"Chemical Comforting" and the Theology of John C. Ford, SJ: Classic Answers to a Contemporary Problem

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ABSTRACT. This article is an historical and thematic study of the theological ethics of John C. Ford, SJ, regarding alcohol abuse and chemical dependency. Retrieving "classic" perspectives on these problems is seen as important for helping the churches to address this challenging "sign of the times" today.

Ford's involvement in the fledgling "recovery movement" and his collaboration in early addiction science are documented. His main theological views regarding addiction are reviewed. Three themes are addressed: the nature of addictive illness, the role of a "spiritual" component in addiction, and the notions of sin and personal responsibility in relation to abuse and dependency. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpressinc.com]*

. . . excessive drinking of alcohol is a problem of human behavior. Like every such problem it has theological implications.[1]

During the crucial years between World War II and the aftermath of Vatican Council II, John C. Ford, SJ, was a highly esteemed U.S. Catholic moral theologian. He played a leading and controversial role

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in shaping the ethics and moral thinking of the time, regarding such critical issues as saturation and nuclear bombing,[2] artificial contraception[3] and a variety of medical and legal topics.[4]

Born John Cuthbert Ford in 1902 (Boston), he entered the Society of Jesus (Jesuits) in 1920 and was ordained a Catholic priest in 1932. He received a doctorate in moral theology from the Gregorian University in Rome in 1937 and began a distinguished scholarly career in that field. Along with Gerald Kelly, SJ, he co-authored the highly influential two volume, *Contemporary Moral Theology 1: Questions in Fundamental Moral Theology* (1958) and *Contemporary Moral Theology 2: Marriage Questions* (1963), and made significant contributions to the early "Notes on Moral Theology" published in *Theological Studies,* an influential journal he helped to establish. Ford died in 1989 at Weston College where he was Professor Emeritus.

One area of Ford's work, which continually drew his attention throughout the course of his career in pastoral and moral theology, is still largely unaddressed within the theological community today. John Ford studied, wrote, and advocated on behalf of alcoholics and for the development of a more benign, better informed, religiously- and pastorally-sensitive, ethical perspective on alcoholism and addiction. He was a significant contributor to the forging of an interdisciplinary and multi-denominational theological consensus regarding the use and abuse of alcohol. The full "story" of his dedication and contribution in this important field of endeavor has never been told.

INTRODUCTION

Over the course of nearly forty years of scholarship and pastoral work in the field of addiction studies, Ford wrestled with several key questions: the nature of addictive illness, the role of spirituality in addiction and recovery, and the responsibility of addicts vis-à-vis their condition and its consequences. These questions remain persistent areas of inquiry today. His responses to these questions were honed through study, listening, consultation and involvement with many of the founders and leaders of the "recovery movement," as well as through pastoral care of ordinary alcoholics and their families. Retrieving Ford's understanding and the story of his involvement in early addiction studies may help to provide some insight for ethical reflection and pastoral practice today.

A Pastoral "Voice"

The mainline churches (Christian, Jewish, Islamic, etc.) need to revive their pastoral, public "voice" in addressing chemical addiction and abuse. Alcohol and other drug (AOD) abuse is a persistent and highly destructive fact of American life at the end of the twentieth century (Koop, 1995). It affects all areas and strata of living, wreaking havoc in the lives of individuals, families, communities, workplaces, even church congregations.[5] Despite the best efforts of legislators, law enforcement and treatment personnel, public policy specialists, and prevention programs–as well as a highly touted "war" on drugs–the toll of victims from substance abuse and addiction continues.

From a religious and ethical point of view, chemical abuse and addiction may be likened to a challenging "sign of the times" that cries out for engagement by religious leaders and their churches, synagogues and mosques (see Morgan, 1997 and in press). For the communities of faith to fulfill their proper role and meet the challenge of their unique contribution to the national struggle with substance abuse and dependency, the churches must attend to the ethical, theological and spiritual dimensions of AOD use and abuse.[6]

Persistent Questions

Since the founding of Alcoholics Anonymous in 1935, both critics and supporters have raised questions about its ideology and practices. These questions continue to be asked today and are part of a wider cultural conversation, a conversation in which ethicists and theologians are increasingly engaged.

In a recent and important book, Linda Mercadante (1996) again raises these familiar questions in a challenging way:

One of the earliest and ongoing criticisms of the "recovery movement" is the notion of addiction as a "disease." Bill Wilson and other early leaders of AA were cautious in using this notion although in fact they believed that alcoholism and other addictions were a "triple sickness," of the body, mind and soul. This is still the position that one hears at most Twelve Step meetings.[7]

Championed by many in the early days of the recovery movement, this multidimensional "disease concept" was helpful in providing a rationale for treatment and research into addictive illness (Drew, 1986). Yet, over time, the very notion of "disease" has changed so

much in contemporary parlance, there is now good reason to believe that the concept is no longer useful in explaining the nature of addiction.

Mercadante and others lay out in detail the deficiencies and drawbacks of conceptualizing alcoholism and addiction as disease entities (Mercadante, 1996). In a world where the notion of "disease" is increasingly medicalized and the search for biological and genetic explanations for compulsive and other troublesome behaviors is all-encompassing, calling alcoholism and other forms of chemical dependency "diseases" seems too facile.[8]

Related to the nature of addictive disease is the notion of an essential "spiritual" element in addiction and recovery. The "Big Book" and other sourcebooks of AA are very clear about the importance of this subject.[9] The early members of AA continually reminded others that the Twelve Step recovery approach was "spiritual not religious," a phrase often repeated today, and although adamant about the importance of the spiritual, they were often less than clear about the meaning of this element. This lack of clarity continues and, as Mercadante suggests, the notion of "spirituality" has also changed in our current culture, creating difficulties for those interested in understanding and promoting recovery (Mercadante, 1996).

While a number of respected authors in the addiction field have referred to the importance of a "spiritual" element in addiction and recovery, there has been little sustained and focused study of this phenomenon (Brown, 1985; Buxton, Smith and Seymour, 1987; National Institute of Healthcare Research, 1997). In part this deficiency is due to the increasing hegemony of a "medicalized" notion of addictive illness as well as to the influence of narrowly quantitative versions of scientific research, which obscure the classic, more holistic point of view that was accepted in the early days of addiction studies (Morgan, *1992). In part, however, this lack is also due to the loss of a clearly* pastoral and interdisciplinary model for understanding and treating addiction (Svendsen and Griffin, 1991).[10]

Pursuit of a role for spirituality in addiction and recovery entails elaborating a *theology* of these phenomena. This includes exploring such issues as notions about God and God's relationship to human persons, the roles of sin and grace in human existence, the importance of traditional spiritual disciplines in living, and the influence of such psychospiritual realities as habit, virtue, attachments and disorder. It

also means dealing with difficult questions such as the role of personal responsibility when dealing with potential co-determining factors such as biological or relational vulnerability to addictive illness (See, for example, Brown, 1985; Cloninger et al., 1981 and 1996; Morgan, 1998).

A third issue, related to the notions of addictive "disease" and "spirituality," centers around the addict's control and responsibility for behavior. A number of writers have suggested that the claim of having a disease somehow conveys the idea of not being responsible (see, for example, Rieff, 1991). In a chapter entitled "Who is responsible?" Mercadante (1996, 133-143) insightfully exposes tensions within the alcohol recovery movement itself, regarding powerlessness, addictive thinking and individual responsibility for addictive behavior. These tensions need to be fully explored and underlying issues of theological anthropology (for example, the nature of created persons, freedom and personal responsibility) need to be addressed.

John Ford addressed these issues directly in his own work as priest, theological scholar and early contributor to the emerging field of addiction studies. We will explore below Ford's response to these important questions, after exploring in some detail the story of his involvement in early addiction studies.

INVOLVEMENT

> I taught at the Yale School of Alcohol Studies, edited *Twelve Steps and Twelve Traditions* and *A.A. Comes of Age* for Bill Wilson, and met Sr. Ignatia and Dr. Bob Smith. . . . I too encouraged the Catholic Hospital Association to treat alcoholism and face the greatest spiritual and social dilemma of our times. As a moral theologian, I often wondered, is alcoholism a sickness? A mental or emotional problem? A moral problem? I think the answer is: It is all three. (Ford, 1992)

In the Foreword to Mary Darrah's *Sr. Ignatia: Angel of Alcoholics Anonymous,* John C. Ford, writing just prior to his death,[11] describes himself as having spent a long life "largely in the company of Alcoholics Anonymous' friends" (Darrah, 1992, ix). This intriguing hint about Ford's "social location" as a priest and moral theologian can help us understand his enormous influence in the Twelve Step recov-

ery movement, in the relationship of that movement to the Catholic church and the wider religious community, and in the development of his own theological thinking about alcohol and other drug-related abuse and addiction.

Ford's early professional involvement in issues of addiction began in 1948 when he first attended the Yale Summer School of Alcohol Studies.[12] For over ten years, as a professor of moral theology and confessional practice to students studying for Catholic priesthood, he had listened to seminarians' questions about cases of persistent drunkenness and the consequences of excessive alcohol use. When interviewed later in life, Ford himself acknowledged that his answers to these questions were not entirely satisfactory.[13] He felt a need for greater knowledge and a more integrated perspective.

In the same interview he stated that he had a chance to learn more when, in 1947, he had met someone who was a member of AA and who took him to several "meetings." Exposure to alcoholics and their stories led Ford to Yale, where he learned from the most respected alcohol scholars of the day, and later lectured as a theological colleague for many years.[14] In his own words:

> I was fascinated by all I heard there from the lips of the drinkers themselves . . . I was fascinated by all the different stories from the men and women that I heard. They told about what went on in their minds when they tried to explain to themselves why did they drink that time. What happened?
>
> So I studied everything I could and I went to the Yale School to learn more. When I finished I became a regular summer lecturer at the Yale School . . .[15]

What followed was a lifelong personal and professional involvement in alcohol-related issues.

Ford's subsequent career in the alcohol field included an important set of relationships with many of the guiding lights in the early recovery movement including Bill Wilson, co-founder of AA; professional relationships with a number of leading medical researchers and physicians of the time, including E. M. Jellinek, the "scholar of alcoholism's disease concept," Giorgio Lolli, then a young researcher into the dynamics of alcoholism and another Yale lecturer, and Harry Tiebout, sometimes called "AA's psychiatrist";[16] a role as founding member of the National Clergy Council on Alcoholism (NCCA), a Catholic advocacy and public information association, and The North Conway Institute (NCI), the earliest interfaith and interdisciplinary organization dealing with alcohol problems;[17] and a long association with Alcoholism Information Referral, Inc., a telephone counseling service located at Lemuel Shattuck Hospital in Jamaica Plain, MA.[18]

Ford used his contacts and prestige as an eminent Catholic moral theologian to persuade Cardinal Cushing, then Archbishop of Boston, to support the move of The North Conway Institute to that city and in numerous other ways as well helped to facilitate the acceptance of Alcoholics Anonymous and the recovery movement among Roman Catholics and their leaders.[19] Ford became both an "ambassador" and an "interpreter" between AA and the Catholic community.[20]

The publication in 1951 of his *Depth Psychology, Morality and Alcoholism* was an enormous help in this regard. Ernest Kurtz, the eminent historian of AA, describes this book as "one of the most influential books of its time within the Catholic community."[21] The publication of *Man Takes a Drink* in 1955 and its later re-publication as *What About Your Drinking?* in 1961 clearly have this issue of Catholic acceptance as a primary goal.

"Catholic acceptance" of Alcoholics Anonymous as a program of recovery was important to Ford. As he learned more about that organization and grew in his understanding of addiction and of the spiritual wisdom that AA brought to its healing, Ford became one of AA's chief advocates within the church.[22] Over time he also became a supporter of broad ecumenical and interdisciplinary collaboration on behalf of addicts and their families.[23]

However, Ford's interest in these issues was as much personal as professional. In his 80s and in the last months of his life, John Ford finally acknowledged in writing what had previously been a closely guarded secret, namely, that he himself had been a recovering alcoholic for over forty years. It appears that his own interest in alcohol-related issues and his earliest publications in this area coincide with his own initial recovery.[24]

Ford, however, kept this fact hidden, in large measure because of a concern that it would diminish his effectiveness on behalf of AA in Catholic circles.[25] This fact of Ford's own social location helps to explain his interest in the field, the kinds of questions he asks, and his lifelong commitment to the successful acceptance of the recovery movement, culturally and religiously. In conjunction with Ford's long

experience of counseling alcoholics, the fact of his own addiction may also help explain the depth and understanding he brought to theological inquiry regarding alcoholism and addiction.

With this as background we proceed to examine the main themes of Ford's moral theological approach to what he called "chemical comforting,"[26] the use, abuse and dependency on alcohol and other drugs.

PERENNIAL THEMES

Over the course of a long and distinguished career, Ford developed and/or elaborated a number of seminal ideas regarding chemical (AOD) use and abuse. These central ideas include:

1. Alcoholism is a "threefold disease" that entails personal spiritual deterioration.
2. Drunkenness, and not just alcoholism, are significant moral problems that are best addressed by virtuous living.
3. There is a correct yet compassionate view of moral evil and personal responsibility in the use and abuse of chemicals, requiring alcohol education and prevention work by the churches.

As we shall see, many of these ideas came to full fruition in the period 1959-1961 with the publication of his article, "Chemical Comfort and Christian Virtue" (1959a) and his book, *What About Your Drinking?* (1961). The release of a major interfaith "consensus statement," utilizing many of his ideas (TECAP, 1966), was the crowning achievement of Ford's work in this field.

A Threefold Disease

> To say that alcoholism is a disease of body or of mind, or of both, is not to deny that it is also, and even very largely, a moral problem. And so many feel justified in calling it a triple disease–of the mind, of the body, and of the soul. . . .
>
> To the question whether alcoholism is a disease or a moral problem, the answer is that it is obviously both. (Ford, 1949a)

In one of his earliest writings on the subject of alcoholism (quoted above), John Ford signals a concern that stayed with him throughout

his four decades of involvement in the alcohol field: What exactly is the nature of alcoholism and addiction?

Ford took seriously AA's "threefold disease" concept, exploring it collaboratively at the Yale School and North Conway Institute where he kept in contact with physicians, research scientists, alcohol specialists and clergy, all committed to understanding this issue in multidimensional ways.[27] He also listened to the stories of alcoholics and family members that he counseled. What is most notable about his approach to the "disease concept" is its *interdisciplinary* and *narrative* character.

His writings convey a respect for the contribution and autonomy of the various disciplines involved in investigating alcoholism and addiction; indeed, as a theologian, Ford clearly adopted a learning posture toward these disciplines. In several places he reasons that "doctors and psychiatrists consider alcoholism a disease. It is their province to define the word disease and to tell us whether alcoholism, a universally recognized condition, deserves to be called a disease" (see Ford, 1950a). His writing is up-to-date regarding various proposed physiological bases for addiction (for example, as an inherited metabolic condition, 1949b, 10). He is also clear that the physiological picture in regard to alcoholism is not yet complete at the time of his writing. He often distinguishes–as many scholars do today–the disease of alcoholism from its many "diseases" or manifestations (Ford, 1949b, 9) and argues that alcoholism is not a disease just like diabetes or cancer (Ford, 1986, 10). There are differences.[28]

In "The General Practitioner's Role in Alcoholism," published in *The Linacre Quarterly* (1956), Ford reviews these notions for a broad medical readership, having been invited to assume the role of "expert" reporter on medical information and on the experience of alcoholics themselves. In doing so he speaks of the "pathology" of the condition, characterized by both physiological and psychological factors.[29]

His presentations here and elsewhere presage theories that are more broadly accepted today.[30] He speaks about the "peculiar kind of thinking" of the alcoholic, of the "peculiar fascination" and "narrowing" of consciousness that often accompanies addiction. He comments on the implications of these views: ". . . to the moralist it [alcoholic thinking] implies a diminution of freedom and a consequent diminution of human responsibility" (Ford, 1986, 14).

But, it is in speaking about the third and distinguishing element of the disease, namely a "moral" or "spiritual" component, that Ford is in his own element and helpfully elaborates a theological perspective that allows him to make his unique contribution to the interdisciplinary discussions of his day.

Like Tiebout and others in early recovery science, Ford used his own "listening" to sensitize himself to the relevant issues (Morgan, 1992). Reflecting toward the end of his life, he affirms that he attended to the stories of his alcoholic counselees and acquaintances: "I have listened to a great many alcoholics tell their stories of how they went through a gradual process of moral and spiritual deterioration in the course of their drinking days" (Ford, 1986, 14). In this way he develops a viewpoint on the "definite degenerative effect" of alcoholism on its sufferers. In many of his publications over time, one can see the outlines of this viewpoint taking shape.

> Alcoholism . . . is not just a disease, and not just a moral problem. It is both. It is a sickness of body, mind, and soul.
>
> The sickness of the body refers to whatever physiological factors scientists can point out as contributing to the abnormal drinking.
>
> The sickness of the mind is the compulsive or addictive thinking which sometimes takes possession of the alcoholic with regard to drinking.
>
> The sickness of the soul is the moral and spiritual deterioration characteristic of so many alcoholics. (Ford, 1961, 111)

Briefly, Ford describes the beginnings of alcohol *use* as often both "normal" and "moderate." A person's initial use of alcohol bestows a "delightfully anesthetic" effect, enjoyment and release from pain. Yet, those slated to become alcoholic begin to use alcohol as a "comforter" in an increasingly frequent attempt to "escape from pain" or to "pamper themselves" (1949b, 15). This brings unanticipated trouble:

> I think the continual effort to escape from what is difficult or hard or frustrating or painful or causing mental or social anxiety or physical pain, the running away from the hard side of life, does something to a person's character. It gradually undermines the moral fibers of the character. (Ford 1986, 14-15)

With continued use, as personal priorities and a seeking after escape become increasingly dominant, virtues (for example, honesty or humility) deteriorate. Over time, and as symptoms and consequences (personal, familial, social) begin to mount, the person becomes increasingly more self-centered, "morally and spiritually empty." This is *alcoholism per se*.

> What began as harmless self-indulgence, degenerates into addiction. The alcoholic finds himself [sic] morally and spiritually bankrupt, at odds with God, at odds with his own conscience, and finally deprived of his own self-respect. (Ford, 1961, 110)

Ford acknowledges that this process of gradual decline is only a general paradigm and not universally applicable; but, this spiritual degeneration "happens so frequently that it is characteristic of alcoholism" (Ford, 1986, 15).[31] Beginning with moderate use, the alcoholic will move through chronically excessive drinking or occasions of deliberate drunkenness, to phases of excess characterized by multiple symptoms (for example, blackouts or loss of control), to a gradually more and more self-centered and painful existence (Ford, 1949b, 3-9). In this condition the "alcoholic's life has become unmanageable in its spiritual and moral aspects; his relations to God and to his own conscience have all gone to pieces" (Ford, 1949b, 2).

As someone regularly in collaborative contact with a variety of clinical researchers, Ford was well able to present the medical and psychological viewpoints on addiction. As a trained theologian and a pastoral listener, he was able to present a lucid account of the moral and spiritual elements of the disease. In integrating these perspectives, he became a stout defender of the "threefold sickness" paradigm, a bio-psycho-spiritual perspective on addiction that is still amazingly contemporary (Morgan, 1992; see also Clinebell, 1998).

This multidimensional point of view had three important effects on Ford's ministry as a moral theologian. First, he continuously advocated *collaborative* work on behalf of alcohol research, treatment and prevention. In speaking to his medical colleagues, he spoke of "a cooperative medical role to play" (Ford, 1956). Physicians who were knowledgeable and adept at assessing chemical dependency could help guide patients into recovery, particularly through AA; those with compassion and respect for the wider implications of this disease could help remove obstacles to the grace of God. In speaking to clergy

he insisted on the need for cooperating both with AA and clinical professionals, assuming the pastor desired success in this important "spiritual apostolate" (Ford, 1968, 6). In his correspondence and interdisciplinary work at Yale, NCI and elsewhere, one can see the impact and value of this collaborative stance on Ford's own thinking and work.

Second, he believed that the success of Alcoholics Anonymous was due in large measure to its application of *spiritual principles* to recovery, along with its sensitivity to medical and psychological issues. The Twelve Steps were "a program of moral and spiritual regeneration," he believed, that counteracted the degenerative effect of addiction as a "sickness of soul" (Ford, 1951, 63). This helped to confirm his advocacy on behalf of AA in the Catholic community and his understanding of a "spiritual component" to the disease:

> I do not believe we have any adequate view of the condition called alcoholism unless we recognize in it a third aspect–the spiritual. Most alcoholics go through a characteristic moral and spiritual deterioration that can only be called a sickness of the soul. The magnificent success of Alcoholics Anonymous confirms this idea. For the Twelve Steps are nothing but a program of moral and spiritual regeneration. If this medicine of the soul is the thing that arrests the sickness of alcoholism, then this sickness must be, in part at least, a sickness of the soul. The most expressive formula I have found for describing the complicated thing called alcoholism is to say that it is a triple disease–of body, of mind, and of soul. And the rehabilitation of the alcoholic, to be fully successful, must proceed at all three of these levels. (Ford, 1950a, 4)

Third, Ford's view pushed him to lobby for several *church-related causes,* based on the "threefold disease" concept and his view of the role of churches in society. He was an early and frequent advocate for clinical treatment of alcoholics in Catholic hospitals at a time when they were more regularly refused care (Ford, 1950a; 1992). He frequently called for the explicit training of seminarians in the knowledge and skills of counseling with alcoholics (Ford, 1952; 1958; 1959b; 1968; 1986). And, he pushed for the wider church goal of alcohol

education (prevention), focused on Christian self-knowledge and self-discipline (Ford, 1958; 1968).

> . . . I believe a prevention program under Church auspices should have the positive, immediate and explicit aim of the practice of the virtue of sobriety. This would necessarily include the prevention of excess and ultimately of alcoholism. It is more practical from the viewpoint of religious motivation and more relevant to the natural scope of religious education to aim directly at the practice of a Christian virtue rather than at the prevention of the sickness, alcoholism. . . .
>
> At all events, the truly moderate and virtuous use of alcoholic beverages remains a practical goal of the greatest importance in our present situation. (Ford, 1968, 10-11)

A "spiritual asceticism" or discipline regarding "virtuous use" of alcohol and other chemical comforters formed an important part of Ford's view on addiction (Ford, 1951). He was clear about the role of the churches in promoting this perspective:

> Religion's role is to declare the imperishable importance of each individual, no matter how lost in drink, the clear command of Christ to succor the sufferer, and the firm promise of God to give victory to those who seek His aid. Religion preaches unashamedly the place of penance in life–a practice important for American society as well as for the incipient or struggling alcoholic. (Ford, 1950)

Let us explore this "spiritual view" in more detail.

Spirituality

> I do not think that the gradual moral breakdown is something that is merely accidental in the case of alcoholism, it is part of the general disintegration of the personality itself. I think that that *is* alcoholism, that is a part of it. The lack of self-control, the lack of self-denial and the lack of self-discipline undermine a person's moral fibre, and his spiritual health is gradually undermined. (Ford, 1949b, 16)

Ford's publications and talks are filled with *narrative descriptions* of moral and spiritual decline, learned from years of exposure to alcoholics and their families in AA and elsewhere. His analyses are often laced with vignettes and examples drawn from these more narrative sources; not infrequently, they add very human touches to his theological reflections.

Ford also grounded his approach in both a *biblical,* creation-centered perspective and in Christian *ascetical* sources that spoke in a more modern idiom of virtue and attention to rightly-ordered and disordered relationships. In *What About Your Drinking?* (1961), one of his most mature and complete statements about these matters, Ford presents this perspective for a wide Catholic audience.[32]

Placing his discussion first within the context of St. Ignatius' "Principle and Foundation,"[33] Ford approaches alcohol as a good creature of God, meant to be used insofar as it helps or hinders the human journey toward God (1961, 51). Alcohol is not in itself forbidden to Christian use, even the Bible refers to it positively,[34] Ford maintains; yet, it is a "dangerous" creature to be used only with sound ascetical guidance. Examining the use of this creature in connection with the ultimate good of persons, Ford, following St. Thomas Aquinas, refers to the virtue of sobriety as the guiding principle for Christian use (1961, 49-62).[35]

> Temperance is a "cardinal" virtue, that is, one which has many parts or sub-divisions. . . . Sobriety is that part of temperance which regulates the appetite for strong drink, i.e., beverage alcohol. A special virtue is needed for the regulation of this appetite, St. Thomas Aquinas tells us, not merely because beverage alcohol is so attractive to the sense appetite, but because the abuse of it so quickly attacks man's [sic] reason and judgment, first diminishing it, then eliminating it. (Ford, 1961, 52)

Ford's discussion of spirituality is also built around biblical notions of stewardship and the creation of persons in the "image and likeness of God" (*imago Dei*). Here Ford grounds one of his crucial distinctions (to which we will return in the section "Morality and Responsibility") between *drunkenness* and alcoholism. What is the fundamental moral objection against drunkenness?

> . . . a man [sic] deliberately and without necessity deprives himself of the use of reason, to a greater or lesser degree, by drunkenness. This use of reason is the greatest gift of God to man, and it is the mark that distinguishes man from the rest of visible creation. To extinguish deliberately and violently or dim notably the light of reason is a kind of self-mutilation.
>
> Christians do not believe that man is master and owner of his own body and mind, to do with as he pleases. He is a *steward,* who is obliged by the terms of his stewardship to take care of his own health as the gift of God, to respect the integrity of his physical members as the property of God, and, above all, to preserve intact his own reason, lest he destroy within himself the image of God. . . . Man is not at liberty to do as he likes with his own life, his own health, and his own reason. It is not permissible for a human being to make himself incapable of acting like a human being. (Ford, 1961, 79-80)

For Ford, following Thomas, the use of reason is God's greatest gift to humankind and depriving oneself of its use is a great evil, "a kind of self-mutilation." To diminish or extinguish the use of reason degrades the person and human dignity; alcohol and other drugs have the power to accomplish this task. Hence the need for a special virtue to guide Christian living and right use of these "dangerous" creatures. His work echoes the biblical injunctions against drunken excess: ". . . habitual, voluntary drunkenness is seriously sinful and excludes from the kingdom of Heaven" (Paul); the Fifth Commandment "is taken to forbid self-mutilation and to command a reasonable care of one's own life and health" (Ford, 1961, 78-80).

Thus Ford exposes four biblically-based principles regarding the use and abuse of alcohol: (a) as a creature of God, alcohol is to be used as it helps or hinders persons in relationship to God; (b) as created persons, humans are to act toward themselves and all other creatures as stewards; (c) the most precious gift of God to humans is the light of reason, the hallmark of being created in God's "image and likeness" and a guide in exercising a creation-sensitive stewardship,[36] and deliberately diminishing the use of reason in any way is a failure of stewardship; and (d) the ability to live as responsible stewards of oneself and of God's creatures depends not only on the wise use of reason, but also on the practice of virtue (in the case of alcohol, the virtue of sobriety)

and Christian self-discipline. Ford's discussion of this last point is important today.

> It is because the use of chemicals is so widespread that the moral theologian begins to take notice of them, and begins to evaluate their use in the terms of his science. (Ford, 1959a, 363)

In "Chemical Comfort and Christian Virtue" (1959a) Ford, the moral and pastoral theologian, develops a view of the appropriate Christian use of alcohol and other chemicals for all persons (and not just the addicted). He expands on the notion of sobriety and, somewhat playfully, coins the name *pharmacosophrosyne,* or "drug sense" [wisdom], for a new virtue to guide the use of chemical comforters. This virtue guides one toward "sweet reasonableness" vis-à-vis drugs; it gives direction to the Christian use as well as (potential) renunciation of chemical "comforters."

Chemical comforters are good creatures, providing a "welcome effect," Ford maintains, by deadening pain, relieving tension and anxiety, alleviating fatigue, banishing boredom, providing euphoria (1959a). It is important, he states, to understand that "these satisfactions are not sheer, superfluous self-indulgence":

> I do not subscribe to the idea that these are shady practices for the followers of Christ. The very universality of the use of such comforts argues to the existence of a human need, a minor need, it is true, but a real one, which deserves its minor satisfaction. . . .
>
> It is doctrinaire to exclude from human motivation and human life these minor satisfactions. They are so much a part of our psychological make-up that to try to banish them would be to throw a monkey wrench in the psychic works. They are part of the machinery that keeps us going. Christian renunciation, the mortification of the flesh, does not mean an attempt to abolish the flesh. . . .
>
> For me the moral problem is to discover the *medium virtutis* [the virtuous middle-ground] in satisfying them, especially when the satisfaction is sought by means of chemical comforters. (Ford, 1959a, 368-369)

Here again we see Ford anticipating the conclusions of more contemporary addiction scholars, while making a place for his own science of moral theology.[37]

Pharmacosophrosyne, the "virtue of the right [wise] use of drugs," provides a sense of moderation and reasonableness in their use.[38] It also teaches how to behave "like a true follower of Christ where these beguiling substances are concerned" (Ford, 1959a, 367). Drug use is not to be automatically excluded nor demeaned (it may in fact be necessary to health); rather, it is to be thoughtfully discerned and subordinated to the person's "last end" (Ford, 1959a, 369).

In trying to describe the working of this virtue more clearly, Ford returns to the "Principle and Foundation" of *The Spiritual Exercises.* He reminds his readers that they must decide in their own cases what is virtuous in this regard (what helps or hinders on the journey toward God), and instructs about many of the elements which must be considered in such a discernment, including the type of chemical, frequency of use, addicting potential, health benefits and risks, the power of habit once formed, standards of use within one's environment (e.g., college dorm, company rules), and so forth (1959a, pp. 369-373). He encourages mature and responsible discernment by each Christian regarding chemical use, guided by the grace of God (Ford, 1961).

In conjunction with Christian fortitude, patience and mortification, *pharmacosophrosyne* also guides toward living the Christian ideal, Ford believes. "What does the law of the Gospel demand?" he asks. While being clear about the line between "a wholesome indulgence of the pleasures of this life" and an "excessive pagan pursuit of them" (1959a, 375-376), Ford also tries to maintain a place for mortification, even renunciation, of these pleasures for select and specific reasons (for example, some natural benefit or good example in a worldly culture). He also suggests "trial and error" in an ongoing personal effort to discover "what God is calling us to in this regard" (1959a, 376-377).

Ultimately, however, he ends his discussion on a deeply spiritual note. Ford suggests that, while "comforters" may be permissible to use, provided their moderate use is guided by Christian discernment and virtue, nevertheless the principle of following Christ's call as a way of salvation and true human health is the overriding concern. This may lead to an unexpected place:

> The final and highest answer of Christianity to these problems is not the discovery of new and better pleasures. It is to be found only in the doctrine of the Cross, which is not a doctrine of comfort and self-indulgence but of self-renunciation. (1959a, 379)

In other words, the Christian must resort to a prayerful balancing act: while the moderate use of chemical comforting is compatible with Christian practice (There is a human need for comfort and satisfaction!), nevertheless a kind of mysticism of the Cross may entail "the acceptance of pain and suffering, in union with the pain and suffering of Christ" (Ford, 1958, 7). It should not be surprising, Ford maintains, that there is an "essential contrast" between a follower of Christ and a non-believing world in the attitudes toward pleasure/pain. The Cross ultimately encourages confronting the realities of life with graced fortitude and hope rather than a "flight from reality" (Ford, 1968, 17).

In Ford's view, discerning the virtues of sobriety and *pharmacosophrosyne,* as they apply to one's life, Christian vocation and the individual concrete situation, leads to a spirituality of "right comforting." Each Christian is handed personal responsibility for discerning her or his practice in this regard.

Morality and Responsibility

> . . . to the question, whether or not alcoholism is a moral problem, it seems to me we have to answer that it is a moral problem in its inception, in its development, and in its implications, but as the compulsion develops, there is less moral responsibility, and we leave it to God to judge what that responsibility is. (Ford, 1949b, 16)

John Ford wrote about addiction as a moral theologian who was interested in the human condition and was personally captivated by this particular example of human weakness. He sometimes wrote about the phenomenon of addiction from a more legalistic point of view, weighing degrees of sinfulness and imputability that would provide guidance for confessors and sufferers.[39] Some of his publications have a sin-centered, confession-centered tone.[40]

However, over the course of forty years of writing on these topics –and sometimes within the same publication[41]–another, more modern perspective emerges in Ford's work. As he integrates the personal stories of his counselees and the wisdom of his interdisciplinary colleagues into a rich theological anthropology, utilizing biblical and creation-centered themes, a contemporary and compassionate "personalist" tone begins to emerge in Ford's writing.[42]

Elaborating Ford's view of morality, as it pertains to chemical comforting, requires that several important distinctions be made which may be summarized as follows:

First, one must *relinquish any form of moralism,* a harsh judgmental stance that envisions the chemical user, abuser or addict as somehow "different from" others, postulating some internal personal flaw or moral weakness. This stance attempts both to assign blame to the addict for his or her problem while preserving a kind of specious integrity for oneself and distancing the addict's behavior from one's own.

Moralism denies an essential "likeness" that all persons share with the addictive style. All persons, all Christians struggle with selfishness and disordered relations or attachments throughout their lives. The fact that this struggle takes a specific (chemical) and compulsive form for abusers and addicts does not make them a breed apart; rather it makes them and their situation perhaps more similar and poignant than is comfortable for some. Similarly, a moralistic stance prevents the taking of a more healing posture of "empathic solidarity" with abusers and addicts. This posture is essential for healing recovery and is an essential aspect of being a Christian community (Apthorp, 1990; Morgan *in press*).[43]

Second, Ford advocated in his lifetime for an *authentic moral view* of alcohol and other drug use, which as we have seen, would challenge persons to discern their use of chemicals with the tools of reason, experience, virtue and Christian asceticism. Alcohol and other drug use *is* a moral issue. It has ethical dimensions and consequences, just as other human choices and behaviors do. Ford utilized the notion of sobriety, and the more inclusive virtue of *pharmacosophryne,* to address the formation of this moral view and the kind of Christian education that would flow from its appreciation (Ford, 1958; 1968). As we have seen, other, more modern authors have challenged the churches to provide such a view in order to help religious persons formulate personal guidelines for behavior (Apthorp, 1990; Kleber, 1989; Svendsen and Griffin, 1991).

In Ford's view there were two ways in which persons might practice the virtue of sobriety. One way is by moderate use, the other is by total abstention from use. Either moderate use or abstinence may be undertaken for a higher reason ("supernatural motive") or out of necessity based on health, for example, the alcoholic in recovery (Ford, 1961, 49-53). Discernment of an individual's practice in this regard is a

serious moral responsibility for the mature Christian. The term often used in Ford's company of alcohol specialists (e.g., NCI) was the promotion of "responsible decisions" in the use of chemical comforters.[44]

Third, it is necessary to understand chemical abuse and addiction are (objective) *evils*.[45] For reasons enumerated earlier, the abuse of chemicals is a dis-value because it assaults important human values, e.g., health, right relatedness to creatures, the ability to reason, discern and act in accord with God's design. The deterioration and sickness of soul that addicts experience are not the way humans are meant to live. Like other "diseases," soul sickness in any form is part of the human condition that requires healing and redemption.

This theological position regarding abuse and addiction is a far cry, however, from asserting that the person's addiction is subjectively sinful, imputing individual responsibility for the addiction *per se,* or assigning a level of serious sinfulness to instances of abuse. No one sets out to become an addict. Many do not see instances of chemical comforting or abuse as subjects for moral consideration.[46]

Nevertheless, Ford maintains that throughout the development of an addictive lifestyle, from initial use through addictive decline, there are *moral dimensions that require attention*:

a. Discernment of *use* in true moderation, a "legitimate indulgence of the pleasures of this life" (Ford, 1970, 12) or a permissible resort to "chemical comforting," is itself a moral act. One can choose to engage in such a discernment or not, to live according to the virtue of sobriety or not. However, the facts of human living and the Christian challenge to live responsibly make a moral claim on persons to examine and make informed choices about their use of alcohol and other drugs. If there is knowledge of a vulnerability toward addictive misuse (e.g., a positive family history of addiction), culpability for ignoring the call to discernment and virtuous living in these matters may be increased. Christian education focused in this area must be pastorally sensitive and provide the means for formulating personal guidelines that are consonant with virtuous living and healthy well-being.
b. Alcohol and other drug *abuse* ("voluntary drunkenness" or excess, singly or habitually, as well as illegal use), with all the potentially negative consequences to self or others, carries significant moral weight (Ford, 1950a). Allowing oneself to establish a pattern or habit of excess and ignoring the remonstrations of others can increase one's culpability in these matters. Excessive drinking (amount, frequency) or "problem drinking" (with negative personal, social, familial consequences) violates "well-ordered self-love" and may in fact have repercussions on love of neighbor (Ford, 1970, 13). Excessive drinking or drug use fosters an "undue attachment to a creature" which "inevitably means turning away from the Creator," a form of idolatry. (Ford, 1970; see also Clinebell, 1998)

"Drunkenness," then, is sinful, although the seriousness of the sin may vary. The choices and behaviors involved in drunken excess remain well within the domain of human freedom and persons are responsible for these choices as well as for the harmful consequences of their actions.

Fourth, the moral valence of full-blown *alcoholism and chemical dependency* is different from that of drunkenness or abuse. Alcoholism and addiction are not the same as excess; they are qualitatively different. For the alcoholic/addict freedom, and thus individual responsibility for addictive use, is "notably diminished," and sometimes "eliminated" (Ford, 1950a; 1970, 13). Assignment of moral responsibility and sin would need to be assessed on a case-by-case basis, and preferably would be left ultimately to God.

It is important to note, however, that, while proposing a position of diminished capacity and responsibility for alcoholics and addicts, Ford also maintained that the simple fact of chemical dependence does not excuse from some kinds of subjective responsibility (Ford, 1950a; 1951). Alcoholics and addicts are not free of morality and responsibility simply by the fact of their chemical dependence.

Even in a state of psychological, physical and spiritual deterioration, alcoholics are capable of sin, Ford believed.[47] Misconduct, sins and negative consequences to self or others that accompany another drunken event, if foreseen even in confused fashion by alcoholics, are "imputable to them," although the degree of subjective responsibility may be diminished with the strength of the addictive incapacity (Ford, 1951, 69). It is noteworthy that Ford arrived at these conclusions, not only from moral principles but by listening to alcoholics themselves:

> The average alcoholic, I am convinced, feels himself [sic] more or less guilty for the things that happen while he is in this state [under the influence], although his general confusion of mind is an attenuating circumstance. He may feel that if he had not been drinking he never would have done these things; but he feels that even though drinking he did not have to do them. At other times he feels that the reason he was drinking was in order to have the courage to do these very things. At other times he feels that he was so under the influence of alcohol that he was not responsible, even though he was not entirely drunk. For instance, a man in a blackout behaves rationally, and those with whom he deals have no idea he is drinking heavily, but afterwards he remembers nothing of what has happened.
>
> But to me the remarkable thing about some of these cases is that the alcoholic, though he feels responsible for the sins committed while on a spree, does not consider himself responsible for the drinking itself. That was something he *had* to do, or at least had to continue once he got started. The drinking itself presents itself to his mind with an inevitability that in no ways attaches to the other sins committed while drinking. . . . To my mind this is further evidence of the compulsive character of the drinking. (Ford, 1951, 69-70)

In this way Ford came to the conclusion that the average alcoholic's and addict's subjective responsibility for abusing is "notably diminished" and that judgment about actions while impaired should "incline toward leniency" (Ford, 1951, 70-71).[48]

Fifth, Ford felt that the alcoholic/addict, while impaired by "powerlessness" (confusion, ignorance, despair) as AA suggested, was *responsible to take the "necessary means" for recovery,* and that in many cases it was "within his [sic] power, generally speaking, to do something about his drinking" (Ford, 1951, 75). Once undertaken, these "means" also carry a moral valence. For Ford, there was only one way for the alcoholic or addict to practice the virtue of sobriety; that was through life-long abstinence.[49]

As we have seen, Ford combined a rigorous approach to moral theology with sensitive listening to the stories and experiences of alcoholics, and emerged with a sophisticated understanding of freedom and responsibility regarding addiction to alcohol and other drugs.

From these varied sources, he was able to acknowledge the objective evils of abuse and addiction as part of the human condition, while presenting a cogent rationale for diminished capacity, hence responsibility, for subjective sin. Yet, he never lost sight of the innate dignity of persons (even addicted ones) that called for renewed responsibility in the face of debilitating conditions. In this sense he nuanced and clarified the issue of addictive responsibility; relieving alcoholics and addicts of much blame for their condition, he held them ultimately accountable for many elements of their addicted lives and responsible for addressing their condition.

> It is our [audience of chaplains] job to help to open up the mind of the addict, by understanding, by compassion, by truly Christian love.
>
> But in all this we can help our sick human brother, and cooperate with others who are trying to help him [sic], only if we recognize that he has an intellect, has a will, has free will, and has the dignity which belongs to a man because he is a responsible human being. . . .
>
> The key to real progress does not lie in the denial of individual responsibility but in the recognition of it. I believe that only with a philosophy that builds on individual human responsibility can we offer real help to those who look to us for help. Without it we cut the ground from under our own feet. It is not merely our philosophy that demands this. It is our theology and religion. (Ford, 1970)

CONCLUSION

> In view of the increasing drug-orientation of our culture, and what appears to be an increasing embrace of various forms of the flight from reality, it seems to me that one of the most fundamental problems for Church educators is the development of a rationale with regard to the relationship between chemical comfort and Christian virtue, or, if you prefer, between chemical comfort and a truly human maturity (Ford, 1968, 1).

John Ford's integrative theological approach to "chemical comforting"–the use, abuse and addiction to alcohol and other drugs–was

both powerful and influential in his day. As we come to the end of this study, this should not be surprising.

Ford brought together a number of important factors into a nuanced theological anthropology. His *approach* to issues of chemical comforting was ecumenical and collaborative, narrative and person-centered, biblical and ascetical. His relationships with alcohol experts, concerned pastors and sufferers; his familiarity with early alcohol science, the recovery movement and the stories of alcoholics and their families; his creation-centered reflections on rightly-ordered relationships and stewardship of creatures, incorporating the best in traditional virtue theory–all these elements combined to give him a unique *theological* perspective that still has much to offer today.

Emerging from this approach, Ford's views regarding the threefold nature of addictive disease, the "spiritual dimension" of addiction as seen in moral deterioration and its potential regeneration through AA, the importance of addressing abuse as well as addiction, the benefits of exploring virtues such as sobriety and *pharmacosophryne,* the need for religious education and prevention in these areas–all these themes were woven together into a coherent and powerful religious message, with a "voice" that was accepted by scientists and sufferers alike.

We have seen that "Catholic acceptance" of these ideas–among the hierarchy and ordinary Catholics–was important to Ford. He was a major figure in promoting and facilitating that acceptance which is taken for granted today. However, Ford's approach and ideas received wider notice and vindication with their adoption as the building blocks of an interfaith "consensus statement" issued in 1966 by The Ecumenical Council on Alcohol Programs (TECAP).

The TECAP Statement, endorsed by a variety of denominational religious leaders in the New England area,[50] was widely publicized and brought together a number of Christian groups, focusing them on a common strategy for prevention and education.

> Alcoholism as a disorder must not blind the community to other serious personal and social problems related to excessive drinking. . . .
>
> These problems are not new but they are acute and are made more so by an attitude of complacency and irresponsibility on the part of the general public in whose hands the final determination of social policy lies. It is urgent that churchmen and others concerned with human needs and the moral foundations of our society endeavor to create a more responsible public attitude toward drinking.
>
> We believe that we may all unite on the ground of the virtue of sobriety. (TECAP, 1966)

The full TECAP Statement reviews and takes as its own many themes that were important to Ford: rejection of moralism; attention to drinking in general as a moral-religious issue; calls for good stewardship toward all creatures and toward the self as well as the challenge to be a loving neighbor to others; a view of the church as a healing fellowship; a focus on caring for alcoholics and their families as well as on education for prevention.

> In this situation it must be reaffirmed that the church has a two-fold function to perform: (1) to serve as an agency of love and divine grace, to help the problems through its redemptive ministry to persons who are in trouble; (2) to provide the moral and motivational leadership necessary to arouse the general public and its appropriate agencies in dealing with alcohol-related problems. (TECAP, 1966)

In its last section entitled, "A Call for Action," the Statement offers advice for pastoral care, education and cultural change in attitudes and mores regarding alcohol use and misuse. It called for a focus on "responsible decisions," based on the virtue of sobriety.[51]

A number of today's efforts at church-related prevention owe their parentage to this consensus Statement and its themes (Advisory Council on Church and Society, 1986; Bishops Committee on Domestic Policy, 1992; Merrill, 1994; Svendsen and Griffin, 1991).

John Ford, SJ, priest and moral theologian, performed valuable service to the church through his ministry in pastoral and moral theology. On a number of issues he was in the center of the action and helped to shape the moral theology of his time.

Yet, his career-long interest and devotion was to alcoholics and their families, and to the development of a full theological perspective on their problems that could guide pastoral practice. At least to some extent, the story of that devotion and the explication of that theology are now presented for the sake of contemporary reflection.

This article suggests that renewed interest in "chemical comfort-

ing," as a contemporary and challenging "sign of the times," should be undertaken by the theological community. Ford's contribution may be a useful starting point for that endeavor.

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NOTES

1. John C. Ford (1953). The focus of this paper will be on Ford's views regarding alcohol use, abuse and dependence, although he addressed other drug use later in life and in similar ways.

2. Ford's groundbreaking and still classic article here is "The Morality of Obliteration Bombing" (Ford, 1944). Robert Springer, SJ, states that John Ford's was "the lone voice in the Catholic community raised in protest over our bombing of German cities at the end of the war" (Springer, 1968). The positions that Ford took, particularly regarding the targeting of innocent civilians, became a starting point for later Catholic moral reflection on use of nuclear weapons (see Ford, 1957a and Lynch, 1957). Ford's article was still being referred to in 1990 regarding the bombing of population centers prior to the Gulf War (see Christiansen, 1990).

3. Ford was a member of The Pontifical Commission for the Study of Population, Family, and Birth (popularly known as the Birth Control Commission) and was a signatory and reputed author of the "working paper" for a minority of members on that Commission. This paper, titled "The State of the Question: The Doctrine of the Church and Its Authority," was part of the dialogue behind the subsequent papal encyclical, *Humanae Vitae*. Ford's role in advising Pope Paul VI regarding the birth control encyclical, as well as his "rigid" views of magisterial teaching authority and the "infallibility" of the traditional Catholic teaching on marriage and contraception, have been the subjects of some commentary. See Shannon, 1970, Rynne, 1965, and Kaiser, 1985; see also the more recent Smith, 1991. On Ford's view in his own words of the authority of magisterial teaching on contraception, see Ford and Grisez, 1978.

4. In the 1940s and 1950s Ford regularly published opinions regarding a variety of medical questions in *Theological Studies:* see, for example, Ford, 1955a, *The Linacre Quarterly* (Ford, 1955b), and the *Journal of the American Medical Association* (Drew and Ford 1953). Ford also had a degree in civil law from Boston College Law School and published in that field. See, for example, Ford, 1942.

5. Apthorp (1990) presents the challenge posed to church communities. A number of important studies indicate the size and importance of the problem as it faces American young people. See Howard and Nathan (1994), Wechsler (1995), and Willimon and Naylor (1995).

6. A number of writers in the prevention field echo similar themes about the church's role. Herb Kleber, MD, Deputy Director of the Office of National Drug Policy under President Bush and current Co-Director of the Center for Addiction Studies at Columbia University, has consistently stated that "spiritual belief and moral vision are in want" in the fight against drugs. He suggests that the role of the faith community is to impart both "spiritual guidance" and "moral clarity" (Kleber, 1989). David Hancock, President of Prevention of Alcohol Problems, Inc., in Minnesota, believes that "if the church is going to help people know the truth about alcohol so that they can make wise decisions about its use and nonuse, it should not be afraid to offer some suggestions, some principles or guidelines. . . . [The church must] help its people examine some of the ethical, moral, and spiritual dimensions of alcohol and drug use" (Hancock 1984). Apthorp believes that parishioners "need us to interpret the issues of chemical use, misuse, and abuse in light of theology that has a practical application to their lives" (1990, 18). See also Svendsen and Griffin, 1991.

7. While Bill Wilson helped to formulate the tripartite notion of the illness, even he had to be reminded from time to time to hold all three factors in tension (See Ford letter to Wilson, Oct. 9, 1952, regarding *Twelve Steps and Twelve Traditions*. Available in AA Archives).

For detailed studies of AA that explore its usage of the "threefold sickness" model, see Bean (1975a and 1975b) and Kurtz (1979, 1982). Even though a lack of clarity continues regarding this tripartite model of addiction, it still informs contemporary standards of assessment and care for addicts and the procedures in many treatment centers (see Joint Commission on Accreditation of Healthcare Organizations, 1989).

8. Mercadante's own discussion of the disease concept contributes to this problem. While stating that "the Big Book is clear that the alcoholic's dilemma is ultimately spiritual, while also being at least partly psychological" (1996, 114), she continually focuses her attention on the medical and biological aspects of addiction, leaving the spiritual and psychological elements less than adequately addressed and the classic "triple sickness" concept by the wayside (see, for example, pp. 114-117).

In addition, when dealing with "spiritual" matters, she focuses too exclusively on sin, finitude and self-will, which does not do justice to the full notion of spirituality in addiction and recovery. Ford's analysis will, I believe, be more helpful.

9. *Alcoholics Anonymous* (1939), as well as *Twelve Steps and Twelve Traditions* (1953) and *Alcoholics Anonymous Comes of Age* (1957) are often seen as the founding sourcebooks of AA. It is important to note that, at the invitation of Bill Wilson himself, Ford served as an editor for the latter two books, making a number of significant refinements. His corrections are contained in a body of correspondence between Ford and Wilson, available at the archives of Alcoholics Anonymous in New York City. Wilson believed that these books, taken together, would be the crucial sources for AA in the future (see Wilson letters to Ford–Feb 9, 1953 and Jan 28, 1957).

10. In 1937, not long after the founding of AA and the year in which John Ford began teaching moral theology, Boston physician Robert Fleming proposed the creation of an Institute for the Study of Alcoholism in which the medical, psychological, anthropological *and theological* specialist would work cooperatively, bringing *"to a common focus, on the manifold problems of alcoholism, his [sic] own special knowledge"* (quoted in Johnson, 1973, 84; *emphasis mine*). John Ford was involved in such an enterprise through his collaborative work at the Yale School of Alcohol Studies and as a member of The North Conway Institute. Today, modern physicians, prevention specialists, government drug control agents and others are rediscovering the potential of such an approach.

11. Ford's "Foreword" is dated on the Feast of St. Ignatius, founder of the Jesuit Order to which he belonged, July 31, 1988. He died in January, 1989.

12. Ford's 1948 application for admission to the Yale School of Alcohol Studies gives the following statement of interest: "Innumerable alcoholic problems are encountered by priests in confessional and in parish work. I want to prepare my students (many of whom will occupy influential positions) to meet these problems in accordance with the best scientific knowledge available. In addition, many such problems are referred to me personally through Alcoholics Anonymous. I read of Yale School in various scientific periodicals." Copies of this application and the '48 "roster of students" were provided by the Center of Alcohol Studies, Rutgers University.

13. Interview with David A. Works at Campion Center (Weston, MA), June 26, 1984, pp. 1-2. Transcript available at the archives of The North Conway Institute.

14. Lists from the Yale School indicate that Ford first lectured there in 1949. The topic of his lecture course was "Alcohol Addiction in the Light of Moral Philosophy." A search of archival material from the Yale School (currently located at Rutgers University) documents that he also taught there in 1951 and 1959. Interview sources (e.g., Works) indicate that he taught at other times as well.

15. Interview with Works (June 26, 1984), p. 2.

16. See Darrah (1992) and the interview with Works cited previously, as well as personal communication with Works (6 May, 1997). Some correspondence between Ford and Lolli is contained in the New England Province (Society of Jesus) archives, currently located at Campion Center (Weston, MA).

17. For Ford's role as a leader in the National Clergy Council on Alcoholism, the reader may review copies of the annual conference proceedings from the NCCA, published as *The Blue Book.* Members of the Board of Directors are listed in that publication, beginning with the first conference in 1949; Ford also gave a number of presentations to the annual conferences which are reprinted in *The Blue Book.*

Ford was also an influential member of the North Conway Institute following his meeting in 1951 with Episcopal pastor David Works, the Institute's founder. As with many of those involved in the early days of alcohol studies and AA, these two clergymen met at the Yale School (Ford interview with Works, June 26, 1984). Ford also presented a number of papers at NCI Assemblies which allowed him to interact with many of the leading researchers, educators, public leaders, clergy, even alcohol producers (!) of the time. This exposure to Ford and his ideas was to pay off later when an ecumenical "consensus" on alcohol use and misuse was to be forged through the instigation of NCI (personal communications with Works, May 6 and 14, 1997).

18. In a letter to George L., a recovering correspondent, Ford states: "I have been doing alcohol counseling myself for over thirty years" (New England Province Archives, August 2, 1978). In personal communications with Ernest Kurtz (March 18, 1997) and with Rev. Robert Beale (March 4, 1997) about their interviews with Ford, the suggestion of Ford's involvement with the phone line surfaced. Documentary evidence from the NE Province Archives corroborates this participation by Ford over a period of many years and in a number of capacities (phone counselor, trustee, treasurer).

19. Ford interview with Works. Ford often allowed his name to be used by recovery leaders in dealing with Catholic hierarchy. Through the NCCA and their annual conferences and pastoral training institutes, Ford influenced many bishops and other Catholic leaders. (personal communications with Works, May 6 and 14, 1997).

20. See Fitzgerald (1995), fn. 57, p. 112. The extant correspondence between Ford and Bill Wilson, co-founder of AA, indicate Ford's long-time concern for "Catholic acceptance" of AA and Wilson's use of Ford's help to win that acceptance and to make AA's view more "theologically correct." In this regard see letters dated: Feb. 9, 1953; Jan. 19 and Feb. 3, 1954; Feb. 24, 1955; Jan. 28, March 24 and May 14, 1957; Nov. 9, 1959; March 14, 1960.

21. E. Kurtz, personal communication, March 18, 1997. Ford also used this monograph when lecturing at the Yale School and by encouraging its use influenced scientific researchers and physicians as well as pastors from a variety of religious denominations (personal communication, David A. Works, May 14, 1997).

Kurtz's definitive study of AA's history and development is entitled, *Not-god: A History of Alcoholics Anonymous* (1979). His treatment of AA within the history of religious ideas and influences is still unmatched by any other publication.

22. A good example of this advocacy can be seen in Ford's review of *Alcoholics Anonymous Comes of Age,* which appeared in *America* magazine on November 9, 1957 (Ford, 1957b).

23. See Ford interview with Works (June 26, 1984) as well as author's personal communications with Works (May 6 and 14, 1997). "Ecumenical" here is used to indicate both interfaith and interdisciplinary.

24. Ford writes that his own recovery began in the 1940s under treatment with Dr. Silkworth at Towns Hospital in New York (see Darrah, 1992). Silkworth was known to many of the early AAs; Wilson achieved sobriety under his care. It is interesting to note that a number of those who worked closely with Ford (e.g., Pastor Works) on alcohol issues over many years were unaware of Ford's own alcoholism. Even within the Jesuits this was not a well-known fact.

25. Personal communication with Ernest Kurtz and Fr. Robert Beale. In personal communication with Mary Darrah (16-18 May, 1997), it was also suggested that Ford was never entirely comfortable with this general "anonymity," although it was recommended by his Jesuit superiors as a way to preserve his influence in Catholic circles. Ms. Darrah believes that Ford finally put the facts in writing toward the end of his life as a way to help other struggling alcoholic priests. In this sense, both guarding and later revealing his alcoholic identity can be seen as guided by pastoral motives.

26. As we will see, the use of the term "chemical comforting" says something specific within Ford's theology of substance abuse and addiction. Sometimes used in today's expert speech about addiction, the term may be original to Ford.

27. Personal communication with David Works (May 6 and 14, 1997).

28. Another pastor with similar interests, expertise and wide-ranging impact in the addiction field is Howard Clinebell. His classic work on understanding and counseling alcoholics and addicts, first published in 1956, has recently been revised and expanded as *Understanding and Counseling Persons with Alcohol, Drug and Behavioral Addictions* (Clinebell, 1998). Clinebell makes similar points in his new text.

29. A good summary of these medical and psychological views, along with treatment of the spiritual dimension, may be read in *What About Your Drinking?* (Ford, 1961).

30. Ford, like many others of his generation, both those recovering and those conducting scientific research into alcoholism, hoped that identification of a physiological basis for alcoholism would be forthcoming. Modern science may well be closing in on such a basis, elaborating a "common pathway" for all addiction in the brain's pleasure centers (See Nash, 1997).

Contemporary psychological research has focused on the cognitive bases of addiction and compulsive behaviors. Ford's presentation of psychological factors from his own studies and ministry previewed such research findings as well. A good summary of these issues may be found in Gorski (1990), Ludwig (1988), Marlatt and Gordon (1985), and Prochaska and DiClemente (1986).

31. Modern addictionology has revealed other patterns of abuse and dependency besides the "gradual deterioration" model (see, for example, Cloninger, 1996 and Cloninger et al., 1981). The entire issue of *Alcohol Health & Research World* (Vol. 20, #1) is devoted to this topic. Ford seems aware of similarly different patterns. Yet, he is clear that the end result of pathological self-focus and spiritual bankruptcy remains, whatever the route and pace one takes to get there. Here again Clinebell's work (1998) can act as a summary and support for these views.

32. McCormick (1989b) suggests that orienting moral reflection within the frames of Scripture, Christian tradition, and personal narrative (the moral actor viewed "in terms of the great Christian mysteries: creation-fall-redemption," p. 22) belongs to a more modern sensibility. Contemporary virtue ethics is one example of the results of this trend.

33. St. Ignatius Loyola, the founder of the Jesuits, incorporated the basic principles of spiritual discipline, discernment and decision-making in his famous text, *The Spiritual Exercises,* which was to be used as a guidebook for those making retreats. The "Principle and Foundation," is an opening section of that text and sets the stage for the rest of the retreat by reminding the retreatant to place all creatures within a wider framework of God's love and of the ultimate destiny of all things.

34. Here Ford is supported by biblical studies into the matter. For a thematic summary of these studies see Morgan *in press.*

35. Thomas' discussion of the virtue of sobriety is contained in *Summa Theologica II, ii, q. 149, art. 2*: "... it belongs to moral virtue to safeguard the good of reason against those things which may hinder it. Hence wherever we find a special hindrance to reason, there must needs be a special virtue to remove it. Now intoxicating drink is a special kind of hindrance to the use of reason, inasmuch as it disturbs the brain by its fumes [sic]. Wherefore in order to remove this hindrance to reason a special virtue, which is sobriety, is requisite."

36. Retrieving Ford's use of a creation-centered approach to issues of chemical abuse and addiction places this discussion within the modern conversation around ecological theology. Tapping into this conversation may help the churches develop a contemporary "voice" about chemical use that is sensitive to current issues and ways of thinking and is persuasive to a new generation of Christians. See, for example, Clinebell, 1996 and Hessel, 1996.

Boff (1995) reminds us that ecology is "the science and art of relations and related beings." An ecological theology is guided by themes of communion and solidarity, themes that are underexplored yet (potentially) seminal for a modern theology of addiction and recovery. Within this newer framework questions of stewardship, the right relations regarding creatures, and human creation as *imago Dei* need not rely on an older anthropology that is characterized by sovereignty, intellect, and hierarchy (Ford's own theological heritage and framework). Rather, themes of collaboration, relationality, and sustaining fellowship may be brought to the fore and developed for use in Christian guidance.

For example, as Moltmann (1993, pp. 215-243) points out, the biblical notion of *imago Dei,* while viewed in terms of *rationality* among the Western Fathers (for example, Augustine and Aquinas), may also be viewed as pointing more toward *relationality* on the model of the inner fellowship of the Trinity, as Orthodox theologians (for example, Gregory of Nazianzus) often did. In terms of chemical use and abuse, this difference of approach may help to provide a new theological language and approach to issues of Christian lifestyle and prevention based on sustaining and rightly-ordered relations. This *relational* view may help to complement the theology of *imago Dei* based on the *rational* nature of human persons, and will be more consonant with modern sensibilities.

37. A number of addiction researchers have concluded that the use of chemicals is so universal among humans that it may be seen as natural and even necessary. See the extensive work of Milkman and Sunderwirth, presented in *Craving Ecstasy: The Consciousness and Chemistry of Escape* (1987).

38. Ford interview with Works (1984), p. 1.

39. Lynch, writing in "Notes on Moral Theology" (1960), alludes to the manualist treatments of drunkenness that would have been familiar to Ford (e.g., "theological drunkenness"). It seems, however, that Ford tried to provide the theological background for a new task to which Lynch refers: "An adequate treatment of the explicit problem of alcoholism has yet to be incorporated into the standard manuals. An authoritative document of the [Catholic] Church on the latter subject does not to my knowledge exist" (p. 223). A more benign and pastorally-sensitive approach has been developed more recently by the American bishops in a series of pastoral letters that owe many of their themes to the work of Ford (see Morgan, 1997).

40. McCormick (1989b) speaks of these characteristics as qualifying much of the Catholic moral theology of the 1940s and 1950s. This older view is act-centered, envisioning the moral agent as "solitary decision-maker" (p. 22). Some examples from Ford's addiction writings include Ford, 1950a and 1951.

But, McCormick's view emphasizes the value of the retrieval we are undertaking here: "Many of the quite personal problems that so engaged the manualists [e.g., alcohol abuse and addiction] are, obviously, still problems. Indeed, there is a pastoral wisdom there that remains somewhat undervalued, largely because it is unknown" (1989b, p. 20).

41. In "Alcohol, Alcoholism and Moral Responsibility" (1950a), Ford engages in an extended ("casuist") discussion of objective responsibility, subjective imputability and diminished freedom regarding alcohol use and misuse. However, woven into the text are also a number of more contemporary ("personalist") themes, such as the virtue of sobriety as necessary for Christian use of alcohol and excessive use of alcohol as an offense against "well ordered self-love" that has implications for love of neighbor (see pp. 98-99).

42. Patrick McCormick (1989a) describes some of the changes that occurred in modern Catholic moral theology in this way: "The shift in post-Vatican II moral theology moves us away from a strict reliance upon "act-analysis" to one that takes seriously the moral character and story of the human person. Further, it calls us to pay attention to the insights of biblical and systematic theology, as well as the evidence of the social sciences" (1989a, p. 5). Ford's work in alcoholism anticipates these developments.

43. Howard Clinebell, one of the earliest and enduring advocates for a pastoral theological understanding of alcoholism, puts the matter this way: "The important thing to remember is this–the factors which separate alcoholic-sinners from other sinners (that is, the factors which make alcoholics alcoholics) are factors over which there is little self-determination . . . This is not sentimentalism, but the essence of psychological insight and the basis for real Christian charity. When one reaches this point in his [sic] feeling toward alcoholics–a point which involves considerable self-understanding–he is no longer interested in trying to pin sin on the alcoholic" (1961, 163).

44. In the conversation of June 26, 1984 (Interview, North Conway Institute archives), Ford and David Works describe the evolution of the notion of sobriety into the "responsible decisions" concept as a cornerstone of prevention and education efforts. This effort came to fruition with the publication of the 1965 "consensus statement" of The Ecumenical Council on Alcohol Problems (TECAP).

45. Clinebell (1961; 1998) reviews various theological and ethical perspectives on freedom, sin and responsibility as they pertain to alcoholism and addiction. His now classic statement sheds light on abuse and addiction as evils that are part of the human condition, rooted in the concept of "idolatry." This theological concept is discussed in terms of addiction by McCormick (1989a) as well: "There is a striking structural similarity between idolatry and addiction . . . human sinfulness in its depth and breadth operates in a mode which has become all too familiar to those working with addicts and addictions of every sort" (1989a, 147).

46. On college campuses, for example, students would be surprised to learn that there is *any* moral content to the abuse of alcohol or other drugs. Much education and wise discernment would be needed for abuse or addiction to be assigned the requisite elements for subjective sin (sufficient reflection, consent, etc.).

47. "In the case of the alcoholic, he [sic] can be both a compulsive drinker and a sinner, his misconduct being at times the product of his compulsion and at other times of his willfulness. The many alcoholics who do not want to be helped (or at least think they do not want to be helped), and with great stubbornness refuse to do anything about their drinking are in my estimation in need of conversion just as much as they are in need of a cure. At all events my experience with alcoholics and their own estimate of themselves after they recover leads me to the conclusion that most of them undergo that process of moral deterioration for which they are in varying degrees responsible. I call this a sickness of soul" (Ford, 1951, 62-63).

Ford would have been happy with the title of Mercadante's book, reviewed earlier, *Victims and Sinners: Spiritual Roots of Addiction and Recovery* (1996).

48. In a 1970 lecture delivered to the American Catholic Correctional Chaplain's Association entitled, "Theory and Practice in Pastoral Dealing with Compulsives," Ford acknowledged that he was more experienced with alcoholics than with drug addicts. He gives evidence of an awareness of the important differences between those dependent on alcohol versus those with addiction to other drugs. Yet, he is also clear about the important similarities, particularly with regard to central moral concerns:

> In the matter that interests us most as pastors and counsellors I think there is one point of remarkable similarity. That is the element of addiction or compulsiveness, which is common to [the sickness of drug addiction and the sickness of alcoholism]. And especially noteworthy for us is the fact that both addictions, both compulsions, interfere with human liberty and therefore diminish human responsibility–not only for the drinking or drug-taking itself, but also for many of the acts performed "under the influence." (Ford, 1970)

49. Here again, Ford refers to the addict's responsibility to live according to reason and virtue. Just as the alcoholic must return to living the virtue of sobriety through abstinence, so the drug addict is challenged to the practice of *pharmacosophryne,* or "drug sense." For both the alcoholic and addict, diminished capacity and "powerlessness" do not absolve one from moral responsibility: "We can recognize that he [alcoholic, addict] is sick and still recognize that he is a responsible human being capable of taking certain steps to get rid of his sickness" (1970).

50. Bishops and ministerial representatives from many denominations endorsed the statement, including the Methodist, Episcopal, Baptist, Brethren, Congregational, Disciples of Christ, Presbyterian, Unitarian-Universalist, Lutheran, Roman Catholic, and Church of Christ Scientist denominations. Representatives were also present from the New England Meeting of Friends, the Massachusetts Association of the New Jerusalem, the Council of Churches and the Salvation Army. The statement was the product of an Interfaith Steering Committee, which functioned both in an inter-agency as well as interdenominational way. Agencies that were represented included: The Massachusetts Department of Public Health and that state's Council of Churches, the Churchman's League for Civic Welfare, and The North Conway Institute as well as a number of parishes and local congregations in the New England area.

51. Ford interview with Works (1984).

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Spirituality and Alcoholism: Self-Actualization and Faith Stage

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ABSTRACT. This article looks at the relationship between Maslow's concept of self-actualization and Fowler's stages of faith of recovering alcoholic adult children of alcoholics. There were 17 respondents: 10 self-actualized (S-A) and 7 not self-actualized (NS-A). The S-A respondents were in the higher faith stages indicating a transformative conversion process. Data on current life functioning demonstrated correlation between S-A, faith stage, and current behaviors. Discussion addresses two key and interconnected concepts–an innate dynamic force to search for God and the surrender of self as a grieving process–and their implications for ministry. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpress inc.com]*

This article looks at the relationship between Maslow's concept of self-actualization and Fowler's stages of faith with respect to addiction and recovery. Maslow's hierarchy of needs including self-actualization describes the growth process and provides considerable detail about healthy, mature spirituality. Fowler's work with faith stages provides a way of understanding the recovery process. Theoretically these theories are similar and relevant. To this author's knowledge, however, no empirical research has examined the relationship between the two theories with respect to spiritual growth and the recovery process. This research, part of a larger exploratory study, addresses this gap.

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SPIRITUALITY AND ALCOHOLISM

Alcoholism was first related to spirituality by Jung who equated a craving for alcohol with an innate and constructive spiritual thirst for wholeness or union with God ("Spiritus contra Spiritum: The Bill Wilson/C. G. Jung Letters," 1975). This relationship of alcoholism and a thirst for wholeness and transcendence is described similarly by others (Carroll, S., 1993; Kurtz, 1979; May, W., 1994; Prugh, 1986; Stewart, 1960). Many authors, however, note that alcoholism not only fails to fill the thirst for wholeness and transcendence but also blocks the connection with God (or the transcendent). Royce (1985) reflects that only God fulfills one's hunger for love.

Addiction and spirituality have been described in various ways. Spirituality involves integrating the spiritual, physical, emotional, and mental dimensions of the personality (Anderson & Worthen, 1997; O'Rourke, 1997) as well as relating to others, to the world, and to the Infinite (Booth, 1995; Royce, 1995; Whitfield, 1986). Goodman (1996) states that the person has grown up learning from society to depend on something external to control internal problems. The learned dependency may also become an addiction. Through the dependency (or addiction) he or she denies his or her own spirituality. An existential crisis occurs when the person recognizes that the addictive behavior is not effective (in managing problems). This recognition reactivates a process of spiritual growth which has been described as moving through and out of suffering (Whitfield, 1985), surrendering to a power greater than self, moving from willfulness into willingness (Berenson, 1987) and from an addictive state of being to a changed personality which transcends the ego-self (Brown, Jr. & Peterson, Jr., 1991). Lapierre (1994) emphasizes the importance of transformation or an "ongoing process of becoming" (p. 159) in the change process especially in 12-step programs.

Gerald May (1988) says that addiction is an essential part of being human and is necessary in order to become free. Through feeling the pain of relinquishing the addiction (or attachment to a specific object which replaces God), the person truly experiences the hunger for the sacred. Then the soul's desire and yearning is freed to respond to God. This perspective is consistent with those who hold that personality growth occurs within the context of one's life experiences (Bjorklund, 1983). These experiences include addiction (attachment) to chemical

substances as well as to other external objects and relationships most clearly seen in those whose family of origin is an alcoholic system. Although these experiences may initially impede growth, they may also be perceived as opportunities or challenges (Golan, 1978) for growth, self renewal, and transformation as they assist and motivate persons to search for life's purpose and for some transcendent meaning (Jaffe, 1985).

The following authors have noted a connection between recovery and self-actualization. Brown, Jr., Peterson, Jr., and Cunningham (1988) refer to the ability to relate to self, others, and a higher power as "spiritual actualization" which is also reflected by persons in recovery programs who have spiritual characteristics and healthy behaviors as well as persons described by Maslow as self-actualized. Royce (1995) notes that the process of moving from disease or dis-ease to at-ease and union with the Infinite is characteristic of Maslow's work with self-actualization.

Self-Actualization (Maslow)

Based on his research on healthy persons, Maslow (1962) developed a psychology of humans who have an essential inner nature of potentialities which are reflected in hopes, goals, destiny, etc. The inner nature has a dynamic force of its own which is responsible for the urge to grow and to actualize one's potentials and self-identity. Development of this core and authentic self-hood occurs through discovering what is already within oneself as well as becoming or creating one's self through individual choices.

Growth occurs developmentally by first meeting Deficiency (D-) needs which come from the external world and then seeking gratification of Being (B-) needs from one's internal world. Being needs are based on B-values, such as acceptance, pure creativity, the spiritual or transcendent, one's essence, and fulfillment of the "real self" (Maslow, 1962/1971). Persons living according to B-values–also called self-actualizers (S-A)–tend to integrate the conscious, preconscious, and the unconscious (Maslow, 1962), to transcend self and dichotomous thinking (i.e., black or white, always or never, good or bad), to have peak experiences and are involved in something outside of themselves which feels important–a "calling or vocation" (Maslow, 1967/1971, p. 43). Self-actualization includes a healthy relationship with self but goes beyond psychological well-being. Maslow (1954,

1962) initially combined self-actualization and self-transcendence as comprising the need for being after basic needs have been met. Later, Maslow (1969) separated the two. Self-actualization and self-transcendence follow non-self-actualization indicating a continuum of growth.

Faith Development (Fowler)

James Fowler (1981) drew upon psychoanalytic perspectives–particularly from Erikson, Piaget, and Kohlberg–to formulate a theory of faith development. To Fowler (1993),

> Faith is understood dynamically as involving both the finding and being found by meaning; both the construction and the reception of beliefs and commitments; and it is meant to include both explicitly religious expressions and enactments of faith, as well as those ways of finding and orienting oneself to coherence and meaning in relation to an ultimate environment which are not explicitly religious.

Faith is defined in terms of its function or expression–as the way a person finds meaning and value in life, which is evidence of human becoming and of the transformative power of the Transcendent (Mosley et al., 1986).

Fowler has conceptualized faith development as the development of ways of being and moving through six discontinuous, sequential and hierarchical stages. Each stage forms a framework or structure through which a person develops the meaning for his or her life and reflects how he or she composes, interprets, and actively relates to the larger and ultimate environment. Each stage has a wider vision and valuing with a concomitant increase in self-hood; the result is a qualitatively greater intimacy with self, others, and the world (Fowler, 1981, 1984).

The six stages are separated by a transformative process within which the contents of the previous faith stage are reworked and new contents emerge (Fowler, 1981; Mosley et al., 1986). *Stage I, Intuitive-Projective Faith,* is a fantasy filled, imitative phase. It is characterized by a blending of fantasy and reality, issues of security and safety, egocentric thought, high imagination, and impulsively reactive decision-making. Transition is precipitated by emergence of concrete operational thinking. *Stage II, Mythic-Literal Faith,* is characterized by concrete operational thinking, trust in conventional parental authority figures, and little awareness of one's own or another's interior. Frequently seen as manipulative, the person's actions seem designed to get others to satisfy their wishes and needs. Feelings of powerlessness may be assuaged through active addiction to chemical substances. Transition is precipitated by inconsistencies or contradictions in stories which lead to reflection on meanings and by the emergence of formal operational thought and of mutual interpersonal perspective-taking. *Stage III, Synthetic-Convention Faith,* is characterized by identity with a group and conformity to expectation and judgments of significant others. Authority is located in traditional authority roles or in consensus of the group. Beliefs and values are deeply felt and tacitly held but are not examined explicitly or systematically. Transition is precipitated by emergence of current experiences which challenge one's beliefs and values. *Stage IV, Individuative-Reflective Faith,* is characterized by the emergence of an executive ego as one differentiates from one's masks or roles and becomes responsible for one's own commitments, lifestyle, beliefs, and attitudes. Transition is precipitated by energies from the deeper self revealing an inadequacy of current meanings. *Stage V, Conjunctive Faith,* is characterized by newly reclaiming and reworking one's past by hearing voices of deeper Self and integrating the material which heretofore was suppressed or unrecognized, by critically recognizing one's social unconscious, by discovering and accepting paradoxes or unity of opposites, and by recognizing the limitations in one's understanding of truth. *Stage VI, Universalizing Faith,* has a philosophy of self which emerges from personal experience and expresses a sense of unity of one's own life and of all lives. It is characterized by living as though God's kingdom is already a reality and by finding meaning in negation of self by transcending limits of self and surrendering self to participation in a community which includes all of humanity.

Transformative experiences occur throughout the entire developmental process and indicate a change which involves a discontinuous leap or a completely new way of thinking but not necessarily a new level of consciousness. The transition from the lower four stages into the upper two stages, however, involves a transformation to a new level of consciousness. This transition is precipitated by two types of impulses: (1) by a restlessness, dissatisfaction and disillusionment with current beliefs and one's compromises, by an insufficiency of

executive ego which was based on incomplete self-knowledge, and by an acceptance of the reality of irrevocable commitments and acts with experiential knowledge of suffering, loss, and defeat; and (2) by an emergence of images and energies from the deeper Self which reflects a sterility and flatness of current meanings and by coming to terms with the unconscious aspects of selfhood. This transition is a process of ego disintegration (of letting-go of the human tendencies and releasing that burden of self-sufficiency/ego power) and a synergistic action between his or her human potentials and activity of the Spirit through integrating data from the external world, from personal experiences, and from symbolic imagery (Fowler, 1981; Mosley et al., 1986).

Comparison of Fowler and Maslow

The perspectives of Fowler and Maslow are similar in several ways. Each contains: an inner dynamic force, which is responsible for the impulse to grow; a core inner Self which needs to develop; a lifelong developmental process of increasing self-awareness toward the goal of becoming or realizing one's Self and thereby responding to one's vocation/calling; and a deep union with others while maintaining individuality. Following a dependency on people and things (including chemical substances) to satisfy self (Fowler's Stage 2), persons focus on meeting others' expectations (Fowler's Stage 3, Maslow's D-need of belonging). The next transition is to ego-self-sufficiency in terms of self-responsibility (Fowler's Stage 4, Maslow's D-need of self-esteem) followed by an awareness, acceptance, and cooperation with transcendent forces (Fowler's Stage 5, Maslow's self-transcendence). Fowler's stage 6 person has characteristics similar to Maslow's self-transcendent person. In summary, both Fowler and Maslow see one's entire life as a spiritual journey of becoming conscious of as well as integrating *all* of one's experiences–a journey of becoming whole.

As noted previously, Maslow (1954, 1962) initially described self-actualization and transcendence similarly and combined them as the need for being after basic needs have been met. Later, Maslow (1969) separated the two with self-transcendence as the highest level of consciousness. Consistently, Fowler has separated these two phases. Fowler (1984) views self-actualization as ego-self fulfillment (which is dependence on one's own resources) and self-transcendence as a larger self-fulfillment (which requires activity of the Spirit and a realization and acceptance of an ego-self insufficiency and a transcendent reality). Fowler's theory places S-A in stage 4 and S-T in stages 5 or 6.

Spiritual Growth and Current Life Functioning

As described above, a number of persons have connected spirituality, spiritual growth, and addiction. However, with the current emphasis on short-term treatment and improved daily functioning, questions arise about the importance of self-actualization and spiritual growth to everyday functioning. This area has not been directly addressed.

METHODOLOGY

Research Purpose and Definitions

Given (1) the theoretical similarities between Fowler and Maslow's perspectives, (2) the view of seeing recovery from active addiction and the effects of alcoholism in the family of origin as a challenge, opportunity, and call for spiritual growth, and (3) the need to link spiritual growth and current life functioning, two research questions (for this study) emerge: (1) are there empirical relationships between Maslow's hierarchy of needs, self-actualization, and Fowler's faith stages; and (2) what is the relationship between spiritual development and current life functioning of recovering alcoholic ACoAs?

Spirituality was defined theoretically as a state of being which reflects the level of consciousness and operationally as the presence or absence of self-actualization (S-A) as measured by the Personal Orientation Inventory (POI) (Shostrum, 1962, 1974). Although Maslow's work on (S-A) is conceptually similar to Fowler's, over-reliance on the similarity of spirituality and S-A may lead to an inaccurate belief that they are the same. In this research the conceptual similarity was used in order to establish two groups of persons who were at different levels on a life-long spirituality continuum.

Transformative change is the experience of seeing oneself differently as a result of becoming open to new material which results in a change in how the person thinks, believes, and acts. Transformative change was operationally defined as a change in Fowler's faith development stage.

Transformative conversion is the experience of seeing oneself differently as a result of becoming open to material from a deep level of consciousness which contains material beyond the personal self. At one point this conversion includes fully realizing one's ego insufficiency. Transformative conversion was operationally defined by Fowler's Faith Development Stage 4.50 or above. (Based on Fowler's theory of six stages, persons in or above Stage 4.5 would be well into the process of ego disintegration and moving toward self-transcendency [Fowler, 1981].)

The following indicators of *current life functioning* provide data to demonstrate correlation between S-A, faith stage, and current behaviors. These indicators are: (1) severity of problems in various areas (physical health; relationships with spouse or partner, relatives, friends; occupation in or out of the home; education; financial security) which is measured by the Problem Checklist (DeSota & O'Donnell, 1986); (2) severity of problems in peer relationships which is measured by The Clinical Measurement Package (CMP) Index of Peer Relations (Hudson, 1982); and (3) degree of symptomatology which is measured by the Symptom Checklist-90-Revised (SCL-90-R) (Derogatis, 1983).

In light of the discussion and employing the operational definitions, the *hypotheses* in this research were: (1) S-A persons will be at a higher faith stage than will the NS-A persons; (2) S-A persons will have fewer and less severe problem areas in their life currently than will the NS-A persons; (3) S-A persons will have fewer and less severe peer relationship problems than will the NS-A persons; and (4) S-A males and females will have less symptomatic distress than will the NS-A males and females.

Instruments

The Personal Orientation Inventory (POI) (Shostrum, 1962, 1974) measures presence of self-actualization and is based on Maslow's research of healthy individuals. The POI consists of 150 two-choice items; in each pair the respondent selects the one statement most characteristic of self. The POI has two major scales, Time Competence (TC) and Inner-Directed (I), which cover all the items without overlapping and correlate highly with the ten minor scales. (The ten minor scales are self-actualizing value, existentiality, feeling reactivity, spontaneity, self-regard, self-acceptance, constructive nature of man, synergy, acceptance of aggression, and capacity for intimate contact.) The POI is reported to differentiate between groups of active alcoholics, normal, and self-actualized individuals (Jansen, 1974; Zaccaria & Weir, 1967) as well as other conditions related to self-actualization (Knapp, 1990; Shostrum, 1974; Tosi & Lindamood, 1975). The POI was developed before Maslow separated self-actualization and transcendence so that his use of the term self-actualization includes self-transcendence.

Fowler's Faith Development Interview Instrument was designed (through semi-structured interviews) to identify faith stages which reflect the way persons structure their lives around centers of value (Fowler, 1981; Mosley et al., 1986). The stage score reflects the interviewer's objective assessment of the respondent's subjective perception. The stages are determined by criteria or aspects based on over 300 interviews. Reliability in terms of interrater accuracy ranges from .88 (new raters) to .93 (experienced raters) (Mosley et al., 1986).

The Clinical Measurement Package (CMP), Symptom Checklist-90-R (SCL-90-R), and Problem Checklist (PCL) measure current life functioning and provide independent evidence of the difference between the NS-A and the S-A groups.

The CMP (Hudson, 1982) is a self-report questionnaire which consists of nine scales designed to measure magnitude of problems in significant adult roles. This study used the scale, Index of Peer Relations (IPR). The 25-item scale is rated on a five-point scale ranging from one (never or rarely) to five (most or all of the time). Research has supported construct, discriminant, and factorial validity (Klein, Baltran, & Sowers-Hoag, 1990).

The SCL-90-R (Derogatis, 1983) is a 90-item self-report multidimensional symptom inventory. Each item is rated on a five-point scale of distress ranging from zero (none) to four (extremely). For the nine symptom dimensions, the internal consistency reliability range is .77-.90 and the test-retest reliability range is .78-.90. This study uses the Global Severity Index (GSI) which combines data on the number of symptoms and intensity of distress and is the most sensitive single numeric indicator of a respondent's psychological distress.

The Problem Checklist (DeSota & O'Donnell, 1986) is a seven-item, five-point scale which measures severity of problems while drinking as well as severity of problems currently. Each item is rated on a four-point scale ranging from zero (no problem) to four (severe

problem). These items are: physical health, relationship with spouse/partner, relationships with relatives, relationships with friends, occupation in or out of the home, education, and financial security.

Respondents

The sample consisted of persons who differed in level of spirituality (as determined by POI scores) and thereby fit into two groups–self-actualized (S-A) or not self-actualized (NS-A).

Recruitment and selection. Volunteers from the Mid-Atlantic states responded to notices in newsletters and in mailings to clergy and mental health professionals as well as announcements at conferences, seminars, and 12-step meetings. Seventy-one (71) persons requested materials; 60 completed the Demographic Questionnaire and the POI. Of the 26 who met the criteria, three participated in the pretest and six withdrew. The remaining 17 were the respondents. All of the S-A respondents scored S-A on the POI's two major scales. None of the NS-A respondents scored S-A on either scale.

Description. The sample (N = 17) were both recovering alcoholics and ACoAs who had been chemically free for at least two years. The respondents were white, ranged in age from 25-56, and were in social class four or five as determined by Hollingshead's Four-Factor Index (1975). The four factors are gender, marital status, education and occupation; the social classes range from one (lower class) to five (upper middle class). The two groups were homogeneous. The S-A group (n = 10) consisted of five males and five females; age range was 25-56 (M = 40.40); Social Class index mean was 4.60. The NS-A group (n = 7) consisted of three males and four females; age range was 26-56 (M = 42.71); Social Class index mean was 4.43. All had been in some type of support group, and over 85% of each group had been in individual therapy.

Measurement Procedures

Confidentiality was assured through a signed Consent Form and a code number. A pretest was conducted with three persons who met the same criteria as the prospective respondents. One-and-a-half to two hour interviews were held with each respondent either at the researcher's office or at a mutually convenient place. The instruments to measure current functioning were completed at the end of the interview. Data were collected as each respondent met the criteria.

Data Analysis

The Faith Development interviews were scored using the *Faith Development Research Manual* (Mosley et al., 1986). The standardized scoring method provides a faith stage score which is calculated on an 11-level ordinal scale (Stage 1, 1 1/2, . . . , 6). The interviews were first scored by the researcher and then by an independent blinded experienced rater. With an 88% raw agreement between the two coders, the independent coder's scores were used.

Descriptive statistics were used to look at differences between the NS-A and S-A persons with regard to faith stage, severity of peer relationship problems, severity of problems overall, and symptomatology. Interpretation of these statistics is based on the "effect size" (ES) index, *d*. A small effect size is indicated by $d = \pm 0.2$; medium, $d = \pm 0.5$; and large, $d = \pm 0.8$ (or larger) (Cohen, 1988). Although these conventions are arbitrary, they provide a basis for face validity or a way of understanding the relationship between the level of S-A and the other variables.

FINDINGS

Faith Stage

The mean faith stage ($\pm$ SD) for S-A persons is 4.13 ($\pm$ .56) and for NS-A persons is 3.77 ($\pm$ .45). There's a medium to large relationship (d = +0.7) between level of S-A and faith stage. Findings support the Hypothesis One that S-A respondents are at a higher faith stage than the NS-A respondents.

As seen in Table 1 (Level of S-A and Faith Stage according to distribution of scores), there is a substantial difference between the faith stages of the S-A and NS-A respondents. Five (50%) of the S-A respondents scored higher than Stage 4.20 and three (30%) of those scored higher than 4.50 (out of a possible 6.0). Of the NS-A respondents, only one (14.3%) scored higher than Stage 4.20. Five (71.4%) of the NS-A respondents in contrast to three (30%) S-A persons had faith stage scores lower than 3.75.

TABLE 1. Level of S-A and Faith Stage (according to distribution of scores)

Faith Stage Score	S-A (n = 10)	NS-A (n = 7)
3.19-3.75	30%	71.4%
3.76-4.20	20%	14.3%
4.21-4.49	20%	0
4.50-5.03	30%	14.3%

All of the respondents said they did not consider themselves a religious person (to one of the questions on the Faith Stage Interview Guide) but did see themselves as spiritual. The S-A respondents indicated a global view of spirituality encompassing all different facets of personhood, connecting their relationship with God with personal growth and ego surrender, and emphasizing interconnectedness with all in the world and universe. They described their spirituality as peaceful, open, free, self-accepting, happy, and ease with self, others, and a Higher Power. The NS-A persons described their spirituality as peaceful, not alone, real, and honest.

Severity of Problems and Peer Relationships

In interpreting the scoring of the Problem Check List and the CMP Index of Peer Relations, the lower the score the less severe the problems. Table 2 (Level of S-A and Life Functioning) shows the results.

While drinking, there's a medium strength relationship (d = +0.4) between level of S-A and severity of problems. Currently, however, S-A respondents had less severe problems in their lives than did the NS-A respondents. There's a large inverse relationship (d = −0.9) between level of S-A and severity of problems. This finding supports Hypothesis Two which states S-A persons will have fewer and less severe problem areas in their life currently than will the NS-A persons. An additional finding is that both S-A and NS-A respondents had fewer problems currently than while drinking.

There's a strong inverse relationship (d = −1.3) between level of S-A and severity of peer relationship problems. This finding supports Hypothesis Three which states that S-A persons will have fewer and less severe peer relationship problems than will the NS-A persons.

TABLE 2. Level of S-A and Current Life Functioning

	S-A (n = 10) Mean (±SD)	NS-A (n = 7) Mean (±SD)	Cohen's d
Severity of Problems While Drinking[1]	17.20 (±4.21)	15.71 (±2.43)	d = +0.4
Severity of Problems Currently[1]	5.70 (±2.40)	8.57 (±3.69)	d = −0.9
Peer Relationship Problems[2]	13.10 (±9.30)	34.86 (±22.29)	d = −1.3

[1] measured by Problem Check List
[2] measured by CMP Index of Peer Relations

Symptomatology

The mean symptomatology (±SD) for S-A males (n = 5) is 0.26 (±.23) and for NS-A males (n = 5) is 1.06 (±.73). There's a large inverse relationship (d = −1.5) between level of S-A and symptomatic distress for males. The mean symptomatology (±SD) for S-A females (n = 5) is 0.59 (±0.79) and for NS-A females (n = 3) is 0.76 (±0.42). There's a small inverse relationship (d = −0.3) between level of S-A and symptomatic distress for females. These findings tend to support Hypothesis Four which states that S-A persons will have less symptomatic distress than will the NS-A persons.

DISCUSSION

Spiritual ministry to those afflicted with and/or affected by alcoholism is broad, including spiritual direction, spiritual friendship, chaplaincy, and pastoral care. Although there is a wide range in degree of structure and length of time, the underlying focus is the person's connection/relationship with God. This ministry explores how God is present in the person's life and how the person is responding to God's call. Emphasis is on helping persons be in touch with their personal experiences as well as with the Love which initiates and continues within and through the experiences (Neels, 1995).

This research has important implications for ministry. As shown in the results, the medium-large relationship between level of S-A and faith stage as well as 50% of the S-A persons with faith stage scores above 4.20 demonstrates the similarity of Maslow's hierarchy of needs and Fowler's faith stages especially in respect to S-A and Stages 5 and 6. Maslow's work primarily describes the characteristics of a self-actualized person. Fowler, however, provides more specifics about the ongoing process of growing toward God. With respect to spiritual ministry to those affected by alcoholism, this process is particularly relevant. Two key and interconnected concepts are an innate dynamic force to search for God and the surrender of self to God as a grieving process.

Innate dynamic force to search for God. Fowler's theory of faith development reflects a natural process emerging from an innermost dynamic force seeking connection with God. Ministry involves following and cooperating with the natural process, getting in touch with and responding to the "real" and deepest self, and connecting soul to soul. Ways of becoming connected include separating the individual's personhood from his or her actions; fully accepting the person for who she or he is; loving while knowing that the person often feels unlovable; and providing constancy and faithfulness. The importance of this deep engagement with another undoubtedly seems self-evident, yet it can not be overemphasized.

A natural inclination is to focus on what's wrong and to want specific and effective procedures. But a "how-to-do" manual is insufficient. While some tools (imagery, journaling, meditation) and approaches have been found to be particularly helpful (Carroll, 1997), they need to be used in keeping with the person's natural process–thus the importance of listening carefully to the person and what God is saying to the person as well as helping the person to listen to God (however God may be conceptualized).

Since respondents were specific in identifying themselves as spiritual but *not* as religious, being open to a person's beliefs about God and using "acceptable" language about God is especially important. For instance, in talking about or referring to God or to the spiritual, using the person's language helps to connect with him or her. Rather than explicitly referring to God, this language may include such words as Higher Power or interconnecting energy or may refer to the quality of his or her experiences such as open, free, and peaceful.

Self-surrender as a grieving process. Fowler's faith stages, based on the way in which a person finds meaning and value in life, are qualitatively different (Fowler, 1981). Moving through them involves surrendering or letting go of past beliefs and ways of being (including those associated with addiction), accepting the challenges to change, and of becoming open to God. As the old self dies, this movement (through the stages) involves a grieving process.

Reconceptualizing recovery as a grieving process provides new ways of ministering. First, helping persons identify the early and middle phases of their recovery as a grief process may, in itself, be extremely helpful with their beginning to understand the process differently. Thus they may become more able to move beyond the self-blame (associated with addiction) into a beginning self-acceptance. In other words, this understanding normalizes the experience; everyone encounters changes, has losses, and must grieve. Letting go and grieving is integral to the human and spiritual journey. And second, recognizing the importance of grief work as an essential element of recovery leads to using the numerous helpful resources on death/dying and the grief process in ministering to persons afflicted with alcoholism.

CONCLUSION

In this study's comparison of S-A and NS-A recovering alcoholics, S-A is positively correlated with the higher faith stages as well as improved functioning in everyday activities. The various stage levels represented by the NS-A and S-A respondents indicate that growth in recovery occurs through a faith stage continuum (from active addiction to conformity to others to self-responsibility to acceptance and cooperation with God [or transcendent energies]). Emotional, mental, and social growth occur in the context of spirituality or faith which is always present. This perspective provides an integrated and multidimensional approach to addiction and recovery.

The addiction itself plays a role in the person's growth. The perspective that addiction (or attachment to worldly things) is necessary to become free (May, G., 1988) emerges from seeing a spiritual journey as a life-long process. By feeling the pain of letting go and by experiencing the hunger for the sacred, the soul is freed to respond to God. This study suggests, then, that ministering to those affected by alcoholism involves supporting and nurturing an inborn natural pro-

cess of growing toward God through listening and responding to the individual, facilitating self-surrender by encouraging the grieving process, and fully accepting the client where he or she is. Those providing spiritual ministry serve as vehicles of God's grace and reflect God's unfailing love and yearning for this person, thus assisting the person to become connected with self, others, and God.

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A Service of Reconciliation

Scott Dunbar

ABSTRACT. This article proposes a religious service for members of Alcoholics Anonymous, or other Twelve Step programs, who are interested in reconciling their recovery program with their Christian heritage. The sermon contained in the service connects scripture with the twelve steps and recounts the influence of the Bible and Christianity in the development of A. A. A methaphor of walking on the path of the Way of God is equated with the path of recovery. The service concludes with foot washing as a remembrance of baptism. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpressinc.com]*

INTRODUCTION AND BACKGROUND

One ordinary evening at the Breakthru House, a recovery home for women with addictive disease where I was a group leader and program director for many years, I called on one of the women at the dinner table to ask the blessing for the evening meal. This particular woman just looked down and shook her head. Everyone turned toward her and I asked her again. She replied by shaking her head and softly saying, "I can't." I said, "If you can talk you can pray, and I know that you can talk." She said, "I can't talk to God anymore." "Why?" I asked.

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"Because of the things that I have done," she replied. I said, "It looks like we have got some things to talk about in group after supper."

Later in group, I asked her to talk more about this and eventually it came out that she had done so many bad things and broken so many promises she was sure that God had cast her aside and didn't want to ever hear from her again. Others related to her and said they felt exactly the same way. They felt so shameful and guilty that they believed their sin was greater than God was able to forgive.

This is typical with people with addictive diseases and it is sometimes referred to as "shame based living." But on this particular night, this particular woman found that she was not alone, there were others in this exile community with her. There were no immediate breakthroughs that evening but for months she gradually shared her deepest secrets and her most hidden shame. As she did, she began to come alive. You could see a change in her posture, in her face, in her eyes, and you could hear it in her voice. But she held on to the one secret –one that was too terrible to tell anyone. I told her that I respected her right to share or not to share, but that in recovery you are as sick as your secrets and that if she was going to achieve and maintain sobriety, she would have to release that secret as well. It took several weeks, but one day she came into my office with great anguish and revealed to me that she had been driving while intoxicated over 20 years ago and thought that she may have hit and killed a child along the side of the road. She wasn't sure of any details, or even if it was real, but that was her fear, and for all of these years she had been waiting for someone to come and arrest her for murder.

The next day I sent her to the newspaper office to check in their archives to see if there was any report of a hit and run driver in an accident involving the death of a child. There was none. There may not have been a murder on that day, but there certainly was a death. It was the death of her spirit. Yet gradually, in this healing community, she began to come alive again and to experience a resurrection.

Around that same time, a United Methodist minister, Dr. William A. Tyson, Jr., offered to do some volunteer work with the Breakthru House women. He thought he could be a chaplain. We set up a spiritual growth group that was to meet weekly. There was great grumbling and resistance from the women toward this addition to their schedule. After the first group, Bill said that he had never seen such an angry group of people. None of them were glad to see him and several told

him to go away and leave them alone. I told him that in our business we call that resistance, and that it was important for him to explore with them what all this anger and resistance was about. Over the next several weeks he did and he heard awful stories of these women having been told that they were going to hell and that God was surely angry and would bring judgment down upon them. They had been preached at and had Bible verses used like whips to punish them. Gradually they warmed up to Bill and these groups continued for years. Every few years there would be a change in chaplains and I found that the best ones were chaplains that were in recovery in A. A. or some other Twelve Step program, since they personified the acceptance of a recovering person by God. These types of chaplains were also able to connect the Big Book with the Good Book. The Big Book is the common name for the large blue book entitled, *Alcoholics Anonymous*.

At the Breakthru House, in addition to our own groups, we required that they attend Twelve Step meetings in the community and attend a church of their choice weekly. I couldn't help but notice how comfortable our women were in the church basements where the Alcoholics Anonymous meeting was going on but how very uncomfortable they were in the church sanctuary on Sunday mornings. Likewise, the people in the sanctuary were sometimes very uncomfortable with the people who were meeting in their basement. On several occasions over the years, I have had ministers and lay people call me saying that they had a request from a Narcotics Anonymous group or Cocaine Anonymous group to use a room in their church for a meeting place. They said that people at the church were scared and didn't know how to respond. They feared having addicts running around in their church, and probably stealing things. The irony is that the people in the basement are also an Exodus community and their whole program is based on the redemptive and reconciling tradition of the Bible. For years I have wondered and pondered the question of how the sanctuary and the basement of the church could become reconciled. It seemed to me that they were talking about the very same things, just using different terms.

I have learned from many teachers that addiction is a disease of isolation. An alcoholic's life becomes increasingly devoid of everything and everybody until only terror and the bottle are left. Many in Alcoholics Anonymous have said that their connection with God is the

first thing to go as it is replaced with shame and a growing sense of uncleanness.

I can't think of a more central theme than reconciliation that would characterize the whole of the Bible. The Bible could be viewed as a story of God's actions toward humankind in repeated efforts of reconciliation–with mixed results.

Many theologians have written on this theme including Ralph Martin who wrote, "reconciliation . . . can be presented as an interpretative key to Paul's theology; and if we are pressed to suggest a simple term that summarizes his message, the word, reconciliation will be the 'chief theme' or 'centre' of his missionary and pastoral thought and practice" (*Reconciliation,* p. 5).

The word reconcile comes from the Latin word *conciliare* which is made from two other Latin words *com* – together + *calare* – call. Conciliate means: (1) to win over, soothe; (2) to gain (good will, favor, etc.) by friendly acts; (3) to bring into harmony, reconcile (*The World Book Dictionary*).

The New Testament Greek katallagē ("reconciliation") is a legal term used with husbands and wives in 1 Corinthians 7:11 to call for the end of hostility and a restoration of harmony. As a lawyer, Paul would have been familiar with this term and the concept of bringing together people at odds with each other. So it was natural for Paul to interpret the Gospel from a legal perspective, as he so often did.

Paul certainly understood christology in terms of reconciliation, i.e., of Christ making peace between God and mankind who are alienated from and at enmity with God as a result of the Fall. Through the reconciling act of Christ, this state of hostility and aversion to God is charged to loving trust (Colossians 1:21-23, Romans 5:10, Corinthians 5:18-20, Ephesians 5:27).

One verse from 2 Corinthians 5:18 centers this particular act of ministry for the church: "All this is from God, who reconciled us to himself through Christ and gave us the ministry of reconciliation" (NIV).

It is my hope that the service of reconciliation will actually open everyone in attendance to beginning the process of reconciliation and fulfilling the church's calling as modeled by Christ. A part of the method is to focus on what the church and the recovering community have in common. There is much to share in both directions.

A SERVICE OF RECONCILIATION

Note to the celebrant:

The purpose of this service is to connect the spiritual traditions of the church with the way of recovery in Alcoholics Anonymous (A. A.) or any of the 40 different Twelve Step programs. It is particularly designed to reach out to those individuals with strong recovery programs who feel disconnected and uncomfortable with their Christian background.

Though this service could be held in a variety of settings such as a hospital, a prison, an A. A. clubhouse, a home, a chapel, or other rooms in a church, I imagine this particular service being held in the sanctuary of a church where there are Twelve Step groups that meet in the basement.

This service can be adapted to any situation, but ideally I envision it occurring on a weeknight after the A. A. meeting. If you would like to have hymns sung or played as background music, I can recommend the following three found in the new *United Methodist Hymnal.*

- "Spirit of the Living God," page 393.
- "Have Thine Own Way, Lord," page 382.
- "Jesus' Hands Were Kind Hands," page 273.

The sanctuary would be lit mostly by candlelight. Several bowls of water and towels would be available for the closing ritual. Refreshments would be arranged for after the service so that fellowship and processing the service could be informal.

Because of the sixth tradition, which says, "An A. A. group ought never endorse, finance, or lend the A. A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose," this service could not be considered an A. A. event, or even promoted or announced at a meeting. Therefore, the invitation would be extended to A. A. members personally and spread by word of mouth. Their families and the congregation would also be invited.

In preparation for the service you will need to become familiar with A. A. The very best way would be to visit an open meeting, and while there pick up some of the free literature about A. A. It would also be a

good idea to read the "Big Book" yourself. It's entitled *Alcoholics Anonymous* and it is big and blue.

THE SERVICE OF RECONCILIATION

The Greeting

Good evening and thank you for coming to this service of reconciliation. You are welcome here in this room of the church, just as you are welcome downstairs. The word "reconcile" means "to restore to friendship, harmony or communion." This is a service of reconciliation because I hope that those who are uncomfortable in this room of the church will find some sense of restored friendship, harmony, and communion which is what reconciliation is about.

It is not an accident that we are all here right now. We came by different paths to this place. I think that God is involved in our paths. Sometimes we walk paths that others have traveled before us. Think of times you have heard in a meeting, "I know what you are talking about, I've had the same thing happen to me," or "I am dealing with the same problem in my life right now." Our paths cross others; sometimes we travel together for a time, sometimes alone. Our paths have suddenly crossed tonight in this room. This is a sacred time.

The Prayer

Let us pray. *O God, you have brought us together. Join us now. Speak to our hearts, heal our brokenness, teach us your ways and your will for each of us, and give us the power to act as your people. Amen.*

The Sermon

During this time, I want to share with you some of the ways that the Good Book (the *Bible*) and the Big Book echo one another.

There is an audiotape of an A. A. meeting held in 1951 where Dr. Bob, a co-founder of A. A., was the speaker. He died a few weeks later, so this was his last recorded talk. In the recording, he was discussing the early years of A. A., before there was a Big Book or any A. A. literature. He said that they read and discussed verses from the

Good Book, especially the Sermon on the Mount and the Book of James, which is largely a commentary on the Sermon on the Mount. The Book of James was so favored in early A. A. that some wanted to name the fellowship "The James Club." Their meetings, like many today, closed with the Lord's prayer which is from the Sermon on the Mount.

A. A.'s two main founders were Christians. But then, as now, there were some who were so turned off by religion that the phrase, "as we understood Him" was added to the third and eleventh steps to include the agnostic and atheist members of A. A.

It is not uncommon today to find members of Twelve Step programs that have had such negative experiences with their religions that they must distance themselves from their religious heritage in order to find God now. No doubt you have heard someone at a meeting say they are a "recovering Catholic" or a "recovering Southern Baptist," etc.

In A. A., and other Twelve Step programs, there is no dogma about God. They have always insisted that you have to find and understand God on your own terms. People are asked to share only their experience and hope. You can draw from other's concept of God but you still have to come up with a God of your own understanding. You are not preached at or spoken down to, but shared with and encouraged to find your own Higher Power.

A few people are in an entirely different situation. They are strongly connected to their religious faith and a local church and are uncomfortable with A. A., as though it were a pagan religion. Yet, both books, the Good Book and the Big Book, describe an exodus community. Both tell a story of a people in slavery, who were brought out into freedom. The word "addiction" comes from a Latin root that was used to describe someone who was captured and kept in slavery. In the Bible, the Book of Exodus describes the journey of a people from their enslavement in Egypt into a new land. The exodus is the central event in the Old Testament. In the Big Book, there is a collection of individual stories of people who make an exodus from enslavement to alcoholism to freedom in recovery.

The Big Book flows out of the redemptive tradition of the Bible. In the Bible there are many stories of the people of God getting lost, conquered by the invaders, taken into slavery, but redeemed by God. Pawn shops work that way. People exchange their property for money

and get a redemption ticket. In the Bible, God intervenes and redeems us from hock. The story of Christ is that he died to redeem us all. The price has been paid–we are free, we have been redeemed!

Have you noticed in the stories in the Big Book that practically everyone describes some type of divine intervention in their lives? Sometimes it was a chance encounter, someone inviting them to a meeting, some literature or an article that they read–all chance encounters that radically changed the direction of their lives. The word "repent" means to change direction, to turn Godward. Do you see how the church and A. A. are describing the same things, just using different terms? In A. A. the term is "Third Step," but it is the same action as repenting.

On the same tape that I mentioned earlier by Dr. Bob, he said that Bill Wilson sat down and wrote the Twelve Steps in about 30 minutes. Later he shared them with others in the group, and that is when they added the phrase, "as we understood him." The Twelve Steps were simply Bill's reflection on his spiritual growth process. It apparently has an element of universality to it. People of all faiths, or none, can relate to these steps. People with every kind of addiction, and people with no addiction, use these same steps for their spiritual growth.

When the spiritual history of the twentieth century is written, I believe it will name Bill Wilson as one of the great spiritual leaders. Through his own suffering he came to show us all a way out of the bondage of addiction and alienation from God. Many people look back on their path today and say that God led them to A .A., and A. A. led them to God.

The Bible describes spiritual growth too. Let me read the steps and some scripture that corresponds to these steps. For the scripture readings I will be using the translations from the *Contemporary English Version* because I think it will be the clearest translation. Listen to the echo.

Step One–We admitted that we were powerless over alcohol–that our lives had become unmanageable.

In the New Testament Paul writes:

> In fact, I don't understand why I act the way I do. I don't do what I know is right. I do the things I hate. Although I don't do what I know is right, I agree that the Law is good. So I am not the one doing these evil things. The sin that lives in me is what does them. I know that my selfish desires won't let me do anything that is good. Even when I want to do right, I cannot. Instead of doing what I know is right, I do wrong. (Romans 7:15-19)

Powerlessness is something that Paul knew too.

Step Two–Came to believe that a power greater than ourselves could restore us to sanity.

In the Gospel of Mark there is a story of an encounter between Jesus and a blind man. In the story Bartimaeus yanked off his old coat and flung it aside, jumped up and came to Jesus. Jesus said, "What do you want me to do for you?" "Master," the blind man said, "I want to see!" And Jesus said to him, "You may go. Your eyes are healed because of your faith." Right away the man could see, and he went down the road with Jesus (Mark 10: 50-52). This was a greater power that restored the man. Bill Wilson's story in the Big Book has a lot in common with this story in that there was a driving intervention, a conversion experience, that changed his life forever.

Step Three–Made a decision to turn our will and our lives over to the care of God as we understood him.

This step is the covenant step. There are many examples in scripture about covenants. One is from Romans where Paul writes:

> Dear friends, God is good. So I beg you to offer your bodies to him as a living sacrifice, pure and pleasing. That's the most sensible way to serve God. Don't be like the people of this world, but let God change the way you think. Then you will know how to do everything that is good and pleasing to him. (Romans 12:1-2)

Step Four–Made a searching and fearless moral inventory of ourselves.

In Lamentations it says, "Instead, we should think about the way we are living and turn back to the Lord" (Lamentations 3:40). Self-examination is hard–but essential for all of us interested in our growth.

Step Five–Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

From the Book of James, which the A. A. founders read so often, "If you have sinned, you should tell each other what you have done. Then you can pray for one another and be healed. The prayer of an innocent person is powerful, and it can help a lot" (James 5:16).

Step Six–We were entirely ready to have God remove all of these defects of character.

Also in James it says, "Surrender to God! Resist the devil, and he will run from you. Come near to God, and he will come near to you. Clean up your lives, you sinners. Purify your hearts, you people who can't make up your mind" (James 4:7-8).

Step Seven–Humbly asked him to remove our shortcomings.

In the letter of John it says, "But if we confess our sins to God, he can always be trusted to forgive us and take our sins away" (1 John 1:9).

Step Eight–Made a list of all persons we had harmed and became willing to make amends to them all.

The golden rule from the Sermon on the Mount says:

> Treat others as you want them to treat you. This is what the Law and the Prophets are all about. (Matthew 7:12)

Step Nine–Made direct amends to such people wherever possible, except when to do so would injure them or others.

Also from the Sermon on the Mount it says:

> So if you are about to place your gift on the altar and remember that someone is angry with you, leave your gift there in front of the altar. Make peace with that person, then come back and offer your gift to God. (Matthew 5:23-24)

Step Ten–Continue to take personal inventory and when we were wrong promptly admitted it.

In another of Paul's letters it says:

> Even if you think you can stand up to temptation, be careful not to fall. You are tempted in the same way that everyone else is tempted. But God can be trusted not to let you be tempted too much, and he will show you how to escape from your temptations. (I Corinthians 10:12-13)

Step Eleven–Sought through prayer and meditation to improve our conscious contact with God as we understood him, praying only for knowledge for his will for us and the power to carry that out.

In another letter it says:

> Always be glad because of the Lord! I will say it again: Be glad. Always be gentle with others. The Lord will soon be here. Don't worry about anything, but pray about everything. With thankful hearts offer up your prayers and requests to God. Then, because you belong to Christ Jesus, God will bless you with peace that no one can completely understand. And this peace will control the way you think and feel. (Philippians 4:4-7)

Paul is talking about serenity in that last sentence.

Step Twelve–Having had a spiritual awakening as a result of these steps, we tried to carry this message to others, and to practice these principles in all our affairs.

In the gospel of Luke it says:

"The man who has been healed begged to go with him. But Jesus sent him off and said, 'Go back home and tell everyone how much God has done for you'. The man then went all over town, telling everything that Jesus had done for him" (Luke 8: 38-39).

It is my conviction that the way of recovery and the way of God are consistent. The Twelve Steps describe a way of being, a way of living in connection with God, others, and oneself. The Bible talks a lot about "the Way." Let me point to a few scriptures.

In the Old Testament, there is a verse in Genesis where God is speaking about Abraham. God says, "I have chosen him to teach his family to obey me forever and to do what is right and fair. Then I will give Abraham many descendants, just as I promised" (Genesis 18:19). Notice Abraham is charged with teaching *the way of the Lord* to all who will follow in future generations.

In the New Testament, before the name "Christian" was invented, the followers of Jesus were called members of "the Way." One example occurs in Acts 19:23 where it is described that Paul had caused some problems in a town for a silversmith who made shrines for a local god. Paul's preaching had hurt his business, so the silversmith had created a controversy. The verse says, "At that time there was serious trouble because of the Lord's *Way.*" On another occasion in Acts 22, Paul is on trial and in a speech where he is defending himself, he says:

> I am a Jew, born and raised in the city of Tarsus in Cilicia. I was a student of Gamaliel and was taught to follow every single law of our ancestors. In fact, I was just as eager to obey God as any of you are today. I made trouble for everyone who followed the Lord's Way and I even had some of them killed. I had others arrested and put in jail. I didn't care if they were men or women. (Acts 22:3-4)

In this verse, Paul refers to the followers of Jesus as *the Way.*

What is the Way of God? The Bible says that it involves a way of being that is centered on God. An addiction is a way of being where alcohol or drugs are the god, the center. Whatever defines and centers your life is your God. The first commandment says, "For you there shall be no other Gods." The God of the Bible is jealous and will allow no other Gods. The character of this God then is reflected in the way of God. The Bible says this means a life that reflects love, justice, faith, trust, and right treatment of our neighbors. Is this not the way of recovery too? I think so.

I am sure you have seen the twelve principles that are associated with the Twelve Steps. These principles are: honesty, hope, faith, courage, integrity, willingness, humility, brotherly love, discipline, perseverance, awareness of God, and service. These principles are the way of God. We know them through the scriptures and by the example of Christ.

Jesus is the living example, or ultimate sponsor, if you will. There is a B. C. cartoon that shows B. C. looking at a dictionary for the meaning of the word "Bible." In the next panel it says, "the word from your sponsor." We can approach the Bible that way, and it sounds like the founders of A. A. did also.

Now, as we move to the end of this service, I am going to invite you to wash your feet. This will be for us a way of marking or affirming our decision to walk in this way of God and of recovery. In this, we recognize that this way is different from our addictions and from the culture in which we live. It is a way of living in covenant with God so that our lives reflect the nature of the God of our understanding. We will be the people of the Good Book and the Big Book. We will live and walk in faith, trust, love, honesty, and seek justice. We will walk with God and with others on this path that we have decided to follow with the full knowledge that it is God's grace that has redeemed us and shows us this way, one day at a time.

I have selected foot washing as a way of ritualistically acting this out. It is well grounded in scripture. In the Book of Exodus, after the people have been led out of bondage and just before Moses receives the Ten Commandments it says that Moses prepared the people by having them wash themselves (Exodus 19:14). Later in Exodus it says that Moses would set a bowl of water outside the tent of meeting so that the priests would wash their hands and feet before approaching the altar (Exodus 40:30-32).

In the New Testament, there was a washing ritual for people who wished to join the Way. That ritual is still practiced today. It is called "baptism." You can only be baptized once according to tradition and church law. If you haven't been baptized and want to be, talk with the pastor of your church. Baptism is a sign of a major life change; like recovery is a shift to a new way of life.

The Prayer

Let us pray: *Lord, as you have washed your people before, so wash and cleanse us so that we may walk in your way. Place within us a new heart and a new spirit. Forgive us of all that is past so that we may walk in newness, in gratitude, and in covenant with you. Amen.*

The Invitation

Now, will all who are willing and intend to walk in the way of recovery come to the front and wash your feet. When all have finished, I will dismiss us with prayer and we will go to another room for fellowship. (At this point, the people will be directed to move to the location(s) of the water and towels.)

The Benediction

Will all who care to, please join hands for our closing prayer. For our closing prayer I have selected an ancient prayer that was given by God to Moses. *"I pray that the Lord will bless and protect you, and that he will show you mercy and kindness. May the Lord be good to you and give you peace"* (Numbers 6:22-26).

Go to refreshments.

Exploring the Spiritual Experience of the Twelve Steps of Alcoholics Anonymous

Charles J. Sandoz

ABSTRACT. This article describes the process of spiritual experience in recovery of 57 members of Alcoholics Anonymous from groups located in Southern New Jersey. Eighty-two percent of the participants claimed to have had a spiritual experience. The process of spiritual experiences described by the participants was slow, 72%, sudden, 22%, and both slow and sudden, 6%. This spiritual experience phenomenon was not found to be related to religious denomination, regular church attendance, or daily prayer. Chi-square analyses revealed significant associations between claiming to have had a spiritual experience along with completion of Steps 4, 5, 8 and 9. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpressinc.com]*

INTRODUCTION

Recovery in Alcoholics Anonymous (AA) is believed to be based on spiritual growth through the practice of certain principles known as the 12 Steps. Very little research has explored spirituality as a factor in alcoholism recovery (Whitfield, 1985; Brown et al., 1988; Brown & Peterson, 1989). Clinebell (1963) believed that one of the significant factors in the etiology of alcoholism was the vain attempt of the person

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to satisfy deep religious, or spiritual needs by means of alcohol. Similarly, Kurtz viewed alcoholism as a misguided thirst for transcendence and the misunderstanding of spiritual needs was a root cause for alcoholism addiction. Snow et al. (1994) viewed spirituality in AA as a means to change and as a focus of change.

In addition, Snow et al. (1994) stated that spirituality was very difficult to conceptualize and further research was warranted. Chappel and Veach (1993) cited interviews with recovering alcoholics who attributed the reason for their sobriety to a spiritual experience without participation in a religious denomination. Chappel (1990) provided evidence which differentiated AA spirituality from religiosity. Religiosity is related to the faith and worship within the context of a particular church, or denomination. Spirituality involves an understanding of God through the felt effect in one's life. In a similar manner, Whitfield (1985) distinguished the traditional, organized and limited forms of religion (exoteric) from a more flexible and expansive spirituality (esoteric).

THE AA PROGRAM AND SPIRITUALITY

The 12 Step program in AA stresses a lifelong commitment to change in order to maintain sobriety. The spirituality which is deeply embedded in the 12 Steps is one of the key components for the change in attitudes and action in recovery.

Carl Jung, as cited in the book *Alcoholics Anonymous* (1976), described a spiritual solution to the problem of alcoholism as involving "huge emotional displacements and rearrangements" (p. 27). In addition, Jung elaborated on the spiritual conversion process as the former guiding forces of the lives of alcoholics are cast aside and replaced by other dominant concepts and motives. The former guiding forces included selfish attitudes and actions which were replaced by acts of service designed to help others.

AA's co-founder, known as Bill W., claimed to have had two spiritual conversion experiences. The first occurred when he was in the Charles B. Town's Hospital in recovery which was quite sudden and very profound as cited in the book *Alcoholics Anonymous* (1976). Although it remains unclear if his second spiritual experience was as sudden as the first one, it was reported to have transpired following several years of sobriety shortly after he had completed the fifth step

of AA reported in the book (p. 242) entitled *Pass It On* (1984). Bill W., AA's co-founder and author of *Twelve Steps and Twelve Traditions,* declared that the most important meaning that was attributed to the spiritual awakening is that the alcoholic has

> . . . become able to do, feel and believe that which he could not do before on his unaided strength and resources alone . . . because he has laid hold of a source of strength which he had hitherto denied himself. (p. 106-107)

Bill W., in the book *Alcoholics Anonymous,* described the effect of this spiritual experience as a reformation of one's attitude toward one's life and other people (p. 25) and elaborated on the types of spiritual experiences in Appendix II of the text (p. 569). There are two types of spiritual conversion processes which the recovering alcoholic may encounter. The term "spiritual experience" indicated a sudden and quite spectacular phenomenon which is deeply profound and considered to be rare. The second type is referred to as a "spiritual awakening" and is depicted as a slower and more gradual process. The spiritual awakening is considered to be very common among recovering alcoholics after completing the 12 Steps. Bill W., the author of *Alcoholics Anonymous,* cited William James's description of the spiritual awakening as the "educational variety" in that the process of spiritual growth is a slow and gradual one based upon learning experiences. Regardless of the type of spiritual conversion process the salient result is that the alcoholic demonstrates a personality change sufficient to bring about the recovery from alcoholism.

Tiebout (1961) described this process of spiritual conversion of members of AA as "hitting bottom," maintenance of humility, surrendering and ego reduction. However, the effect of either type of spiritual conversion experience (i.e., sudden, or slow) produces a psychic change sufficient to recover from alcoholism. Brown and Peterson (1987, 1990) describe a change in a person's value system after having a spiritual experience accompanied with the ability to handle life stress without resorting to the use of alcohol or drugs. This process includes working on a 12 Step program of recovery which redefines one's value system.

Carroll (1993) linked the spiritual practices of AA members with meaningfulness to life and sobriety. In addition, Carroll noted that research on spirituality has been a neglected area in the studies on

alcoholism recovery. Carroll described the basis of recovery in AA as spiritual growth which is obtained through the practice of the 12 Steps in all of the affairs of life. Gilbert (1991) described the process of recovery as changing attitudes and actions through the 12 Steps which involves moving out of the attitude of selfishness and into the service of helping others. Brown and Peters (1991) described certain spiritual practices in recovery and found a remarkable consistency in the completion of certain steps and habit of daily prayer. The completion of specific steps may be a viable alternative in measuring spiritual health as compared with the report by Veach and Chappel (1992).

THE FOCUS OF THE STUDY

The purpose of this study was to examine relevant factors associated with the spiritual experience in AA and if these factors were associated with certain religious components including church affiliation, attendance at church, daily prayer and information of working the 12 Steps of AA. This study asks five questions:

1. What percentage of the participants had spiritual experiences and what types of experience were involved?
2. Is religious denomination related to a recovering alcoholic's claim to have had a spiritual experience in AA?
3. Is regular church attendance associated with having a spiritual experience in AA?
4. Is daily prayer related to the spiritual experience in AA?
5. Which completed steps are associated with reports of having a spiritual experience?

METHOD

Subjects. The participants included 57 members of Alcoholics Anonymous from AA groups located in the Southern New Jersey area. The average length of sobriety was 5.8 years for the 27 males and 30 females who participated in the study. Over 90% of the participants were Caucasian. The range of age was from 24 to 75 years.

Instruments. The demographic questionnaire asked for information regarding the examinee's age, ethnic group, religious preference and church attendance. The questionnaire was developed by the experimenter and was based on the practices of the AA 12 Step Program of recovery. Certain items requested specific information on daily maintenance and recovery practices regarding application of the 12 Step program of AA and which of the steps were practiced daily or completed. Of particular interest in this study was the completion of certain action steps. The reason for asking in the survey if specific steps were completed was based on the rationale that Steps 4, 5, 8 and 9 involve a process of action in which there is a final end point. In addition, specifics were asked regarding spiritual experience as described in the book *Alcoholics Anonymous* (i.e., "sudden" or "slow") and the length of daily prayer. Subjects were asked to describe the process of their own spiritual experience.

Procedure. Volunteers were recruited from open AA meetings in the Southern New Jersey area which were within a 20 mile radius of the experimenter's residence. Prospective volunteers were approached individually by the investigator who was conducting research to learn about religious and spiritual characteristics related to sobriety. A questionnaire was given to each of the participants after the subjects were informed about the confidentiality of the study. The subjects returned the questionnaire packets to the investigator at the next AA meeting.

RESULTS AND DISCUSSION

Fifty-seven questionnaires (67% of the 88 that were distributed) were returned from the AA members from the groups in Southern New Jersey. The majority of the subjects were Caucasian (approximately 92%). Other ethnic groups were African-American (4%) and of mixed ethnicity (4%). Age range for the subjects was from 25 to 75 years with an average age of 45 years.

Table 1 includes a summary of the AA Step Maintenance information. Table 2 offers a summary of the religious data of the participants.

The first research question explored the frequency and type of spiritual experiences of AA members. Analysis of the data from the questionnaire revealed that 82% of the participants claimed to have

TABLE 1. Summary of AA Step Maintenance Practices

FAMILIAR WITH THE 12 STEPS: N = 57
All of the respondents were familiar with the steps.

DAILY PRACTICE OF THE STEPS: N = 56
91% claimed to practice the steps daily.

DAILY MAINTENANCE IN MINUTES WORKING ON STEPS: N = 58

Range	0-240 minutes
Mean	69.85 minutes

HAVE COMPLETED STEP 4: N = 54
55.7% have completed the 4th Step.

HAVE COMPLETED STEP 5: N = 54
53.7% have completed the 5th Step.

HAVE COMPLETED STEP 8: N = 57
45.6% have completed the 8th Step.

HAVE COMPLETED STEP 9: N = 57
42.1% have completed the 9th Step.

TABLE 2. Summary of Religious Data of Participants

VIEW GOD AS "HIGHER POWER": N = 57
All respondents viewed God as Higher Power.

DAILY PRAYER: N = 57
91.2% claimed to pray daily.

LENGTH OF DAILY PRAYER IN MINUTES: N = 50

Range	1-75 minutes
Mean	21.3 minutes

RELIGIOUS PREFERENCE: N = 55
25.5% Protestant
63.6% Catholic
10.9% Miscellaneous

CHURCH ATTENDANCE: N = 46
73.9% do not attend regularly.
26.1% attend regularly.

had a spiritual experience. The types of spiritual conversion experiences described by the participants were slow, 72%, sudden, 22%, and both slow and sudden, 6%.

Denomination, Attendance and Daily Prayer

While the second research question explored the relationships between religious denomination and a spiritual experience, the third research question examined the association of regular church attendance with a spiritual experience in AA. Chi-square analyses were used to determine if there were any significant associations between religious denomination, church attendance and having a spiritual experience. No significant associations were found between the reports of having a spiritual experience with church denomination, or regular attendance at church.

The fourth research question examined the relationship between the length of daily prayer and the AA spiritual experience. A two tailed t-test for independent samples was used. Analysis of the results of the t-test were not found to be significant, $t = -1.32$, $p = .192$.

12 Steps and Spiritual Experience

The fifth research question examined the relationships between the completion of Steps 4, 5, 8 and 9 with reports of having a spiritual experience. Chi-square analyses were used to determine if there were any significant associations between completion of a specific step with having a spiritual experience. The significant associations were found with the completion of Step 4, X^2 (1 df, N = 53) = 9.72, $p = .002$, the completion of Step 5, X^2 (1 df, N = 53) = 10.57, $p = .001$, the completion of Step 8, X^2 (1 df, N = 56) = 7.74, $p = .005$, and the completion of Step 9, X^2 (1 df, N = 56) = 7.12, $p = .008$. Although 83% of the individuals who completed Step 4 claimed to have had a spiritual conversion, only 21% of those who had not completed the fourth step made the same assertion. The percentage of those claiming a spiritual conversion who had completed the fifth step was 100%. However, only 63% of those who had not completed the fifth step made the same assertion of having a spiritual conversion experience. Similarly, 68% of those who had not completed the eighth step claimed to have had a spiritual conversion experience. Finally, 69% of

those who had not completed the ninth step claimed to have had a spiritual experience of either the sudden or the slow type.

CONCLUSION

Analysis of the results of the study regarding the type of spiritual experience appears to parallel the pattern described by Bill W., the author of *Alcoholics Anonymous.* The sudden "spiritual experience" was reported with less frequency than the "spiritual awakening" which is a slower process. Results appear to affirm that the spiritual awakening is very common among recovering alcoholics.

There were no significant associations found between the reports of having a spiritual experience with church denomination, regular attendance, daily prayer. These results concur with the study by Chappel and Veach (1993) attributing sobriety to a spiritual experience without participation in a religious denomination. In addition, these results add more credence to the study by Chappel (1990) which provided evidence differentiating AA spirituality from a formal religion.

The results indicated that all of the participants who completed the fifth step claimed to have had a spiritual experience. Bill W., the co-founder of AA, claimed to have had a second spiritual conversion experience after his completion of the fifth step. Since both slow and sudden types of the spiritual conversion experiences result in the personality change sufficient to bring about the recovery from alcoholism, the importance of completion of, at least, the first five steps would appear to be crucial in attaining and maintaining sobriety. At the present time the research which compares the effects of the two types of spiritual experiences is practically non-existent. More research is needed to study the phenomenon of spiritual experience and its relationship to other recovery-related areas.

The implications of this study for those who counsel alcoholics in the ministry include the following points: (1) To focus on the alcoholic's efforts to complete Steps 4 and 5–only then will the counselor be assured that the recovering alcoholic is making progress in the proper direction, and (2) To encourage the alcoholic to pursue the remaining Steps in the 12 Step program as a means of maintenance in ongoing recovery.

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BOOK REVIEWS

VICTIMS AND SINNERS: SPIRITUAL ROOTS OF ADDICTION AND RECOVERY. Linda Mercadante. *Louisville: Westminster John Knox Press, 1996, 220 pages.*

Twelve Step recovery groups are enormously popular right now, and successful among people who see themselves in crises caused by out-of-control drinking, drugging, eating, and sexual urges. Twelve Step groups offer a support system that helps people bring their lives under control.

The terminology used to deal with addictions in these groups is appealing for several reasons. It names out-of-control behavior without being moralistic. It offers concrete strategies for dealing with the terrible urges (and fused boundaries) that come with addictions. People can easily become fluent with this terminology and use it when they or others feel helpless and overwhelmed. During the acute stages of dealing with addictive or compulsive behavior, people need support systems that are readily available and can be easily internalized. When the urge for the substance or behavior is acute, people can coach themselves and others using the terminology they've heard, evoking memories of the support group that help them maintain abstinence.

Twelve Step groups and the terminology they use to deal with addictions are like tools designed to deal with the crises that come with addictions. There are liabilities to using these tools. Peoples' problems may be forced into the categories of Twelve-Step terminology, so that its tools can be put to use, much like people with a hammer who make everything into something that can be pounded in or pried

out. Whatever can't be fixed using these tools may be ignored. Given the complexity of long-term recovery and the need for multiple perspectives to understand all aspects of recovery, limiting oneself to the tools of Twelve Step programs becomes a real liability, especially for pastoral caregivers. Pastoral caregivers need to be multilingual: fluent in the strategic ("how to") language of Twelve-Step programs and also the psychological and theological languages that can be used to understand the complexities of addiction and recovery. Multidisciplinary perspectives on addiction and recovery can help pastoral caregivers gain a systemic understanding of addiction in persons, families, communities, cultures, and transcendent realities described in our religious traditions.

Mercadante encourages pastoral caregivers to think theologically about the "how to" language used in Twelve Step groups. In the first part of her book, she suggests we begin our theological thinking with the concept of sin. Beginning with sin, she comes face to face with resistance. People who are fluent in Twelve-Step terminology don't want to talk about sin because they associate theology, and indeed religious traditions, with blaming and harsh moralism. In the first several chapters of this book she describes and illustrates this aversion to "sin talk" and persuades readers to understand this aversion and move beyond it.

In the second part of her book, she turns to history to understand this aversion to "sin talk." She describes the historical links between Alcoholics Anonymous (AA) and the Oxford Group, a Christian revivalistic movement in the early 1900s that focused on the "basics" of Christian faith: confessing sin, surrendering oneself to God, and witnessing to others. The Oxford Group formed during a time when the social gospel movement was bringing Christianity to bear upon social, political and economic problems. Mercadante notes that both founders of Alcoholics Anonymous were initially involved in the Oxford Group. Overtones of the religious orthodoxy of the Oxford Group can be heard in the generic spirituality that became part of AA. These overtones are not readily acknowledged by people studying AA. She traces the links between the Oxford Group's narrow understanding of sin and conversion and AA's understanding of addiction, surrender and recovery. By the end of this section of her book, readers can appreciate the dissonance generated when AA terminology (with its

Oxford movement overtones to do with sin, surrender and conversion) is played alongside various theological understandings of sin.

In the last section of her book, Mercadante shows readers how to use theological language to understand the theological concepts embedded in the Twelve Step model of addiction and recovery (for example, the nature of addiction, responsibility, pride, the higher power, the role of the group, grace and recovery). In these final chapters she both critiques the implicit theology of AA and reconstructs a theology that can provide a big picture of addiction and recovery by drawing upon the riches of our theological traditions.

There are many aspects of Mercadante's book that are commendable. She highlights the liabilities of relying solely upon the "how to" language of Twelve Step groups. She argues for multilinguality, and specifically for the use of theological language. She helps readers understand the aversion to "sin talk" and the dissonance generated when other theological perspectives clash with the embedded theological perspective of AA. She demonstrates the usefulness of theological language. She does all this in down-to-earth language that is accessible to people with some background in theology (not an easy task for theologians who tend to use abstract, technical language that excludes many readers). She brings personal, pastoral, and seminary experiences to her work in a way that makes her more accountable; that is, readers can listen in on her experiences and sense how these experiences have shaped her work.

There are several aspects of Mercadante's work that may get in the way for some readers. Readers may have a hard time grasping the overall structure of the book. Mercadante does not give them a "map" of where she is going by (1) outlining the chapters at the outset, (2) including chapter summaries that link one chapter to the next and (3) providing a summary at the end. As well as feeling lost at moments in the book, some readers may react negatively to some of Mercadante's illustrations of the way people in Twelve Step groups react to "sin talk" and try to fit people into their categories of addiction. Some of these illustrations may polarize readers who have been greatly helped by Twelve Step programs, and may increase their resistance to thinking theologically. These illustrations can make pastoral caregivers aware of the need for a consistent empathic stance towards those who may use Twelve Step groups and their terminology in ways that seem rigid.

All in all, Mercadante can be commended for encouraging pastoral caregivers to draw upon theological perspectives when working with people in Twelve Step programs. Given the prevalence of substance abuse and addiction, and the popularity of Twelve Step programs, many pastoral caregivers will find her work useful in their pastoral, preaching, and educational ministries.

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RELIGIOUS DIAGNOSIS IN A SECULAR SOCIETY. Donald D. Denton, Jr. *Lanham, MD: University Press of America, 134 pages.*

In 1976 Dr. Paul Pruyser of the Menninger Clinic set a new standard for explicitly "pastoral" assessment in the care of persons. Since then, a number of pastoral caregivers have tried their hand at diagnosis, presenting a variety of models that use biblical and theological concepts. Each of these models can be valuable for understanding the needs of persons who come for pastoral care and in guiding appropriate interventions; each is helpful in articulating the theological roots and commitments of pastoral care as a discipline and healing art.

Donald Denton, Jr. of the Virginia Institute of Pastoral Care in Richmond VA has made a significant contribution to this literature. His book, *Religious Diagnosis in a Secular Society,* lays out in a readable and engaging style a multi-axial system for contemporary pastoral assessment.

An initial word about this *multi-axial* format is important for the reader. The purposes behind all diagnostic schemes, pastoral and secular, are to shape the understanding of human difficulties, as they are presented to caregivers in a variety of settings, and to guide efforts at alleviating pain and problems in living. Yet, there is another and less-often-stated purpose that is equally important, namely the organization of presenting difficulties into a coherent and accepted schema that allows for understanding and informed conversation across a variety of different caregivers. For example, in using the current common diagnostic system of DSM IV (*Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association), a diagnosis of Major Depression allows the practitioner to understand something of the pain this individual suffers, guides the kinds of interventions the caregiver might utilize, and allows a treatment network of physicians, counselors, and social workers to begin an informed consultation about this person's needs.

Denton believes that many pastoral caregivers are at a disadvantage in this area; many simply use the currently accepted secular format and lose the richness of understanding that comes from religious traditions and spiritual sources, while others who may want to think and function in a more pastoral frame are unable to enter fully into the dialogue with other caregivers and find it difficult to explain the connections between pastoral and secular frameworks in ways that are helpful. Denton has chosen to use a multi-axial system because of its similarities to the current DSM format; he believes that this will facilitate conversation with other practitioners of care. Another important advantage, according to the author, is the ability of a multi-axial format to convey some sense of the layers of pain that people bring to pastoral and clinical care. This second rationale seems to be the more powerful one.

The book presents three different layers or "axes" for use in pastoral diagnosis. Each layer helps pastoral caregivers to understand the spiritual or religious themes which persons bring with them to the caregiving process. Some of the connections with the corresponding DSM axis–connections between spiritual themes and more explicit clinical concerns–are spelled out.

Axis I is the surface layer of Ethical Concerns. Understanding on this axis comes through assessment of the ethical boundaries around this person's dilemma and how those boundaries have been breached. The sense of blame or guilt this individual experiences, real or imagined, is assessed along with the feeling of "being punished." The sense of redress or the need to "right the wrongs" perpetrated or received by the one seeking care is also assessed. The pastoral caregiver tries to determine how the presenting dilemma brings with it a sense of ethics broken or boundaries transgressed, and what efforts at redress need to occur so that the individual can move on. Empathy and an ability to facilitate inquiry and introspection are the needed skills of caregiving here.

Axis II is the arena of Covenant and Betrayal. This is a deeper area of a person's soul, encompassing experiences of broken trust, betrayed relationships, and feelings such as rage and terror that accompany such deeply wounding experiences. Grieving over the wounds and coming to a more adequate sense of sin and of "ultimacy" in one's life are seen as essential experiences in a needed return to community. Naming one's idols (for example, control, pleasure, misplaced sexuality, fundamentalism), identifying the forms of one's devotion to them, coming to terms with them as "false gods," and reorienting the self toward a renewed covenant with the living God are all part of the method of pastoral care at this level. Facilitating a process of self-awareness and providing an experience of consistent care are the required skills of the pastoral caregiver.

Axis III, often rooted in experiences of parental failure, catastrophic stressors, and profound disorders of thought and belief, is the level of Existential Defilement. This is often experienced as abandonment by God, others, or family; it is often accompanied by feelings of estrangement, "stain" or fundamental flaw that reach to the core of the person. Often the disorder here is chronic and extensive, affecting many areas of a person's functioning and his or her basic sense of humanity. The journey of pastoral care at this level must include both a return to the core event or experience that was the catalyst for defilement and a "working through" that can lead to some redemptive action on the way to rediscovering peace and joy in oneself and one's life. Clinical experience and sensitivity, along with a deep appreciation of mythic themes and spiritual resources, are suggested by the author as essential for caregivers who work with such persons.

Denton describes these three axes in an accessible and easy-to-read manner, using a number of case vignettes at each step. Many of the stories of pastoral care that he uses will be familiar; readers will find that his case examples echo their own experience. Readers will also find his way of assessing cases, utilizing this multi-axial system, both helpful and thought-provoking. This book and its format will engage readers across a variety of pastoral care situations from parish office to the hospital bed, from professional pastoral counseling to prisons and treatment centers, even to home visitation.

I have already placed this book next to Pruyser's *Minister as Diagnostician* on my bookshelf. It has challenged my own thinking on how we, as pastoral caregivers, name the pain of those who come to us and guide their care. Whether this system of diagnosis allows pastoral caregivers to be heard differently and more effectively in the larger diagnostic world is a proposal that remains to be seen. Denton is correct, however, in pointing out the need for pastoral care to continue formulating ways in which to enter this dialogue, and he has offered a powerful model as one way to proceed.

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ANGELA'S ASHES. A MEMOIR. Frank McCourt. *New York: Scribner; 364 pages.*

In the *New York Times* Book Review, June 21, 1998, on the Bestsellers' List, *Angela's Ashes* is listed in eighth place–a step down from the previous week's rating–but on the list for 92 weeks. One might wonder why such a popular book should appear for review in a Journal such as this?

The book is a memoir of the author's growing up in Ireland, of his alcoholic father who is more often unemployed than employed, of his distraught mother, of his siblings. The plight of the family is one of desperate poverty, great need and even starvation in the Depression-ridden era of the 1930s. The setting is the slums of Limerick. The sounds and smells of the slums mingle with, and give body to, its tears and laughter. In reading this book, which is non-fiction, one wishes sometimes that it were only the product of a writer's imagination.

The book's theme is captured in a single paragraph:

> People everywhere brag and whimper about the woes of their early years, but nothing can compare with the Irish version: the poverty; the shiftless loquacious alcoholic father; the pious defeated mother moaning by the fire; pompous priests; bullying schoolmasters; the English and the terrible things they did to us for eight hundred long years. (page 11)

But *Angela's Ashes* is a book of light as well as a book of darkness. The light shines through in the flow of its prose and the depths of its

humor, a humor precisely Irish, which breaks through in moments of extreme stress in the face of life and death, not to speak of the times of ordinary daily living. The light shines also in the survival of, indeed triumph of, the author, Frank McCourt, who writes with wit and honest realism of his early years. When you read his prose, you can well believe that, as he says, his soul has been nourished by the tales told him by his father, a dreamer-patriot bewitched by alcohol, which is his escape, his excuse, his love, his monster.

Early in the story, McCourt fairly sings a litany of his father as a wage-earner and of his downfall(s), inevitably to be repeated, because of his addiction:

> When Dad gets a job Mam is cheerful and she sings . . .
>
> When Dad brings home the first week's wages Mam is delighted she can pay the lovely Italian man in the grocery shop and she can hold her head up again because there's nothing worse in the world than to owe and be beholden to anyone. . . .
>
> When Dad brings home the first week's wages on a Friday night we know the weekend will be wonderful. On Saturday night Mam will boil water on the stove, wash us in the great tin tub and Dad will dry us. . . . .
>
> When Dad brings home the first week's wages and the weather is fine Mam takes us to the playground. She sits on the bench and talks to Minnie MacAdorey. . .
>
> When Dad's job goes into the third week he does not bring home the wages. On Friday night we wait for him and Mam gives us bread and tea. The darkness comes down and the lights come on along Classon Avenue . . . (pages 23-24).

Among my friends who have picked up this book to read, if they be Irish, the reaction has been twofold. There are those who say, perhaps wistfully, "T'is true!" Then there are those who start but do not finish the book and they say, "I will not read such stereotypically slanderous material" or similar words. Why then does this review appear in a Journal addressed to men and women who strive to assist those caught in a struggle with alcohol addiction? Perhaps the book *Angela's Ashes* may help to verify the experience of alcoholism and its pains and to see at the distance of the written word something of what they hear about in their counseling rooms and conferences. Perhaps the book can help one grow in human compassion for the one in need who is present to the counselor or pastor through exposure to the "anonymous" other on the printed page. Reflection on the "anonymous" other can conceivably allow one more freedom and intelligence to respond to the person at hand. Perhaps the book insofar as it offers light and hope can shred some of the darkness found by the counselor or pastor in the tragic circumstances with which that person is dealing.

We learn a great deal from the world in which we live and with which we must deal. Our learning is enhanced by stories of the remembered past, whether of ourselves or others. It may be transformed by works of the imagination, be they in prose or poetry, in music or in stone. Frank McCourt offers a human story in sometimes poetic prose with the occasional sound of distant music. It may be read for the beauty of its sound, for the tragedy and sometimes triumphs of its characters, but not without some tears and some laughter.

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ALCOHOL AND SPORT. Robert D. Stainback. *Champaign, IL: Human Kinetics, 1997, 219 pages.*

Robert Stainback provides an excellent guide for anyone, including sport professionals, who is concerned with the issues of alcohol abuse, prevention, and addiction. However, the title, *Alcohol and Sport,* is a bit of a misnomer since the book falls short on information and insight that relate these two topics.

Stainback's initial chapters present current research, citing alleged trends and patterns of alcohol use among children, ethnic groups, both genders and adult populations, providing the reader with solid information that is useful for understanding the topics. This presentation also establishes the "indivisible, inseparable, identical" relationship between alcohol (mainly beer) and the arena of sport. Interpreting the messages inherent in beer commercials leads to the conclusion that such advertising has a detrimental effect on the general population. Stainback makes an excellent point that, although these messages may

have a negative effect, education rather than censorship can help alter these effects.

The subject of alcohol use among athletes is introduced at this time. The research indicates that high school, collegiate, adult, and professional athletes are using alcohol at a rate comparable to their peers. Drinking patterns are comparable for women and men. In essence, then, people who use or abuse alcohol, whether athletes or not, do so for similar reasons. For instance, among high school athletes, alcohol use may help the athlete cope with anxiety-provoking social situations. Research shows that adolescent drinkers differ from nondrinkers in their level of social skills, with drinkers having lower social skills than nondrinkers. Congruent with the title of this book, perhaps it should have been suggested that athletes may have a greater social presence on campus and in the community which, in an adolescent with a low level of social sophistication, can be quite anxiety producing. This increased level of anxiety might help to account for drinking behaviors. This type of insight into the alcohol-sport connection is typically lacking in the book; it is the book's main weakness.

In Chapter 3, Stainback does a fine job of providing the reader with a complete and comprehensive guide of the biomedical effects of alcohol, such as its effect on the central nervous system, cardiovascular system, the reproductive system, and immune system. This information is useful for sport professionals and prevention efforts aimed at abuse. It is of particular value to athletes because of their interest in physical performance at high levels of competition. Dissemination of the effects that alcohol has on the human body and its performance is helpful for athletes as they form opinions about appropriate use of alcohol. Although this is not proposed at this point in the book, Stainback suggests such a dissemination of information later when he addresses models of prevention.

Perhaps of most interest to the athlete, especially on the high school and college levels, Stainback provides important research findings on the effects of alcohol on driving. He explains how these results apply to human performance in athletic competition. Essentially, to the extent that athletic skills depend on the same psychomotor skills needed to operate a motor vehicle, athletic performance will suffer following alcohol consumption. It is doubtful that any sport professionals currently believe in the antiquated notion that alcohol increases athletic performance; however, this type of information is of particular interest

to athletes concerned with any substance that may impair performance. Stainback provides many such insights into the effects of alcohol on the human body such as decreased aerobic capacity, dehydration, decreased testosterone production, and decreased muscular work capacity. These effects may have a greater impact on the athlete who may not be particularly concerned with long-term health, but is rather acutely concerned with immediate athletic capabilities.

Stainback once again runs into the problem of making the alcohol-sport connection when he proposes "risk factors" for alcohol abuse and dependence among athletes. Such risk factors are the same for athletes as for the general public. He puts forward several valid environmental factors that may create the situation in which increased or problematic alcohol use can occur. However, Stainback admittedly states that it is difficult to differentiate between the personality factors that predispose an individual to problem use and the environmental stressors that may serve as catalysts for misuse. With this in mind, one can see these personality factors in any individual, resulting in a susceptibility to alcohol abuse, while the environmental stressors of athletic competition and public notoriety may provide a particular setting in which alcohol abuse occurs. However, this interrelationship is not made very clear by the author.

Given the audience for which this book is written–professionals "involved in minimizing the detrimental effects of alcohol on athletes" and individuals "who appreciate sport and who are influenced by the behavior of athletes"–it is disappointing that, although the book states that there exist many prevention and treatment programs utilizing athletes, coaches and health professionals, the book does not detail any of these programs (Chapters 5, 6 and 7). The text seems merely to state that these individuals can be instrumental in prevention, intervention and treatment efforts with athletes, but does not do enough to educate the reader as to how this might occur. For example, Stainback details the components of a successful alcohol prevention program (Chapter 5), but does not indicate to the reader what the role of the athlete, coach or health professional is within this model.

The alcohol-sport connection is established, however, in describing those qualities the athlete may bring to treatment that can contribute to a positive prognosis. Stainback recognizes athletes' abilities to set and achieve goals, gain insight into personal strengths and weaknesses,

focus attention, and respond positively to challenges within the treatment setting, as well as outside of treatment.

Finally, Stainback's future considerations for the reduction or prevention of problem alcohol use within the sporting community (Chapter 8) are naive. He suggests altering the demographic composition of beer drinkers at sporting events as a way to impact the marketing strategies of beer companies. For example, he suggests that an increased focus on women's sports would somehow make the spectators' demographics more heterogeneous, thereby reducing problem drinking. He further suggests that the alcohol industry find other venues in which to push their products!

Stainback gets back on track by suggesting that prevention strategies should reinforce the health aspects of sports for all participants and emphasize the negative health related consequences of heavy alcohol use. Further, he suggests that athletes be provided with reasonable and healthy alternatives to alcohol use, as well as the coping strategies necessary to make appropriate choices and to handle the stressors that provide the setting for problem alcohol use.

This book is a valuable tool for the sport professional. It provides excellent information regarding many aspects of alcohol use, abuse, dependence, and prevention strategies which are valuable tools for the sport professional in developing his or her own models of prevention. However, the book lacks the specifics of how this information pertained to athletes and the sporting community.

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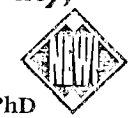

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