregant—ideally someone with more than ten years of sobriety, Lukasiewicz suggests—and let this person take the more visible leadership role in these conversations. Your job can then be to

give support, be present at the meetings and listen actively and attentively.

Be prepared to share your own story using the language of recovery—and consider how you might make this admission in your invitation from the pulpit. If you are in recovery yourself, by all means mention this fact—not once but often, so that all of your congregants, not just those in recovery, can begin to find points of connection between their story and the language of recovery. If you are not actually in recovery, you can still find ways to bless this language and conscript it in your story.

Frame this initial gathering as a hopeful, even fun, informal conversation with no agenda—and mean it. The subject of sober living (that is, recovery) need not be a killjoy. People in recovery are learning not to take themselves too seriously. When you really mean what you say—that this gathering is an icebreaker of sorts for people in recovery and that your presence there will be only to listen and learn—you and those present can relax and enjoy the time of connecting with one another.

Pray beforehand that God's will be done. A common theme I hear from Lukasiewicz, for example, is the critical and unceasing nature of prayer, accompanied by surrender to God's will. Thankfully, this is not the time for ambitious strategic plans or churchy programmatic solutions. All you need to do is show up having prayed that God's will be done—and then pay attention to what happens next.

Bridging the Great Divide

The practice of listening attentively to people with addictions may look different for churches already hosting AA and other recovery group meetings in their building. Church leaders in these settings face a unique opportunity that is also a challenge: they may have more immediate, natural access to relationships with people in recovery, but often they must bridge an existing separation between that world and the one that exists in Sunday morning worship.

Episcopal priest Lyn Brakeman gives voice to this "great divide." She recalls that in the course of conducting countless phone interviews with churches and inquiring about their already-existing resources for addiction ministry, she heard a common refrain. It went something like this: "We're already taking care of that problem. We have a ministry to [recovering addicts]; we let their groups meet in our basement."[7]

Brakeman remembers the “not-so-subtle separation” she heard in these answers between “us” and “them,” and between “their” groups and “our” groups. And while acknowledging (maybe not without some irony) that “the basement strategy of ministry is a charitable use of space for sure,” Brakeman is quick to observe that “the strategy disconnects people from the ‘other’ and also from their own fears and shame”—in essence, the antithesis of hospitality as it is defined in this chapter.[8]

The great divide between the world of AA and the church plagues many church leaders. One minister I spoke with described her sense of helplessness in bridging the gap that exists between the recovery groups that meet in her church and the folks who worship in the sanctuary. She admitted that as a church leader she was hard-pressed to know how to show hospitality to the people who regularly showed up at these recovery meetings, often anonymously, but who never set foot in church.

The great divide between the world of AA and the church plagues many church leaders.

She is not alone—and her question opens up a spacious room in which to dream about the possibilities for bridging this great divide. Brakeman wonders, and I along with her, whether someone from the downstairs recovery meeting would feel welcome upstairs in the sanctuary, and vice versa:

> I sometimes envision all the people wearing jeans and sneakers who gather regularly in the smoke-filled, coffee-redolent lower rooms of church buildings to laugh, tell jokes, weep, share hell stories and embrace with full-bodied hugs suddenly flooding the upper rooms on Sunday morning. Up there, people wearing suits and Talbot frocks gather regularly in the quiet sanctuary to kneel and pray, look somber, listen to heaven stories, consume little white wafers or bread cubes, sing music we don’t hear much on our local radio stations, and do A-frame hugs or shake hands. And what if the reverse was to happen: all the upper room people flooding the lower room?[9]

The answers to these questions are yours to dream about and hopefully enact, but

I suspect their articulation begins in a true spirit of hospitality (as openness to love itself)—through the practice of attentive listening. And I wonder if this might be a dream in the heart of God as well.

Brakeman herself offers some concrete suggestions for bridging the great divide, the first being something as simple as starting a conversation in your church. You might consider forming a small group that consists of a few representatives from the AA group that meets in your basement and some church members without a background in recovery who are nonetheless open and spiritually attuned. Your purpose can be getting to know one another and serving as "bridge people" between AA and your church.[10] These bridge people can in turn facilitate further venues for attentive listening between these two groups, maybe, for example, as leaders of "circles of trust" (discussed in the next section).

Alternatively, Pastor Lukasiewicz recommends identifying just one person in your congregation who is in recovery and then asking if you would be able to accompany him or her to a meeting. The same request might also be directed to the contact person for the group; if your church is hosting the meetings, they will be more likely to let you join even a closed meeting of AA, for example, where you could then put some of your questions about becoming a more recovery-friendly congregation before the larger group. Chances are that if you are truly adopting a learning posture and inviting the group's help, they will be delighted to come to your aid in tangible ways as you seek to encourage your congregation in recovery-friendly directions. One principle in AA and twelve-step groups is that of service, after all, and finding recovery through service to others.

If you are attending an AA or other recovery group for the first time, you will want to listen attentively and ask questions that reveal to those present your heart for them and your desire to nurture a more recovery-friendly congregation. Avoid trying to sell your congregation to those present. You can certainly invite the folks there to church on Sunday and describe your lament at the separation between these two worlds and your desire to bridge them. But your approach should once again be understated, not heavy-handed, that of a learner and listener. Those present have something critical to impart about God's redemptive healing work in the world, and the lessons may surprise you.

If your church does not yet host a recovery group like AA, consider hosting one and tapping a few leaders with the vision and call to be bridge people. Or if you are not yet ready to host a recovery support group, you might invite members from a nearby AA or twelve-step group to be part of this getting-to-

know-you conversation. This process of attentively listening to those who on the surface seem different from you will at least be one step in the direction of becoming more recovery-friendly.

Circles of Trust and Other Ideas for Church Ministry

In the meantime, church leaders can be equipping their congregation with attentive listening skills by providing opportunities to practice and experience this discipline as a vehicle of spiritual transformation. One very helpful resource is the circle of trust model that Christian author Parker Palmer has developed and replicated for use by small groups. Circles of trust evolved from Palmer's discovery that "a small circle of limited duration that is intentional about its process will have a deeper, more life-giving impact than a large, ongoing community that is shaped by the norms of conventional culture."[11]

Certain basic ground rules govern how these circles function. Participants must be more willing to listen than speak, more quick to withhold judgment than condemn, more eager to learn than to teach and more willing to be changed than bent on changing others.

At the website of the Center for Courage and Renewal, which Parker directs, you can find the following guidelines, along with other opportunities to resource your congregation for the enterprise of attentive listening:

- Be present as fully as possible. Be here with your doubts, fears and failings as well as your convictions, joys and successes, your listening as well as your speaking.
- What is offered in the circle is by invitation, not demand. This is not a "share or die" event! During this retreat, do whatever your soul calls for, and know that you do it with our support. Your soul knows your needs better than we do.
- Speak your truth in ways that respect other people's truth. Our views of reality may differ, but speaking one's truth in a circle of trust does not mean interpreting, correcting or debating what others say. Speak from your center to the center of the circle, using "I" statements, trusting people to do their own sifting and winnowing.
- No fixing, saving, advising or correcting each other. This is one of the hardest guidelines for those of us in the "helping professions." But it is

vital to welcoming the soul, to making space for the inner teacher.

- Learn to respond to others with honest, open questions instead of counsel, corrections, etc. With such questions, we help "hear each other into deeper speech."
- When the going gets rough, turn to wonder. If you feel judgmental, or defensive, ask yourself, "I wonder what brought her to this belief?" "I wonder what he's feeling right now?" "I wonder what my reaction teaches me about myself?" Set aside judgment to listen to others—and to yourself—more deeply.
- Attend to your own inner teacher. We learn from others, of course. But as we explore poems, stories, questions and silence in a circle of trust, we have a special opportunity to learn from within. So pay close attention to your own reactions and responses, to your most important teacher.
- Trust and learn from the silence. Silence is a gift in our noisy world, and a way of knowing in itself. Treat silence as a member of the group. After someone has spoken, take time to reflect without immediately filling the space with words.
- Observe deep confidentiality. Nothing said in a circle of trust will ever be repeated to other people.
- Know that it's possible to leave the circle with whatever it was that you needed when you arrived, and that the seeds planted here can keep growing in the days ahead.[12]

Obviously, recovering addicts are not the only people who can benefit from attentive listening in a circle of trust. Circles of trust are for anyone seeking to hear the still, small inner voice that calls them back to who they are as loved and cherished children of God, and attentive or redemptive listening is the means by which we come to hear this voice speak in a more intimate, trusting community and begin to respond. The listening skills taught within these circles of trust can foster our own spiritual transformation while creating a warmer, more hospitable environment for people anywhere on the spectrum of recovery (including those who have yet to recognize their own unhealthy attachments and needs for healing).

Even in venues more traditionally geared for talking, such as preaching, you can model attentive listening for your congregation. Lukasiewicz says he

frequently makes his sermons interactive, inviting listeners to share honestly from their experiences. If you are in a congregation in which a good number of people are in recovery (like Lukasiewicz's), this interaction will come easily; it may not be as natural or appropriate in a setting where exposure to the recovery movement is minimal or hard to gauge. However, gradually, with prayer, education and your consistent commitment to grow a recovery-friendly culture, you can arrive at this milestone. And its attainment will speak to the progress you have made in becoming more recovery-friendly as a community. When people begin to share their honest experiences of brokenness and grace during your times of worship—maybe even during your sermon—that will be a sure sign of how far you have come by God's grace. It will be evidence that you are becoming a church that hosts parties for prodigal people.

Creating listening opportunities need not happen exclusively in your one hour of Sunday worship either. One thing I like to do with my former clients, for example, is to invite them back for a monthly alumni dinner. The occasion is much like an informal recovery meeting, but it begins with a simple potluck supper. The alumni (recovering addicts all of them, from those in their first week out of our program to those five or ten years sober) bring whatever food they can, and invariably, there is always plenty of food, from Taco Bell burritos to the finest in comfort-food casseroles. At the potluck dinner, those present are encouraged to be themselves, just as they are, and to share where they are in their journey as it relates to a particular theme, such as hope, honesty or humility. Usually I open the time with a few words of welcome, an introduction to the theme for the night and then a prayer, like the Prayer of St. Francis or the Serenity Prayer.

Like our spread of potluck offerings, the stories heard over the next hour are always more than enough to feed those present with the grace of God. That time together is often more spiritually rejuvenating than some of the best sermons I have heard. Recovering addicts have some of the most powerful, real testimonies you will ever hear. Being in a room full of their stories—in a room of drunks, addicts and self-declared mess-ups sharing their neediness and God's provision—is what Philip Yancey must mean when he likens AA meetings to "grace flowing on tap."

Attentive listening in this context is a matter of drinking up that grace and simply thanking those present for pouring you a cold drink of living water. So find a regular, sustainable way to encourage this wonderfully exciting interaction of mutual sharing and listening, whether in your regular weekly worship or in

another fellowship venue. In doing so, you will be encouraging a whole priesthood of believers to love and minister to one another—and to you—by letting a few folks in recovery know that they are seen and heard. If it sounds doable, it should—because it is!

Home Is Where the Heart Is

In her book *Strength for the Journey: A Guide to Spiritual Practice*, Renée Miller unravels the implications of hospitality as an opening of the heart:

> Opening our hearts means we really have to gather others in. Their problems, their dreams, the injustices done to them, the hopes that lie hidden in their souls, the joys that have taken them to heaven's doors—all these become a part of our own hearts when we engage in hospitality as a spiritual practice.[13]

Hospitality to people with addictions is a "gathering in" so that their lives are part of our lives, not enmeshed but conjoined, mutually transformed and blessed for the better. It is a "gathering in" of us and them so that there is only a *we*. This gathering in is the very thing that the prodigal Father does when he invites wandering children—all of us—to the party, calling us from just about every direction we have found ourselves going—east, west and topsy-turvy—to the same joyful feast.[14] Only open hearts *receive* the Father's invitation. Only open hearts are at the feast.

Recovery-friendly communities do not materialize overnight. They are the fruit of spiritual rules of life practiced regularly, both corporately and individually. But their fruition can mean the difference between a place called home and just another pit stop—and between a place at the party and a closed door and clenched teeth. In this sense, home really is where the heart is.

Discussion Questions

1. When was the last time you experienced the essence of hospitality—as an opening of the heart to another—in your congregation? Describe the experience. How did it feel? What was transformative about it?
2. Can you identify with the dilemma of the minister who shared that she

doesn’t know how to bridge the divide between her church’s recovery group and the people who meet for Sunday worship? What in this chapter has been helpful in answering her question?

3. In a small group, try out one of the suggested tips for practicing attentive listening. For example, pick a spiritual theme like trust or hope; then follow the guidelines of a circle of trust, keeping your responses as personally honest and vulnerable as you can but being careful not to share anything that you will regret after a first-time encounter of this sort. Then debrief on your experience. What was it like? Did aspects of the exercise feel uncomfortable? Why or why not?

seven

The Practice of Healing

There is a difference between curing and healing, and I believe the church is called to the slow and difficult work of healing. We are called to enter into one another's pain, anoint it as holy, and stick around no matter the outcome.

RACHEL HELD EVANS

SEARCHING FOR SUNDAY

✝

IN ADDITION TO ATTENTIVE LISTENING, churches seeking to show hospitality to recovering addicts will practice the oft-overlooked ministry of healing. Here again Rohr offers some insightful observations. He notes that historically the church has spent most of its time devoted to Jesus' ministry of preaching and teaching, with much less emphasis given to Jesus' mission of healing.[1] Yet Jesus spends as much time healing people as he does talking about the kingdom of God. And Jesus' healing activity on earth is the demonstration and fulfillment of his message about the kingdom of heaven.

Of the dozens of miracles that Jesus performs in the Gospels, an overwhelming majority concern healing of some kind or another. Jesus in action is a healing Savior: opening the eyes of the blind. Exorcising evil spirits. Raising the dead to life. These actions reveal who Jesus is as God incarnate—a God who wants wholeness and restoration for people. A God whose mission is recovery.

In her book *Jesus Freak*, minister Sara Miles grapples with the implications of this Jesus for those who follow him:

Jesus calls his disciples, giving us authority to heal and sending us out.

> He doesn't show us how to reliably cure a molar pregnancy. He doesn't show us how to make a blind man see, dry every tear, or even drive out all kinds of demons. But he shows us how to enter into a way of life in which the broken and sick pieces are held in love, and given meaning. In which strangers literally touch each other, and in doing so make a community spacious enough for everyone.[2]

In a day and age when we are used to hearing televangelists promise miraculous cures for cancer in return for that next donation, talk of healing can make us uncomfortable. Many of us also find it hard to believe that the same Jesus who cast out demons, healed lepers and restored sight to the blind is at work in the world today or in quite the same ways. But I see Jesus healing people just about every day in the world of addiction recovery. He's exorcising old hurts, opening blind eyes, touching the hearts of those whose sickness had convinced them they were untouchable.

So recovery-friendly communities will be as committed to Jesus' healing ministry as to his preaching and teaching, and they will put their commitment into practice.

Celebrating the Small Breakthroughs

Healing in the recovery world most often comes gradually and with much hard work, but such healing is no less miraculous than the sudden disappearance of breast cancer on a mammogram. When Jesus asks his interlocutors which is easier—to cure paralysis or forgive sins—he is gesturing to this reality. He is reminding his listeners of their need for a deeper healing that must take place if they are to find true wholeness, of which physical healing is only a part.

Churches that have opened their heart to people in recovery have the opportunity to be part of that healing process. Pastor Frank Lukasiewicz exclaims that as a pastor he is fortunate in a way that many pastors are not, because he gets to see healing happen just about every day: "Most pastors don't get to see change in front of their eyes. I get to see changes every single day. That's what a spiritual awakening is—even a small change. It doesn't have to be a dramatic blinding light."

Healing in the recovery world most often comes gradually and with much hard work, but such healing is no less miraculous than the sudden disappearance of breast cancer on a mammogram.

As a case in point, Lukasiewicz shares the story of a young woman, “Sam,” who at twenty-three is a meth addict. At the time I spoke with Lukasiewicz, Sam had only just been placed in the care of his congregation one week earlier, when the police dropped her off. Only days earlier, Sam and her boyfriend had had a fight while on meth. (Meth is often a contributing factor in domestic violence.) The police were called, with the result that Sam’s boyfriend was carted off to jail, and Sam’s two children were taken from her.

With the help of his congregation, Servant of the Shepherd Church (aptly known by the acronym SOS), Lukasiewicz was able to get Sam into detox. After detox, he found a temporary place for her in one of SOS’s already full sober houses. Meanwhile, his congregation had also begun visiting Sam’s boyfriend in jail.

When I spoke with Lukasiewicz, Sam was only twelve days into her time with SOS, and he described a young woman who was still very scared and distrustful about her new caregivers (the church). “She’s waiting for us to zap her with ‘you’re going to burn in hell because of what you put your kids through.’” But the day before we talked, Lukasiewicz had seen the first glimmers of healing on the horizon when members of SOS took Sam to get her hair cut. “Just her hair cut. That was it. She came back and said, ‘You know, maybe this is really a good place for me and maybe my life can change.’”

That flicker of hope was a healing breakthrough. It was one step in the direction of home.

Transformation usually happens in increments, but the incremental nature of recovery makes it no less miraculous. Sometimes we can miss the little healing miracles woven into our daily lives—those small nuggets of blessing that, when multiplied across a lifetime, bear witness to a God who all the while has been stitching us back together. With respect to the healing that is already taking place in our midst, we often can’t see the forest for the trees—maybe because we are

so obsessed with finding that one ancient, giant sequoia that we miss a whole panorama of fine-looking California redwoods. When we keep looking for that one great miracle that will take our breath away, we can't see the little ones happening every day. It's like looking at before-and-after weight-loss images and wanting to skip to the "after," having no desire to catch the little victories along the way.

In this sense, the job of church leaders can be to illuminate for their members just how many small miracles there are in the ordinariness of a daily journey of sanctification—a journey that is about knowing Jesus and becoming more like him every day. Pastors can be like coaches on the sidelines of a marathon. They can model what smaller, no-less-miraculous acts of healing—like taking an addict to a salon—might look like in that race toward home.

Such healing practices fundamentally require *time*, a scarce commodity for most pastors and thus a somewhat dicey subject to address. But the practice of healing will become a rhythm in your life together when leaders make it a priority and find time to engage in healing practices. The practice of healing is a spiritual discipline after all, so pastors will need to let go of certain activities they have come to view as pastoral duties and outsource these to one or more church members in order to model this spiritual discipline for the congregation. The reality is that, as coaches in the marathon of recovery, pastors must take responsibility for casting a vision of what recovery looks like and modeling the healing practices that go along with recovery.

The good news for pastors is this: when you make time for the practice of healing, you will be refreshed in your calling and reminded of why you do what you do. You probably didn't become a pastor to attend countless committee meetings or, if you are in a small church, to clean toilets. More likely you became a pastor to love and shepherd God's people ("little lambs" as Lukasiewicz likes to call his members). More likely you became a pastor in order to nurture and build up God's people in their calling by participating in their (and your) spiritual transformation (AKA recovery). So your first homework assignment is to free up your schedule so that you have time to practice healing, and then to find ways to connect more deeply during the week (beyond just Sunday morning) with the people you serve.

The story of WordHouse, a church based in Sacramento, California, exemplifies how deep, intimate connections can happen. WordHouse's worship takes place in houses, pubs and coffeehouses, and it begins with those present informally "checking in with one another." The result is that "people are pretty

open about their struggles and pain," according to Jeff Richards, an evangelist for the Presbytery of Sacramento who started WordHouse.[3] Divorce, problems at work and other topics (among them, addiction) that often go unmentioned during a traditional church's Sunday worship format are more apt to surface during these relationally focused conversations.

Recovery-friendly churches practice healing when they look for meaningful ways to connect with one another on the journey of faith and then affirm and celebrate the journey's small victories. Recovery-friendly churches are communities of people continually looking for healing however and wherever it occurs, from the big to the small and everything in between. When you affirm and celebrate healing, you look for healing and seek it continually. The hopeful expectation of healing will be in your congregational DNA.

Recovery-friendly churches are communities of people continually looking for healing however and wherever it occurs, from the big to the small and everything in between.

Most of the time, you will not find your place in this healing work of God in the dazzling acts you might see in a televised miracle service. Instead, the practice of healing can be as simple as taking a scared, shame-filled young woman to the salon and being present for her in the process. Or treating a drug addict who hangs out on your street corner to a burger and the gift of attentive listening. Or attending weekly recovery meetings to be present to your own need for healing and the needs of those around you.

Practicing Healing

Like any other spiritual exercise, healing is worth practicing only if it is increasing love of God and neighbor—that is, if it's helping the one doing the practice to step into others' own recovery. If you are sitting in an AA meeting and only going through the motions of being there, because you are really thinking about going home to get high, you might as well not engage in the healing practice of attending a recovery meeting. Or if you are listening to the

strung-out homeless man over a burger without being present to him—without attentively listening to him, because your mind is really on tonight's leadership team meeting and the Sunday bulletin—you might as well not be there. You might as well not engage in that encounter.

Start with your own needs. C. S. Lewis's observation that prayer is transformative primarily because of how it changes the one praying is applicable here. Your practice of healing can and really ought to be as much about your own recovery and about how God is recovering *you*. Your healing practices individually and corporately can begin where you see your own deepest need for healing—when it comes to matters of the heart that bind you and keep you from being truly free to live and move in the grace of God. Start there, remembering that there are plenty of folks out there who may not be walking in your particular shoes, but wear the same brand and struggle with similar challenges. You may not be an addict, for example, but an experience of clinical depression that sensitizes you to your own unhealthy behaviors and your own need for recovery can be the conduit through which to join in the healing that God wants to do in and through your life and the lives of those around you.

Practice attentive listening. If you aren't able to make a clear connection between your own needs for healing and where God may be calling you to practice healing—if, for example, you are not in addiction recovery yourself—go back to the practice of attentive listening to those in your midst who *are* in recovery. Start there. Or join a clergy recovery network in your area (see the appendix). I can assure you that in the act of being truly attentive, God will reveal to you areas where you, too, can experience and practice healing.

Prioritize Jesus' healing ministry and regular opportunities for healing. If healing takes center stage in the drama of God's story, you can let the practice of healing be front and center in your life together as a church—in your worship, in the content of your Bible studies, at your fellowship dinners. Even in your bulletin.

As hospitals for sinners, churches can provide regular opportunities for healing in their midst. They can hold monthly healing services and weekly prayer meetings, during which they can pray for and anoint the sick with oil. They also can make healing prayer available within the context of weekly worship. This practice need not be siphoned off to only a few gifted intercessors—although identifying those with particular gifts in the area of healing can be another important step toward leading your congregation in embracing Jesus' ministry of healing.

Be intentional about inviting those in your midst with addictions and mental illnesses to participate. If you go this route, pay attention to how you talk about healing, too, in the context of addiction and mental illness. The example of Mary in chapter three is an illustration of what to avoid in these settings. Mary became her church's pet healing project, the broken wheel to fix in a whole group of dysfunctional wheels, rather than someone to love, walk with and learn from. And prayers for Mary's healing mostly sought that giant sequoia miracle that would immediately loose her of her chains in one fell swoop. Of course we can and should pray for big miracles, and in some cases they happen. But the harder miracles to pray for are those steady, incremental steps in the direction of home. Pray also and most especially for these things.

Participate in educational offerings. Congregations can also be encouraged to learn more about Jesus' healing ministry and ways to participate through Sunday school classes, retreats and hands-on ministry opportunities. The Pentecostal and charismatic movements have much to teach about spiritual healing practices. Francis and Judith MacNutt and their Christian Healing Ministries, a healing center for prayer ministry and training, are helpful resources. Bethel Church in Redding, California, which offers courses in supernatural healing, is another. But many churches have healing prayer ministries you might connect with in your area.

Or consider a twelve-week preaching series based on the twelve steps, during which you explore the biblical underpinnings of this program for spiritual transformation and invite your congregation to practice a new step each week.[4] They can substitute the word *alcoholism* or *addiction* with whatever issues they are facing. In this way, education about recovery can be put into action in concrete daily steps.

Host a regular recovery service. You might also consider planning a recovery service on some Sunday morning. (Some Christian rehab programs have services that they open up to the community, so you could visit one of these services for ideas.) The service could involve testimonies from recovering addicts, twelve-step readings, prayers for and from those with addictions, and maybe an extended time of laying on of hands for healing and anointing with oil or water. Also, the sacrament of baptism is very powerful for addicts and alcoholics, because it symbolizes rebirth into a life of recovery.

If you are not ready to take this step or your congregation needs more acculturation in recovery, start by simply extending your worship service for those who need healing prayer. Tap your recovery pros and prayer intercessors

for this task. Have them available in pairs after worship for anyone desiring prayer support. When you announce this offering to the congregation, be intentional about also using terms like *addiction*, *mental illness* and *recovery*.

Encourage artistic self-expression and creative forms of worship. Other ideas include opportunities for right-brain exploration and creative self-expression and worship in the form of art, dance, poetry and nature. Recovering addicts may not feel able or ready to share their story in words, but they can on canvas or through the lines of a poem. One recovering addict told me he now belongs to a church where every week during the service someone at the front of the sanctuary is painting on canvas as an act of worship. Encouraging creative modes of self-expression for those who don't feel comfortable sharing their struggles in words is a healing practice.

Talking About Healing

It may go without saying that churches that practice healing *talk* about healing. Talking about healing is an important component of the practice of healing. If the practice of healing is front and center in your life together, talking about it—and *how* you talk about it—will be just as critical. If you are a community that practices healing, the first thing newcomers should see and hear when they show up on Sunday morning is just that. Healing and recovery will be the priority in your congregational language, starting with how leaders speak from the pulpit and extending to your mission statement, your bulletin and even the various "artifacts" newcomers see when they enter your sanctuary. Consider, for example, having copies of the *Serenity New Testament* or *The Life Recovery Bible* in every pew and using these in your worship. Or be sure to have multiple copies of *The Big Book* in your library as well as a whole section of materials labeled "Recovery."

In your bulletin, list general prayer requests for healing—healing for your world and community as well as healing for those struggling with chemical dependency and other addictions. Include prayers for those in your midst with addictions and mental illnesses (being careful to uphold anonymity). And consider including a prayer for healing that individuals can pray in worship and take with them throughout the week.

The Serenity Prayer is a familiar example, as is the Prayer of St. Francis. Or you might personally tailor a prayer that borrows language from *The Big Book* or

The Recovery Bible. If including a prayer of this sort in the bulletin is not an option, consider incorporating it as an opening prayer in worship.

Take, for instance, the following prayer that concludes one of SOS's worship bulletins:

> Heavenly Father, I am powerless over my addictions and dysfunctions. Grant me today, the ability to turn my troubles, my will and my life over to Your loving care. I trust in You to completely restore my brokenness into wholeness, insanity into saneness, willfulness into willingness, fear into courage. Lord, lighten my load and free me from all bondage, that I may walk through this day in freedom and in peace.

Form prayers like this one and more extemporaneous, conversational prayers of the kind you might encounter in a weekly healing service are both critical to the practice of healing. Prayer, or talking to God, is one essential incarnation of that practice.

If your church has a mission statement, make sure healing is mentioned in it. For example, the following mission statement appears on the website of Mercy Street Church:

> Our mission is to create a safe harbor for the hurt, the lost, the seeking so that we might experience the radical grace of God!
>
> Our community forms a mosaic of people diverse in our experiences and backgrounds but common in our desire to seek a closer relationship with God. Whether you have faith, struggle with your faith or have lost your faith, Mercy Street opens its doors to people seeking a spiritual roof over their head. A lot of us are involved in recovery from addictions or bad church experiences. Saturday night at Mercy Street is filled with live music, authentic faith journeys and practical messages set in a casual come-as-you-are environment. We extend a gift of Christian community to everyone, no matter what faith, religion, addiction, or experience.
>
> We believe Jesus is our true healer and restorer of all our hurts, pain, afflictions and brokenness. Wherever you are, we will support and love you in your journey.[5]

Do you hear how clearly the themes of healing, addiction and the church as a home for prodigal children come through here? Stating clearly that you are a community for people in recovery and that you exist to be part of Jesus' healing

ministry is always a good way to keep yourselves accountable to practicing regular rhythms of healing.

But you do not have to be as explicit in your self-description. You do not even have to use the word *healing*, for that matter, as long as the sentiment comes through. Consider this shorter statement of purpose from SOS: “We lovingly tend to each ‘Hurting Lamb’ who comes through our doors—no matter what their needs—just as their Shepherd would.”

Your talk about healing can extend to the communion table, too. St. Gregory’s of Nyssa Episcopal Church in San Francisco is intentional about following Jesus’ instructions in Luke 14.[6] “When you give a banquet,” Jesus says there, “invite the poor, the crippled, the lame, and the blind. And you will be blessed” (vv. 13-14). The ensuing parable that Jesus tells is about a man who prepares a banquet and invites many guests. When they decline his invitation, the man tells his servant to go out into the streets, alleys and country roads and find others—the sick, disabled and marginalized—who will come to the banquet. St. Gregory’s weekly Communion is thus an open table. Those present are not there because they are healthy or sport the right-sounding Christian vocabulary, but because they know they are in search of the Great Physician and are looking to meet him in the act of partaking of his body and blood.

In all these ways—from prayer to mission statements to the Communion table—you can talk about healing. If the job of the church is to mirror God’s love and to be, as Lukasiewicz puts it, “Jesus’ skin,” you will be expressing this hospitality—this opening to love itself—in both word and deed. So talk about healing as you practice it.

Knowing Your Limits and Setting Boundaries

As you practice healing, be sensitive about your own limitations, which comes from knowing your congregation. You need to be aware of who in your congregation is already in recovery and the degree to which your congregation requires further education and equipping in the recovery culture. Participation in addiction recovery is a cross-cultural experience in many ways—so much so that Lukasiewicz describes ministry to people with addictions as a mission field not unlike going to a far-off country. Going on a mission trip without familiarizing yourself with the people, culture and language there would be ill-advised. Besides preparing yourself by learning the language and customs of the

particular people group you are hoping to love and serve, you would need to know yourself and honor your boundaries and limitations, too, so that you do not overextend yourself and harm those you seek to serve.

The same is true in ministering to people with addictions. However, they are often very familiar with the Christian religion. Many of them grew up in the church and have been let down by what they experienced there. Many of them are angry with God, and they unleash their anger and suspicion on those who represent God. Those who have grown up in the church and have had a positive experience there are more likely to embrace church as a healing community, but as we saw in chapter five, a great number of addicts associate the church with shaming messages.

Your job as a ministry leader practicing healing is first to learn about the recovery world and to get to know those in your congregation who are in recovery. When in doubt, consult these folks and then, when necessary, refer out to mental health resources in your community, such as therapists, halfway houses or other treatment facilities.

Lukasiewicz recalls a time early in the life of his congregation when things went awry because a few well-meaning, unprepared members of the church—people with little understanding of addicts and addiction—insisted on taking a young woman (we'll call her Lori) into their home. At only nineteen, Lori was hooked on "just about everything—alcohol, cocaine, pot, weed . . . but her main addiction was pills," he says. When Lori came to SOS, she was on a "treatment high": she was enthusiastically spouting the lingo of recovery like a new convert to sobriety, but she was still using drugs.

"If I took her to your home, she'd go into your bathroom and within three or four minutes would look in your medicine cabinet and find the drugs she needed to stay high," Lukasiewicz recalls. "We knew some of this and didn't know how good she was at this—she was that good. . . . Her parents, a wonderful Christian couple, couldn't deal with her anymore and with all the lies and everything else."

What happened next was a lesson in what *not* to do: four couples in the church, none of them in recovery themselves—"normies," as Lukasiewicz likes to call them—decided after praying that they would take care of Lori, despite Lukasiewicz's warnings. They took Lori in and began to try to help her get her life back together—to get a driver's license, look for a job and find a more permanent place to live.

"They didn't know what they were getting into," Lukasiewicz laments. "She burned them and burned them bad. Once she knew the different houses and had

moved through all of them, she called a couple of her buddies; a couple robberies took place; she stole cash . . . and [those couples] finally had their fill and couldn't deal with her anymore. . . . Then the people had another meeting and said, 'We can't do this and need to put down restrictions.'"

One lesson here, Lukasiewicz says, is to let the professionals in your church take the lead in reaching people like Lori—those who are familiar with the signs of addiction and with the lies, excuses and manipulations that can go along with addiction. Those working twelve-step programs will be your most effective agents of healing, so invite them to be on the frontlines. Then invite others in your congregation to support them in their work, be it through prayer, hospitality or financial giving.

When the Healing Jesus We Never Knew Meets Us

In his book *The Jesus I Never Knew*, author Philip Yancey recounts a friend's experience while working with the down-and-out in Chicago:

> A prostitute came to him in wretched straits, homeless, her health failing, unable to buy food for her two-year-old daughter. Her eyes awash with tears, she confessed that she had been renting out her daughter—two years old!—to men interested in kinky sex, in order to support her own drug habit. My friend could hardly bear hearing the sordid details of her story.
>
> He sat in silence, not knowing what to say. At last he asked if she had ever thought of going to a church for help.
>
> "I will never forget the look of pure astonishment that crossed her face," he later told me.
>
> "Church!" she cried. "Why would I ever go there? They'd just make me feel even worse than I already do!"[7]

The Jesus we either have never known or are afraid to meet, because of what it might mean for our own transformation, is alive and well in the world of addiction recovery. In that world, the outcasts and the despised, people like sex workers who rent out their kids for a night of getting high, *matter*. They matter to Jesus, and they matter to recovery-friendly churches. When your church becomes a gathering of people that welcomes "the least of these" for what they might teach you about love itself and about your own need for healing, you will

have learned how to be hospitable to people with addictions. All you need to do is take a couple baby steps: some prayer and a little practice, for starters. Jesus will lead you the rest of the way home.

Discussion Questions

1. How is your church already practicing and talking about healing? Your brainstorming may surprise you.
2. What do you need healing from? Spend some time asking God to reveal to you where you are soul-sick.
3. How have you met the Jesus who heals in your own life? Share your experience.

Conclusion

Rich and blessed those servants, rather
Than I who see not my Father's face!
I will arise and go to my Father:—
"Fallen from sonship, beggared of grace,
Grant me, Father, a servant's place."

CHRISTINA ROSSETTI

"A PRODIGAL SON"

✝

A STUDENT ONCE ASKED A RABBI, "Why did God create human beings?" The rabbi answered that it was because God loves stories.[1]

The parable of the prodigal God is one such story. In it, the very meaning of human existence comes to life—as a movement toward grace and toward home. In my work with addicts, I have found this story to be one that God likes to tell over and over again.

The characters and contexts may change, and the cadences may vary, but the same general movement is there, and every element in the story seems necessary to this movement: the return of the wayward son to his prodigal father, and before this, the coming to one's senses and the arising, with the distant recollection of home and its familiar warmth and comforting smells, and even earlier the departure from home and the dissolute wandering and reckless self-forgetfulness in a foreign country. All are crucial to an apprehension of grace in a God who loves his children extravagantly.

All are "traveling mercies" of the kind that author Anne Lamott describes in her best-selling book by that name and that the main character in author Marilynne Robinson's latest novel, *Lila,* ultimately must embrace. Lila wrestles with the prospect that a loving God could assign the people she has loved across

her life, prodigal children all of them, to an eternal fate in the fiery flames of hell. She decides in the end that "all the tangles and knots of bitterness and desperation and fear had to be pitied"—and "grace had to fall over them."[2]

Grace falls.

Every day in my line of work, I get to see grace falling on the heads of recovering addicts—and on me, too, by extension. Recovering addicts are some of the brightest, most spiritually attuned people I have ever met. In the stranglehold of addiction, they are "frustrated mystics waylaid by spirits," to quote the Swiss psychotherapist Carl Jung, and when they wake up spiritually, they are on fire. Their lives are aflame with what can only be the presence of a God who has come near and heard the cries of those who are poor in spirit.

Strikingly, by and large the church has yet to take notice, or to arise and head in the direction of home, or to leave that small, stuffy room where the older brother is. Almost a century after Bill Wilson founded a fellowship for recovering addicts based on biblically inspired principles for spiritual transformation, the church has remained on the periphery of that new spiritual life sprouting like kudzu.

This book assumes that the issue is not that churches do not want to be part of that new life, but that until now churches have not known *how* to join in. Our survey of church leaders and conversations with pastors suggest this hunch may be correct. In which case, this book has sought to answer your biggest *how* questions and to provide biblical, theological and pastoral tools for loving the addicts in your midst.

Jewish philosopher Martin Buber tells the story of how a rabbi learned to love people.[3] The rabbi was conversing with a group of peasants when one peasant asked another, "Tell me, do you love me or don't you love me?" The other peasant replied, "I love you very much." But the first peasant protested, "You say that you love me, but you do not know what I need. If you really loved me, you would know," to which the second peasant could not respond.

The rabbi concludes that "to know the needs of people, and to bear the burden of their struggles—that is the true love of humanity."

If the epidemic of addiction in America is a sobering commentary about the state of our collective soul, the recovery movement bears witness to something else: that the kingdom of the prodigal God is alive and well.

This book has aimed to show that loving the addicts in our midst means knowing their needs and bearing the burden of their struggles, recognizing that their plight is ours, too, because the case can be made on both statistical and existential grounds that the addicts in our midst include our very own selves. One young woman who is quick to mention her affiliation with a recovery group, puts it this way: "Addiction is a first-world problem. Usually when I use that expression 'first-world problem,' I mean it sarcastically. But I'm serious: addiction is an epidemic in this country, and it's not funny."

If the epidemic of addiction in America is a sobering commentary about the state of our collective soul, the recovery movement bears witness to something else: that the kingdom of the prodigal God is alive and well outside the four walls of the church—proclaiming good news to the poor, setting the captives free and opening the eyes of the blind.[4]

Whether it comes as a torrential rainfall or one drop at a time, grace is falling just about everywhere I turn in the world of addiction recovery. As Lila said, "The tangles and knots of bitterness and desperation and fear" are coming undone, maybe "because grace [has] to fall on them," and because a prodigal Father can be no other way, even when his children stray.

When I think of falling grace, I think of Elizabeth, who is quick to share how she found a new beginning with the help of Mercy Street Church.[5] Twelve-plus years ago, Elizabeth was in treatment for a third time. Several years before, she had abandoned her three children, who were in foster care. While in treatment, Elizabeth learned that it was her responsibility to find a family member who could assume temporary custody of her two boys—until she was in steady sobriety and parentally fit. The only other option was permanently losing custody of her children. By this time, Elizabeth's daughter was in the care of Elizabeth's sister, who could not take the boys. Elizabeth, who had no other real

family to whom she could turn, recalls being worried, scared and in desperate straits upon hearing this news. “I kept praying for help to a God I wasn’t sure even existed,” she says.

And God came through. In answer to Elizabeth’s prayers, a long-lost nephew turned up who agreed to care for Elizabeth’s children for the next year, as she stuck with treatment and kept working the program. During this period, God also led Elizabeth to Mercy Street Church.

“I was very, very broken, my soul was shattered, and my heart was empty,” Elizabeth recalls. “And those people loved and cared for me, and they believed when I didn’t believe. And after a year I was able to be reunited with my children.”

The community of Mercy Street sustained Elizabeth during that especially difficult first year of recovery, helping her to reclaim custody of her two boys one year later. And today, as a result, Elizabeth is bold in declaring what she knows to be true about God:

> I know that God has carried, protected and saved me many times before that and after; and that his grace and mercy abound and that he can fulfill the desires of your heart and create a future of freedom and restored relationships. His powers are limitless. Just desire him and believe.

Grace is falling.

A pastor friend tells the story of a forty-two-year-old married man struggling with a porn addiction who opened up to my friend about his struggles in the context of a discussion about *The Big Book*’s step 5, which is to admit “to God, to ourselves, and to another human being the exact nature of our wrongs.” The man shared he was “on porn every waking moment” and that it was “killing” him.

With my friend’s encouragement, the man joined a Christian twelve-step group and is making a comeback—albeit slowly and not without multiple relapses. “But that’s okay,” my friend says. “He’s getting better, and it will take him a while. . . . He struggles with this, yet it is comforting to know that God is working on it. And there is nothing wrong with God’s healing: God has a special place and a plan for us, and he’s going to take us down that road—and you might struggle with that thing for your whole life. It doesn’t mean you don’t have a relationship or a purpose; it means it’s just there, like Paul’s thorn in the side, and that’s okay.”

Grace is falling.

Yes, the “far-off country” of addiction is as close as my nose and yours. To ignore it is to be as disconnected from reality as the older son in the parable and to pretend that we aren’t in a story about a prodigal God: a story with a fall, a rising and a homecoming, at the center of which is love itself.

But to recognize the contours of that near-distant land, to trace their outline across the map of one’s soul, is to begin to see this prodigal God a bit more clearly and to arise and turn to him, one prodigal person at a time.

And the celebration will be great.

Discussion Questions

1. What story do you believe God wants to tell about your congregation in relation to the addicts in your midst?
2. Do you agree with the conclusion of the rabbi in Martin Buber’s story, that loving people means knowing their needs and bearing their burdens? What is most scary for you about that task?
3. How is grace already falling all around you? Are you part of that movement of God? Do you want to be part of it?

Acknowledgments

THERE ARE MANY PEOPLE TO THANK for making this book possible.

I extend a wholehearted thank-you to the staff of The Recovery Place, and to my colleagues at Elements Behavioral Health (EBH), especially Dr. David Sack, Vera Appleyard, Tiffany Tait and Meghan Vivo. I am grateful to EBH's editorial team for their contributions along the way. Here I extend a special word of thanks to colleague Vaughn Bell, who saw my potential and made it possible for me to author this book. Without her, it wouldn't be here; and without the initiative, ideas and support of this talented group of people with whom I am privileged to work, it would not be what it is.

My editor, Helen Lee, and the wonderful staff of InterVarsity Press also deserve a round of applause. Their anointed belief in this book and their commitment to making it better have been a source of great encouragement.

The following people deserve mention for their help in the research and writing process: Dr. Saskia de Vries, Sean Gladding, Sarah Gombis, Rev. Joan Gray, Rev. Frank Lukasiewicz, Rev. Cec Murphey and Madison Trammel, among others.

Then there are the one hundred church leaders, many of them social media friends and friends of friends, and the Stephen Ministers we heard from, who took time out of their busy schedules as lay and ordained clergy to fill out our online survey and answer our questions. Their responses shaped the content of this book, and I can only express my gratitude. Here I extend a special word of thanks to Deborah Thompson for her help marshaling the feedback of Stephen Ministers from the Atlanta-area network of churches she oversees.

Finally, I wish to thank those whose stories of recovery appear in these pages. Their courage and vulnerability will now be on display for the countless strangers who pick up this book. They are my heroes.

Appendix

Resources for Ministry

✝

Major Forms of Addiction

Important disclaimer: The following list of addictions and their signs and symptoms in no way should be considered clinically exhaustive or sufficient for diagnosing an addiction without the help of an addiction professional. The list is instead intended as an abbreviated introduction to the various addictions and their potential characteristics. Some recovery centers offer free, no-strings-attached assessments for individuals who need help determining whether they or a loved one have an addiction. When in doubt as to whether you or someone you know has a diagnosable addiction, please consult the professionals in your area.

Chemical dependencies (including alcoholism and illicit or prescription drug abuse).

Signs and symptoms:

- frequent tardiness, absenteeism or evading responsibilities at work or school
- frequent health problems
- weight loss
- unusually large or small pupils
- getting drunk or high often
- fatigue, spaciness or poor concentration
- depression or volatile changes in mood
- suicidal tendencies

- patterns of reclusiveness
- using substances to cope with life stressors

Related reading:

Carnes, Patrick, Stefanie Carnes and John Bailey. *Facing Addiction: Starting Recovery from Alcohol and Drugs.* Carefree, AZ: Gentle Path Press, 2011.

Powers, Jason. *When the Servant Becomes the Master.* Las Vegas, NV: Central Recovery Press, 2012.

Compulsive exercise.

Signs and symptoms:

- excessive guilt or irritability when not able to exercise
- exercising even when sick or fatigued and without rest days
- irregular or absent menstrual periods
- prioritizing exercise before work, family or friends
- overexercising to the point of causing health injuries

Related reading:

"Exercise Addiction 101," addiction.com, April 6, 2015, www.addiction .com/addiction-a-to-z/exercise-addiction/exercise-addiction-101.

Food addictions.

Signs and symptoms (this should be clinically differentiated from anorexia and bulimia by a health care professional):

- extremes in weight (excessively underweight or overweight) and accompanying health problems
- obsessive-compulsive thoughts and behaviors related to food, such as binge eating or constant dieting, counting calories or weighing oneself
- food cravings, despite being full
- eating much more food than intended
- eating until feeling excessively stuffed
- feeling guilty after overeating, but doing it again soon
- making up excuses
- repeated failures at reigning in eating

Related reading:

Peeke, Pamela. *The Hunger Fix*. New York: Rodale Books, 2012.

Sex and love addictions ("intimacy disorders").

Signs and symptoms:

- preoccupation with sexual fantasy
- obsessive pursuit of casual or non-intimate sex
- use of porn, phone or computer sex or prostitutes
- compulsive and habitual masturbation
- romantic intensity
- prioritizing sex to the exclusion of other activities and despite a negative impact on relationships
- mistaking sex and romance for love
- endlessly searching for "the one"
- dressing seductively to attract attention
- using sex to hold on to a partner
- multiple extramarital affairs
- having sex in high-risk situations
- inappropriate sexual boundaries

Related reading:

Carnes, Patrick. *Out of the Shadows: Understanding Sexual Addiction*, 3rd ed. Center City, MN: Hazelden, 2001.

Carnes, Stefanie. *Mending a Shattered Heart: A Guide for Partners of Sex Addicts*. Carefree, AZ: Gentle Path Press, 2009.

Weiss, Robert. *Sex Addiction 101: A Basic Guide to Healing from Sex, Porn, and Love Addiction*. Dublin, OH: Telemachus Press, 2013.

Shopping and hoarding addictions.

Signs and symptoms:

- many unopened or tagged items in the closet
- purchasing things that either are not needed or were not intended for purchase in the first place

- shopping as a form of emotional comfort
- experiencing “highs” when shopping and “lows” when not shopping
- attempting to conceal runaway shopping habits
- feeling remorse after shopping
- collecting items that are of little to no value (in the case of hoarding)

Related reading:

“Shopping Addiction 101,” addiction.com, April 20, 2015, www.addiction .com/addiction-a-to-z/shopping-addiction/shopping-addiction-101.

Technology and Internet addictions.

Signs and symptoms:

- technology or Internet use continues to increase
- feelings of depression or anxiety when not online, playing video games, etc.
- surfing the web much longer than originally planned
- technology or Internet use has adverse effects on work and family relationships and continues despite these negative effects
- unsuccessful attempts to curtail use

Related reading:

“Technology Addiction 101,” addiction.com, December 9, 2014, www.addiction.com/addiction-a-to-z/technology-addiction /technology-addiction-101.

Workaholism.

Signs and symptoms:

- burning the candle at both ends all the time
- constantly talking about how much there is to do work-wise
- an inability to turn down projects or new work commitments, even at the detriment of mental or physical health or relationships
- not taking time off
- feelings of anxiety, insecurity or sudden letdown when not working

Related reading:

"Work Addiction 101," addiction.com, www.addiction.com/addiction-a-to-z/work-addiction/work-addiction-101.

Resources for Creating a Church Benevolence Policy

Bagne, Gwen. "Does Your Church Need a Benevolence Strategy?" *Church Executive*, October 2006. www.churchadminpro.com/Articles /Benevolence%20Strategy%20-%20Does%20Your%20Church%20Need%20One.pdf.

"Benevolence Ministry." *Building Church Leaders.* www.buildingchurch leaders.com/downloads/practicalministryskills/benevolenceministry.

O'Neil, Rod. "Organizing Your Benevolence Ministry." *Building Church Leaders.* www.buildingchurchleaders.com/downloads/practical ministryskills/benevolenceministry/ps81-c.html.

The Twelve Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact

with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.[1]

Books

- *Alcoholics Anonymous: The Big Book*. 4th ed. New York: Alcoholics Anonymous World Services, 2001. *The Big Book*, as it is more popularly known, is a must-read for anyone seeking to understand the recovery mindset and the biblically inspired principles behind it.
- Clinebell, Howard. *Understanding and Counseling Persons with Alcohol, Drug and Behavioral Addictions*. Nashville: Abingdon Press, 1984. Though a bit dated, this book is a thorough and very informative introduction to the pastoral care needs of people with alcohol, drug and process addictions.
- May, Gerald. *Addiction and Grace*. New York: HarperOne, 1988. Written by a Christian psychiatrist, this book remains a trusted resource for understanding addiction as a universal spiritual and physical disease describing the human condition.
- Morris, Bill. *The Complete Handbook for Recovery Ministry in the Church*. Nashville: Thomas Nelson, 1993. This book outlines the nuts and bolts of starting a recovery support group within your congregation.
- Rohr, Richard. *Breathing Underwater: Spirituality and the Twelve Steps*. Cincinnati, OH: St. Anthony Messenger Press, 2011. This book introduces the twelve steps and the gospel principles that underlie them. Questions at the end of the book invite readers to wrestle with the implications of the twelve steps for their own spiritual transformation and are handy for both individuals and small groups.
- Ryan, T. C. *Ashamed No More: A Pastor's Journey Through Sex Addiction*. Downers Grove, IL: InterVarsity Press, 2012. With vulnerability and compassion for people with intimacy disorders, a former pastor tells his own ultimately redemptive story of living with a

hidden addiction that afflicts many Americans both in the church and out.

- Simpson, Amy. *Troubled Minds: Mental Illness and the Church's Mission*. Downers Grove, IL: InterVarsity Press, 2013. Because addiction is a diagnosable form of mental illness and often occurs alongside other diagnosable mental disorders, this book is worth a read for anyone seeking a more integrated picture of addiction and mental health. The book's appendix also includes some helpful resources on mental health issues.

Websites

- Addiction.com, www.addiction.com. This online clearinghouse of information on addiction and recovery provides tips on finding treatment and staying sober and the latest insights from expert bloggers on various forms of addiction, from chemical dependencies to intimacy and eating disorders.
- American Association of Christian Counselors, www.aacc.net. The website features a search option to help you find a credentialed Christian counselor in your area.
- Association of Intervention Specialists, www.associationofinterventionspecialists.org/about-ais. All members of the association are certified interventionists, and thanks to their online member directory you can identify and contact a trained intervention professional in your area.
- Christian Drug Rehab, www.christiandrugrehab.com. This website connects people with addiction and their families with Christian recovery resources in the form of recovery programs, helpful articles and other materials.
- Christian Recovery International, www.christianrecovery.com. The site includes a wide variety of resources in the way of networking, training and twelve-step materials for churches seeking to become a "safe place for people recovering from addiction, abuse, or trauma." Issues of spiritual abuse are also resourced here.
- National Association for Christian Recovery, www.nacr.org. The

resources listed here are especially helpful for pastors.

Organizations

- Alcoholics Anonymous, www.aa.org. Recovery and support groups for people addicted to alcohol.
- Celebrate Recovery, www.celebraterecovery.com. More self-consciously "Christian" recovery support groups for people with addictions.
- Clergy Recovery Network, www.clergyrecovery.com. This network exists to counsel clergy in crisis toward spiritual and organizational health, but its mission to be a place "where ministry professionals find grace and hope" can resource any church leader seeking to find a part in recovery.
- Co-Dependents Anonymous, www.coda.org. CoDA recovery and support groups help men, women and families seeking to recover from dysfunctional relationships.
- Narcotics Anonymous, www.na.org. Recovery and support groups for people with drug addictions.
- National Alliance on Mental Illness (NAMI), http://nami.org. NAMI is a respected source of information and referrals related to issues of mental illness, including addiction. NAMI's FaithNet program specifically resources faith-based communities such as churches with materials for worship services, sermons and other church needs.
- National Eating Disorders Association, www.nationaleatingdisorders.org. Provides information, referrals, support and prevention resources related to eating disorders.
- Sex and Love Addicts Anonymous, www.slaafws.org. Recovery and support groups for individuals with intimacy disorders.
- SMART Recovery, www.smartrecovery.org. This recovery support group is an alternative to twelve-step groups.
- Substance Abuse and Mental Health Services Administration (SAMHSA), www.samhsa.gov. SAMHSA provides 24-hour, free and confidential treatment referral and information about mental or substance

abuse disorders, prevention and recovery. Clergy and churches can also find helpful training resources here.

- National Suicide Prevention Hotline: 1-800-273-8255
- National Helpline: 1-800-662-Help (4357)

Christian and Other Treatment Programs

There are a variety of Christian programs throughout the nation. When searching for a Christian program, one must differentiate between a track and a program. A Christian track is where clients are mainstreamed in secular programming and then pulled out for specific Christian or faith-based groups or bible study. A Christian program is where all aspects of programming are infused with spiritual, faith-based principles. When searching for a faith-based program, it's important to verify that there are solid clinical credentials combined with faith-based elements and Christian principles.

Recovery Apps

The Cassava App

This app is meant to be used daily as a way to stay on track in your recovery process. The app locates nearby support groups from a database of more than 150,000 twelve-step and non-twelve-step meetings, monitors your mood and activities, and tracks your daily process. You can download it on iTunes or the Google Play Store.

Notes

✝

Introduction

1 Tim Keller, *The Prodigal God* (New York: Penguin, 2008), xv.

2 Henri Nouwen, *The Return of the Prodigal Son: A Meditation on Fathers, Brothers and Sons* (New York: Doubleday, 1992), 38-39.

3 An estimated 5 percent of Americans are compulsive shoppers (Kimberly Palmer, "Are You Addicted to Shopping?" *U.S. News and World Report*, May 16, 2012, http://money.usnews.com/money/personal-finance/articles /2012/05/16/are-you-addicted-to-shopping); 6 percent exhibit some form of sexual addiction (Ross Rosenberg, "The Emergence of Female Sex Addiction: Understanding Gender Differences," 2011, www.academia.edu/1193969 /The_Emergence_of_Female _Sex_Addiction_Understanding_Gender_Differences); at least 1 percent are pathological gamblers (National Research Council, www.american gaming.org/sites/default/files/uploads /docs/faqs/nrc-pathological_gambling_p._3.pdf); 7.5 percent have eating disorders ("Eating Disorders Statistics," National Association of Anorexia Nervosa and Related Disorders, 2015, www.anad.org/get-information /about-eating-disorders/eating-disorders-statistics; note: the figure given here is actually 24 million Americans, so 24 million out of the total US population of 319 million is 7.5%); and 10 percent have drug or alcohol addictions ("Substance Use and Mental Health Estimates from the 2013 National Survey on Drug Use and Health: Overview of Findings," Substance Abuse and Mental Health Services Administration, September 4, 2014, www.samhsa .gov/data/sites/default/files/NSDUH-SR200-RecoveryMonth-2014 /NSDUH-SR200-RecoveryMonth-2014.htm).

4 Brené Brown, "The Power of Vulnerability," TED, June 2010, www.ted .com/talks/brene_brown_on_vulnerability.

Chapter 1: Responding to Addiction

1 Francis Seeburger, *Addiction and Responsibility: An Inquiry into the Addictive Mind* (New York: Crossroad, 1993), 5-6.

2 See *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism*, 4th ed. (New York: Alcoholics Anonymous World Services, 2001), 59.

3 The worksheet is available at www.step12.com/aa-files/4th-step -instructions-x.pdf.

4 Edward T. Welch and Gary Steven Shogren, *Addictive Behavior* (Grand Rapids: Baker Books, 1995), 92.

5 John Zahl, *Grace in Addiction* (Charlottesville, VA: Mockingbird Ministries, 2012), 106-9.

6 Patrick Carnes, *Out of the Shadows: Understanding Sexual Addiction*, 3**rd** ed. (Center City, MN: Hazelden, 2003), 8.

7 Ashley Casper, "Mummified body found inside hoarder's San Francisco home," *Las Vegas Review Journal*, April 6, 2015, www.reviewjournal.com /trending/mummified-body-found-inside-hoarder-s-san-francisco -home.

Chapter 2: The Intervention

1 Howard Clinebell offers this tip, and I think it's a good one; Howard Clinebell, *Understanding and Counseling Persons with Alcohol, Drug and Behavioral Addictions*, 3rd ed. (Nashville, TN: Abingdon Press, 1984), 352.

2 Ibid., 306-7.

3 The parable Jesus tells in Luke 18:9-14 about the Pharisee and the tax collector is a powerful illustration of how comparing (vs. identifying) is most fundamentally an obstacle to connecting with God himself.

4 Francis Seeburger, *Addiction and Responsibility: An Inquiry into the Addictive Mind* (New York: Crossroad, 1993), 5.

5 Dr. David Sack, "6 Surprising Traits You May Have in Common with a Drug Addict," *PsychCentral*, June 9, 2014, http://blogs.psychcentral.com/addiction -recovery/2014/05/6-surprising-traits-you-may-have-in-common-with-a -drug-addict.

6 Edward T. Welch and Gary Steven Shogren, *Addictive Behavior* (Grand Rapids: Baker Books, 1995), 85-86.

7 Clinebell, 403.

8 *Detachment* is a term commonly used in Al-Anon. *Release* is the term Clinebell uses in his chapter on counseling family members of addicts. See Clinebell, 412-19.

9 Ibid., 413.

Chapter 3: Myths About Addiction

1 David Linden, *The Compass of Pleasure* (New York: Penguin, 2011), 7-9.

2 Ibid., 58-59.

3 The National Institute on Drug Abuse (NIDA) makes the claim that more than half of those who abuse alcohol or drugs are suffering from another mental health issue, like depression, anxiety, bipolar disorder, ADHD or an antisocial personality disorder. See "Drug Abuse and Mental Health Problems Often Happen Together," NIDA, http://easyread.drugabuse .gov/drug-effects-mental-health.php.

4 Brennan Manning, *All Is Grace* (Colorado Springs, CO: David C. Cook, 2011), 119-20.

5 Amy Simpson, *Troubled Minds: Mental Illness and the Church's Mission* (Downers Grove, IL: InterVarsity Press, 2013), 138.

6 See Matthew Stanford, *Grace for the Afflicted: A Clinical and Biblical Perspective on Mental Illness* (Downers Grove, IL: InterVarsity Press, 2008), 32-34, cited in Amy Simpson, *Troubled Minds*, 159.

7 Simpson, *Troubled Minds*, 159.

8 Ibid., 160.

9 Melody Harrison Hanson, "I Was in Love . . . with Vodka, Wine and Gin," *Logic and Imagination* (blog), September 17, 2011, http://logicand imagination.com/2011/09/17/i-was-so-in-love-with-vodka-gin-and -wine.

10 The term "attractional church" arises from the missional church movement. An attractional church is one that, instead of being sent out into the world and joining Jesus in God's mission, prefers to attract prospective attendees to its various services.

11 Simpson, *Troubled Minds*, 152.

12 See Tom Long, *The Witness of Preaching* (Louisville, KY: Westminster John Knox Press, 2005), 6. Long is quoting Craig Dykstra, "The Formative Power of the Congregation," *Religious Education* 82, no. 4 (Fall 1987): 532.

13 Cathryn Kemp, *Painkiller Addict: From Wreckage to Redemption—My True Story* (London: Hachette Digital, 2012), 1.

14 Manning, *All Is Grace*, 177-78.

15 Ibid., 178.

16 The Epidemiologic Catchment Area Study of 1980–1984 placed "remission rate" for addiction at 59 percent; the National Epidemiologic Survey on Alcohol and Related Conditions of 2001–2003 at 81 percent; the National Comorbidity Survey of 2001–2003 at 82 percent. Kent Dunnington, *Addiction and Virtue* (Downers Grove, IL: InterVarsity Press, 2011), 25. Here Dunnington is citing Thomas McLellan, quoted in Gene Heyman, *Addiction: A Disorder of Choice* (Cambridge, MA: Harvard University Press, 2009), 66.

17 Natalie M. Lee, et al., "Public Views on Food Addiction and Obesity: Implications for Policy and Treatment," PMC, September 25, 2013, http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0074836.

18 Alcoholics Anonymous, *The Big Book*, 4th ed. (New York: Alcoholics Anonymous World Services, 2001), 24; www.aa.org/assets/en_US/en_bigbook_chapt2.pdf.

19 Bruce Goldman, "Neuroscience of Need: Understanding the Addicted Mind," Stanford Medicine, Spring 2012, http://sm.stanford.edu/archive/stanmed/2012spring/article5.html.

Chapter 4: Cultivating a Culture of Long-Term Sobriety

1 Kitty Harris, "Recovery Ministry (Part 1): Dr. Kitty Harris with Dr. Virginia Todd Holeman," January 24, 2014, www.youtube.com/watch?v =zM6RXBU4eJU. I'm grateful to Sean Gladding for introducing me to this resource for the church.

2 Ibid.

3 One view maintains that the essence of addiction is not one of chemical dependence but rather of isolation. The University of California, Berkeley, philosopher Alva Noë, in adopting the line of reasoning of author and journalist Johann Hari and researchers Bruce K. Alexander and Gene Heyman, says that addiction is most essentially a problem of disconnection and isolation: "Whatever its causes, addiction would seem to be . . . a disorder of one's ability to connect to others," Noë writes. "It might be right . . . that we could fix addiction if we could restore in the addict a sense of connection with the world around him or her, and with other people. . . . Addicts are shut off." See Alva Noë, "The Fight Against Addiction: Is Love All You Need?," National Public Radio, March 27, 2015,

www.npr.org/blogs/13.7/2015/03/27/395774025/the-fight-against -addiction-is-love-all-you-need?utm_source=facebook.com&utm_medium=social&utm_campaign=npr&utm_term=nprnews&utm_content=20150327.

4 At Three Strands, entering clients are immediately given chores and are expected to contribute to community life in various ways, the idea being that addicts have duties and responsibilities like anyone else. Matt Russell, "Addiction and Recovery in the Church: Part 1," an interview with Matt Russell, Sean Gladding and Gregg Taylor, by Chris Kiesling, March 15, 2014, www.youtube.com/watch?v=eJVrVg103M4.

5 Desmond Tutu, *God Has a Dream: A Vision of Hope for Our Time* (New York: Random House, 2004), 3.

6 Ibid., 75.

7 Consider 2 Corinthians 4:7: "But we have this treasure in clay jars, so that it may be made clear that this extraordinary power belongs to God and does not come from us."

8 Russell, "Addiction and Recovery."

9 Henry and Richard Blackaby first introduced me to this principle of the spiritual life in their *Experiencing God: Knowing and Doing the Will of God* (Nashville, TN: Lifeway Press, 1990).

10 Russell, "Addiction and Recovery."

11 Ibid.

12 Ibid.

13 Ibid.

14 Gladding explains that so much of the Gospels is about Jesus' imperative to "seek the kingdom of God" or "enter the kingdom" or "receive the kingdom like a child," and this "kingdom of God" is not the same thing as the church. Russell, "Addiction and Recovery."

15 Dale S. Ryan, "Christian Recovery Ministry: Dr. Dale S. Ryan with Dr. Stephen P. Stratton, Part 1," February 1, 2014, www.youtube.com/watch ?v=xFR0KwqeS1Y.

16 Ibid.

17 Edward T. Welch and Gary Steven Shogren, *Addictive Behavior* (Grand Rapids: Baker Books, 1995), 127-28.

18 David Linden, *The Compass of Pleasure* (New York: Penguin, 2011), 52.

19 Ronald McMillin and Chandler Scott Rogers, *Freeing Someone You Love from Alcohol and Drugs* (New York: Penguin, 1992), 141-43.

20 Gerald May, *Addiction and Grace: Love and Spirituality in the Healing of Addictions* (New York: HarperOne, 1988), 1.

21 The theologian Paul Tillich develops this theme of total acceptance in chapter 19 of his book *The Shaking of the Foundations* (New York: Charles Scribner's Sons, 1948). The expression "You are accepted" comes from one of Tillich's sermons, which was later developed into an essay and then a chapter in this well-known book. Unconditional acceptance is the healing answer to at least three messages we hear by virtue of being human: "I'm not worthy," "I'm not good enough" and "I'm not loveable." When we practice unconditional acceptance, we counter these shame messages.

22 The work we do in addiction recovery is at heart incarnational ministry; the first chapter of John—about the Word made flesh—shapes how we approach this task. We are grateful to Dr. Dale Denham for a practical and theological framework for incarnational ministry.

23 Gladding cites a similar example. See Russell, "Addiction and Recovery."

24 In clinical work, we call this empathy. Empathy is when we feel with someone; sympathy is when we feel sorry for someone. God-given compassion is empathetic, not sympathetic. Sympathy distances me from you in your pain; empathy connects me with you in your pain so healing can occur.

25 McMillin and Rogers, *Freeing Someone*, 164-66.

26 Ibid.

27 Ibid.

28 Alcoholics Anonymous, *Twelve Steps and Twelve Traditions* (New York: A. A. Grapevine Inc. and Alcoholics Anonymous Publishing, 1952), 63, 64, 76.

29 See David Sack in "Drugs Can Become Part of a Lifestyle, Promises' Dr. David Sacks Tells CNN," February 7, 2014, http://www.elementsbehavioral health.com/addiction/drugs-can-become-part-of-lifestyle-promises-dr -david-sack-tells-cnn/.

30 Howard Clinebell, *Understanding and Counseling Persons with Alcohol, Drug and Behavioral Addictions*, 3rd ed. (Nashville, TN: Abingdon Press, 1984), 272.

31 The recovery equivalent to *shalom* is serenity, which is a feeling of well-being even in the midst of trials (or "the peace of God, which surpasses all understanding" to which the apostle Paul refers in Philippians 4:7).

32 Johann Hari, "The Likely Cause of Addiction Has Been Discovered, and It Is Not What You Think," *The Huffington Post*, January 20, 2015, www .huffingtonpost.com/johann-hari/the-real-cause-of-addicti_b_6506936 .html.

33 By its own description, Celebrate Recovery is a more explicitly "Christ-based" version of AA's twelve steps.

Chapter 5: Ending the Shame

1 Researchers from Montreal Neurological Institute (MNI), McGill University and the University of Cambridge have found that Parkinson's disease patients receiving various treatments for their condition develop addictive behaviors such as compulsive shopping, gambling or hypersexuality. See "Addiction: Insights from Parkinson's Disease," *Science Daily*, March 3, 2009, www.sciencedaily.com/releases/2009/02 /090225132341.htm.

2 See American Society of Addiction Medicine, "Definition of Addiction," www.asam.org/for-the-public/definition-of-addiction. The Institute of Medicine, the National Institute on Drug Abuse, the American Medical Association and the American Psychological Association couch addiction similarly in terms of "brain disease."

3 See ibid.

4 The Christian philosopher Kent Dunnington constructively problematizes both the disease model and the choice model, seeking instead to conceptualize addiction as "habit" and conscripting Thomas Aquinas and Aristotle in the enterprise. By embracing a disease model for addiction, we do not wish to imply that this model is perfect or without limitations but to lift up both the consensus of medical science and the merits of this model for treatment and recovery as reasons (among many) for why we believe this model still works and fits within a Christian biblical and theological framework. See Kent Dunnington, *Addiction and Virtue* (Downers Grove, IL: InterVarsity Press, 2011).

5 Brené Brown, “Listening to shame,” TED, March 2012, www.ted.com/talks/brene_brown_listening_to_shame.

6 See T. C. Ryan, *Ashamed No More: A Pastor’s Journey Through Sex Addiction* (Downers Grove, IL: InterVarsity Press, 2012), 77.

7 Ibid.

8 Stephanie Desmon and Susan Morrow, “Drug addiction viewed more negatively than mental illness, Johns Hopkins study shows,” HUB, Johns Hopkins University, October 1, 2014, http://hub.jhu.edu/2014/10/01 /drug-addiction-stigma.

9 *The Big Book* reads, “We are sure God wants us to be happy, joyous, and free. We can’t subscribe to the belief that this life is a vale of tears, though it once was just that for many of us. But it is clear that we made our own misery. God didn’t do it.” Alcoholics Anonymous, *The Big Book*, 4th ed. (New York: Alcoholics Anonymous World Services, 2001), 133; www.aa .org/assets/en_US/en_bigbook_chapt9.pdf.

10 Another 15 percent answered “three to five times,” and 14 percent answered “more than five times.”

11 Simpson is citing a statistic from the National Institute of Mental Health (NIMH) accepted by most experts that says that “about one in four adults—a little more than 25 percent of Americans ages eighteen and older—suffers from a diagnosable mental disorder in a given year.” There is no reason to conclude that in the church this statistic would be any different, or that, if it is different, it is lower; if anything, we would do well to expect that in the church this percentage is actually higher. See Amy Simpson, *Troubled Minds: Mental Illness and the Church’s Mission* (Downers Grove, IL: InterVarsity Press, 2013), 33-35. See also “Mental Illness Facts and Numbers,” NAMI, March 2013, www2.nami.org/factsheets/mentalillness_factsheet.pdf.

12 Simpson, *Troubled Minds*, 33.

13 The report reads, “Addiction affects 16 percent of Americans ages 12 and older—40 million people. That is more than the number of people with heart disease (27 million), diabetes (26 million) or cancer (19 million). Another 32 percent of the population (80 million) use tobacco, alcohol and other drugs in risky ways that threaten health and safety.” See “Addiction Medicine: Closing the Gap Between Science and Practice,” CASAColumbia, June 2012, www.casacolumbia.org/addiction-research/reports/addiction-medicine.

14 See Jean Kinney and Gwen Leaton, *Loosening the Grip: A Handbook of Alcohol Information* (St. Louis: Mosby Press, 1995), 21, quoted in Bucky Dann, *Addiction: Pastoral Responses* (Nashville, TN: Abingdon Press, 2002), 9.

15 See Trysh Travis, *The Language of the Heart: A Cultural History of the Recovery Movement from Alcoholics Anonymous to Oprah Winfrey* (Chapel Hill, NC: University of North Carolina, 2009), 4.

16 Ibid.

17 This estimate is based on the latest National Survey on Drug Use and Health produced by SAMHSA and referenced in the introduction. The report concludes that while 22.5 million people over the age of twelve need treatment for substance abuse, only 2.5 million seek it.

18 See “Closing the Addiction Treatment Gap,” Open Society Institute, June 2010, www.opensocietyfoundations.org/sites/default/files/early -accomplishments-20100701.pdf.

19 For example, a study by Christianity Today’s *Leadership Journal* found that at least a third of pastors had viewed online porn in that year alone. Another survey, this one conducted by Barna Group at the request of Proven Men Ministries, found that approximately two-thirds of US men view pornography on a monthly basis and that “the number of Christian men viewing pornography virtually mirrors the national average.” See “Pornography Use and Addiction,” Proven Men Ministries,

www.provenmen.org/2014pornsurvey/pornography-use-and -addiction.

20 Leonard Cohen, "Anthem," *The Future*.

21 Andrew Newberg, "How do meditation and prayer change our brains?," Myrna Brind Center of Integrative Medicine, www.andrewnewberg.com /research.

22 For more on "circles of trust," see chapter 6 and also Parker Palmer, *The Hidden Wholeness* (San Francisco: Jossey-Bass, 2004), 52-57.

23 I am grateful to Tom Long for introducing me to Leonard Sweet's book and its retelling of Mary Ann's story. In *Witness of Preaching*, 2nd ed. (Louisville, KY: Westminster John Knox Press, 2005), 212-13. Also see Mary Ann Bird, as quoted in Leonard Sweet, *Strong in the Broken Places: A Theological Reverie on the Ministry of George Everett Ross* (Akron, OH: University of Akron Press, 1995), 93.

Chapter 6: The Practice of Attentive Listening

1 William Blake, "The Little Black Boy," *Songs of Innocence* (Dover, England: Dover Publications, 1971), 41.

2 Episcopal priest Lyn G. Brakeman uses this expression in formulating a biblical theology of addiction and pastoral care. See Brakeman, "By Love Possessed," in Oliver J. Morgan and Merle R. Jordan, eds., *Addiction and Spirituality: A Multidisciplinary Approach* (St. Louis: Chalice Press, 1999), 195-213.

3 Theologian Paul Tillich describes God as "the ground of being itself," by which he also means that God can be understood as Being Itself. See Tillich, *Systematic Theology*, vol. 1 (Chicago: Chicago University Press, 1951), 163-72.

4 Richard Rohr, *Breathing Underwater: Spirituality and the Twelve Steps* (Cincinnati, OH: Franciscan Media, 2011), xvi.

5 Ibid., 70. Step 8 reads, "Made a list of all persons we had harmed, and became willing to make amends to them all."

6 Kelly Carpenter, "Praying in Pain," http://greenstreetchurch.org/greenstr - content/uploads/2012/10/PrayinginPain.pdf.

7 Brakeman, "By Love Possessed," 208.

8 Ibid.

9 Ibid., 208-209.

10 Ibid., 209.

11 Parker Palmer, *The Hidden Wholeness* (San Francisco: Jossey-Bass, 2004), 52-57.

12 These guidelines are copied directly from "Circle of Trust Touchstones," Center for Courage & Renewal, www.couragerenewal.org/touchstones. Many of these guidelines are also observed in group therapy and in the various recovery fellowships.

13 Renée Miller, *Strength for the Journey: A Guide to Spiritual Practice* (New York: Morehouse Publishing, 2011), 41.

14 As Jesus said, "I tell you, many will come from east and west and will eat with Abraham and Isaac and Jacob in the kingdom of heaven" (Matthew 8:11).

Chapter 7: The Practice of Healing

1 Richard Rohr, *Breathing Underwater: Spirituality and the Twelve Steps* (Cincinnati, OH: Franciscan Media, 2011), 108.

2 Sara Miles, *Jesus Freak: Feeding Healing Raising the Dead* (San Francisco: Jossey-Bass, 2010), 105, quoted in Rachel Held Evans, *Searching for Sunday* (Nashville, TN: Thomas Nelson, 2015), 208.

3 Carol Howard Merritt, "Going smaller and deeper," *The Christian Century,* April 1, 2015, 45.

4 Alcoholics Anonymous and other twelve-step programs are at heart a spiritually based way of life; the steps are spiritual processes in themselves intended for transformation.

5 Mercy Street, "Who We Are," www.mercystreet.org/who.cfm.

6 We are grateful to Rachel Held Evans for this example. See her *Searching for Sunday* (Nashville, TN: Thomas Nelson, 2015), 146-48.

7 Philip Yancey, *The Jesus I Never Knew* (Grand Rapids: Zondervan, 1995), 147-48.

Conclusion

1 Thomas Bien and Beverly Bien, *Mindful Recovery: A Spiritual Path to Healing from Addiction* (New York: John Wiley & Sons, 2002), 45-46.

2 Marilynne Robinson, *Lila* (New York: Farrar, Straus and Giroux, 2014), 260.

3 See Carol Glass, "Addiction and Recovery Through Jewish Eyes," in Oliver J. Morgan and Merle R. Jordan, eds., *Addiction and Spirituality: A Multidisciplinary Approach* (St. Louis: Chalice Press, 1999), 235. Glass gives her own adaptation of Buber's story.

4 This refers to Jesus' declaration of his mission in Luke 4:18. Here Jesus is quoting Isaiah 61 but leaves out Isaiah's reference to "the day of vengeance" (v. 2). For prodigals coming home, this is a homecoming to favor rather than to vengeance.

5 Elizabeth's story can be found among others on Mercy Street's website at www.mercystreet.org/streetstories.cfm.

Appendix: Resources for Ministry

1 *Alcoholics Anonymous: The Big Book*, 4th ed. (New York: Alcoholics Anonymous World Services, 2001), 59.

Praise for *The Recovery-Minded Church*

“If you are a pastor, chances are your formal training did not prepare you to serve those with addictions you meet in your church and your community on a daily basis. Nor did it foster the kind of vulnerability and rigorous honesty that your own ongoing transformation demands. Jonathan Benz and Kristina Robb-Dover offer a challenging, inspiring and eminently practical guide for becoming a ‘prodigal church’—a hope-full community where the grace of God brings healing to those of us willing to tell the truth about our addictions, brokenness and sin, as well as a place to celebrate the freedom we have found.”

Sean Gladding, author of *The Story of God, the Story of Us* and *Ten*

“*The Recovery-Minded Church* is essential reading for every leader who wants their church, ministry or spiritual community to be on the front lines of cultural relevancy and spiritual usefulness. Marked by sound theology, biblical wisdom and practical application, this is a good and necessary book for our time. Please read it, use it and share it with others.”

T. C. Ryan, author of *Ashamed No More*

“This is a resource every church needs because no church is exempt from responsibility toward people with addictions. This very practical book will help churches take their rightful places as centers for support, unconditional love and redemption. It’s best to approach this resource with humble Christian theology firmly in place, ready to be equipped not just to respond but to engage with people who are just like the rest of us—unrighteous beneficiaries of God’s lavish love and grace, ripe for transformation.”

Amy Simpson, author, *Troubled Minds*

“I have been hoping for a book like *The Recovery-Minded Church*—one that could find the wisdom of recovery and its necessary revelation to all people, and also articulate the hurt of those in recovery addiction as its own particular

malady. Jonathan Benz's book provides the roadmap through the wound of addiction into recovery and healing while also making the journey accessible and relatable to all of us. We all hurt and are wounded. In this book Jonathan bridges the gap between 'addicts' and the rest of us in a way that calls us to the sacred mission of including all God's people in the ministry of the church and finding the golden nuggets of strengths specific to those in addiction recovery. He weaves together his understanding as both provider in recovery and human who clearly understands hurt and healing, along with biblical references to illuminate the sacred path. This is a guide for professionals in the helping fields and pastoral contexts to understand addiction, understand those who suffer from this wound and connect back with the biblical contexts that call all of us—providers, sufferers, humans—into dynamic relationship with the 'first shall be last and the last shall be first' credo of ministry to all who suffer from addiction."

Teresa B. Pasquale, licensed clinical social worker

"*The Recovery-Minded Church* might be the most timely and important book I will ever recommend. Many of us who struggle with an addiction turn first to our faith communities for help and hope—and too often fail to find it. The powerful insights and gentle truths of this message, if implemented, can transform our churches, save lives and ripple outward to change the world. Bravo!"

Heather Kopp, author of *Sober Mercies*

"This book is a must-read for every pastor and ministry leader who wants their church to exhibit the heart of Jesus. Infused with the grace of the gospel, it brings healing and hope to the hearts of Christ-followers and those we are called to love."

Shayne Wheeler, senior pastor, All Souls Fellowship, author of *The Briarpatch Gospel*

"*The Recovery-Minded Church* is an invaluable resource for communities seeking to be transformed by the prodigal love of God."

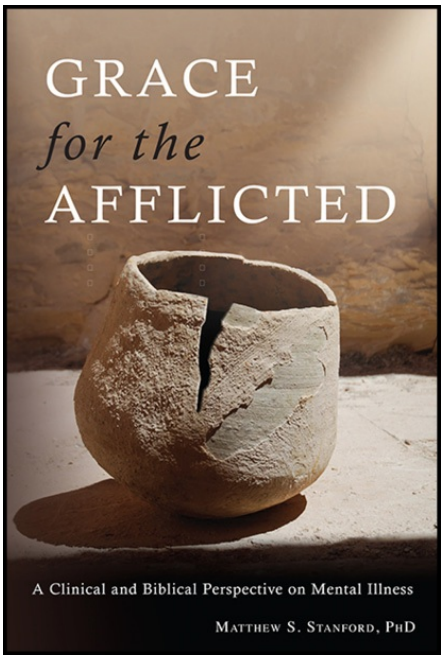
Bryan Dunagan, senior pastor, Highland Park Presbyterian Church

About the Authors

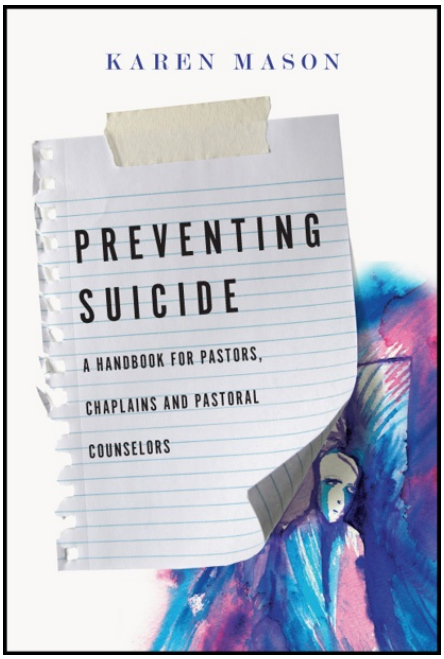
Jonathan Benz (MS, Palm Beach Atlantic University) is a clinician, public speaker, ordained minister and certified addictions professional. As a leadership consultant to various agencies he specializes in teaching team leadership, task efficiency, crisis management and conflict resolution to people in the midst of life transitions. He is the author of *Live A Legacy: Spiritual Principles for Strategic Living* and resides in South Florida.

Kristina Robb-Dover is a writer and minister in the Presbyterian Church (USA) and has served in various church and chaplaincy settings. She is the author of *Grace Sticks: The Bumper Sticker Gospel for Restless Souls*. As a featured columnist with the online magazine *Beliefnet*, Robb-Dover posts regularly at her blog, *Fellowship of Saints and Sinners*, and her work has appeared in various publications including *Touchstone*, *The Christian Century, Theology Today* and *The Washington Post*. She holds degrees from Yale College and Princeton Seminary.

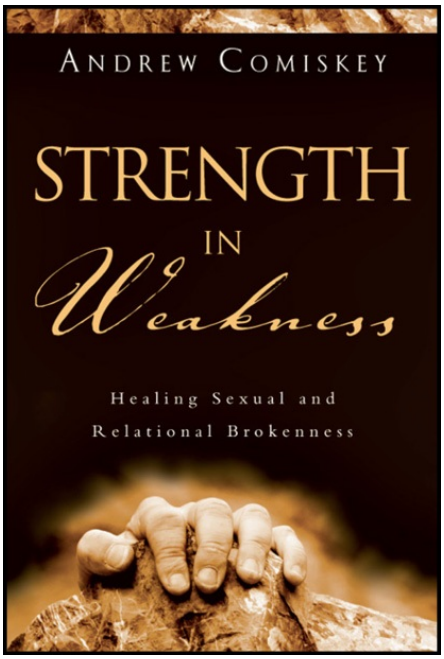
More Titles from InterVarsity Press



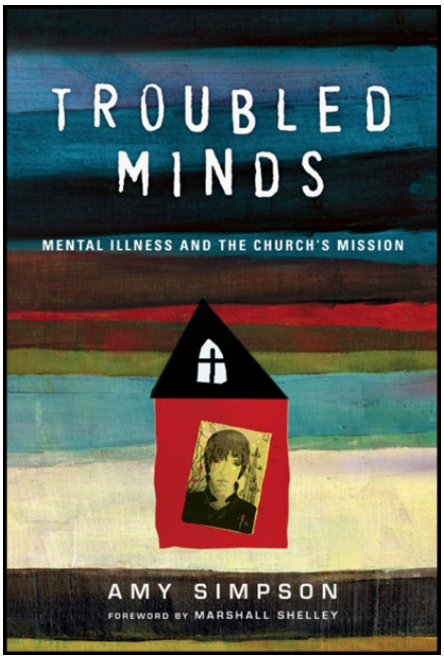
Grace for the Afflicted
978-0-8308-5903-0



Preventing Suicide
978-0-8308-9647-9



Strength in Weakness
978-0-8308-7705-8



Troubled Minds
978-0-8308-8432-2

For a list of IVP email newsletters, including information about our latest ebook releases, please visit www.ivpress.com/eu1.

InterVarsity Press
P.O. Box 1400,
Downers Grove, IL 60515-1426
ivpress.com
email@ivpress.com

InterVarsity Press® is the book-publishing division of InterVarsity Christian Fellowship/USA®, a movement of students and faculty active on campus at hundreds of universities, colleges and schools of nursing in the United States of America, and a member movement of the International Fellowship of Evangelical Students. For information about local and regional activities, visit intervarsity.org.

While any stories in this book are true, some names and identifying information may have been changed to protect the privacy of individuals.

Cover design: Cindy Kiple
Images: church interior: ©Sean824/iStockphoto
bronze cross: ©lauchenauer/iStockphoto
back of man's head: ©DRB Images, LLC/iStockphoto

ISBN 978-0-8308-9939-5 (digital)
ISBN 978-0-8308-4125-7 (print)

Library of Congress Cataloging-in-Publication Data

Names: Benz, Jonathan, 1970-
Title: The recovery-minded church : loving and ministering to people with addiction / Jonathan Benz, with Kristina Robb-Dover.
Description: Downers Grove : InterVarsity Press, 2015. | Includes bibliographical references. | Description based on print version record and CIP data provided by publisher; resource not viewed.
Identifiers: LCCN 2015036043 (print) | LCCN 2015037645 (ebook) | ISBN 9780830899395 (eBook) | ISBN 9780830841257 (pbk. : alk. paper)
Subjects: LCSH: Church work with drug addicts. | Church work with alcoholics. | Church work with recovering addicts. | Substance abuse--Religious aspects--Christianity.
Classification: LCC BV4460.5 (print) | LCC BV4460.5 .B46 2015 (ebook) | DDC 259/.429--dc23
LC record available at http://lccn.loc.gov/2015036043
