THE PARISH

ECCLESIAL ENVIRONMENT IN PASTORING

ALCOHOL ADDICTS

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Abstract

This study shows how the mission of the Church should be focused on those in need, including those who suffer from alcohol dependence. Alcoholics, even as people fallen in passion, remain members of the Church. The priest, together with the members of the parish, needs to support the addict-patient and his family throughout the entire recovery process. The parish is the most appropriate environment for this support, and the pastoral work carried out in the case of alcoholics must occur within the context of the local church. Here, the priest finds all the sacramental and pastoral means to support the desire of the faithful to lead a life of bodily and spiritual purity and the relentless struggle against sin and disease (and therefore against alcoholism).

Keywords: internal mission, Church, parish, alcoholism, alcoholics’ therapy

1. Introduction

The Church, as Body of Christ, is in a permanent state of mission because mission is an essential dimension and component of it. Were it not missionary the Church might cease to exist [1].

In general, it is shown that the Church’s mission has a double task: it is ‘external’, i.e. it takes into account those who are not part of the Christian community, and ‘internal’, i.e. it is moving towards the members of this community. But the two issues are inextricably linked, just as the mission is inextricably linked to the pastoral ministry. „It is… evident that from the outset mission and pastoral care are interdependent and mutually fulfilling. They both constitute one and the same task. Consequently, polarizations such as ‘inside’, ‘outside’ …, between mission and pastoral care are, especially today, totally unjustifiable. It is not possible to overlook the need for serious internal pastoral care, but neither is it possible to allow immediate pastoral work to paralyze Christian witness throughout the world, nor to justify missionary inertia.” [2]

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The internal mission of the Church is carried out especially to those in need, sickness and suffering: “It is not those who are healthy who need a physician, but those who are sick” (Matthew 9.12). In this study we will focus on the needs of those caught up in the passion of drunkenness, trying to find theological principles that can form the basis for an efficient ministry between the alcoholics. But even as people fallen in passion, they remain members of the Church. Therefore the priest and the other believers must be on hand to help the alcoholic and his family to overcome this dependence. The mutual assistance environment is the parish and the pastoral work, where alcoholics are involved, should be performed at the specific level of local church. The priest and the faithful have at hand sacramental and pastoral means to lead a life of bodily and spiritual purity, which requires a ceaseless struggle against sin and sickness (and therefore against alcoholism).

2. On drunkenness in the Scripture and the Holy Fathers

The Orthodox Church is based on biblical and patristic sources in condemning alcohol abuse. The Holy Scripture and the Holy Fathers are unanimous in confessing the harmful effects of the alcohol on both body and soul. Thus, the “drunkenness multiplies the wrath of the foolish”, “shrinks virtue and gathers wounds” (Wisdom of Jesus Sirach 31.35). Christians should be “filled with the Spirit”, not get drunk with wine (Ephesians 5.18). To note that not the alcohol is condemned, but the abuse! [3] “And wine that maketh glad the heart of man” (Psalms 103.16), but the Church accepts the consumption of wine, especially as social role [3, p. 51].

The same opinion is found marked in the patristic writings, especially the ascetic-mystical ones. Commenting on the quote from Isaiah 29.9, John Chrysostom says that drunkenness itself – in here it is mentioned also a “non alcohol drunkenness” – is the worst, making man unreasonable [4]. The same Holy Father believes that man fallen in the passion of drunkenness gets a demonic side: “drunkenness is demonization willingly” [5]. Although obviously it can not be generalized, in the sense that any alcoholic is under demonic influence, however “the passion of drunkenness is the seen sign of our defeat in the unseen battle with the spirits of darkness” [3, p. 21]. Consequently, the appeal of Clement of Alexandria sounds like this: “You must protect yourself from drunkenness as from hemlock, because both lead to death” [6].

3. The spiritual dimension of alcohol dependence

Considered both drink and drug, alcohol is dangerous at both individual and social level. Alcohol abuse can lead to chronic diseases such as cancer of the oesophagus and liver cancer; the same, prolonged consumption of alcohol can lead to destruction of the stomach, pancreas, small intestine, and damage to the nervous system functioning [7]. Do not forget that any use of alcohol increases the chances of serious accidental injury. Psychologically, drinking is a common
cause of insomnia, and a form of anorexia may also be associated with alcoholism.

Deepak Chopra points out that we cannot draw a definite line between the physical, mental, emotional or spiritual element of our nature [8]. If externally alcoholism leads to disruption of work, financial and legal troubles or problems in the family, internally, alcoholism produces disturbances such as: removes the priorities, emphasizing a single one, satisfying the need to drink; as time goes on, the tolerance to alcohol increases and ever larger quantities are necessary to fulfil the desired effect; the same, as alcohol tolerance increases, the unpleasant or painful symptoms, that occur when it is missed, multiply (tremor, insomnia, agitation, anxiety and confusion); alcohol abuse causes inner conflict and despair. It is a process that involves various factors and has several stages. The same author noted evokes the results of the researcher from Yale University, E.M. Jellinek, which have led to the identification of four stages of alcoholism.

In the first stage, the subject feels a decrease in stress and in blood pressure when consuming alcohol. After a period of six months to two years, the future alcoholic, in order to live that state of relaxation, begins to drink almost every day. Thus, there is a higher alcohol tolerance than that of an ordinary person.

In a second step, sudden blackouts or memory loss begin to appear. During this period, the subject begins to realize that he has reached a new phase, and this activity is associated with tension and guilt. Therefore, he might start to drink more and more secretly.

The third stage marks the transition from a behaviour more or less controlled to a totally uncontrolled one. The need of alcohol consumption becomes irresistible. The alcoholic replies tensions and problems with drink, immediately and reflexively; he may even cause or invent incidents to justify alcohol consumption. Often the addict begins each day with a drink and spends his evenings becoming drunk. It is a phase that can last for several years, during which he is still able to keep his job and be sociable, although the relations with those closest are increasingly tensed.

The fourth stage is considered by Jellinek as the chronic phase of alcohol dependence [9]. It is marked by long periods of intoxication. During this period may appear serious physical and mental health problems, problems in interpersonal and professional relations and even legal issues. “Even a brief removal of alcohol causes unpleasant symptoms and generators of fear and the addict drinks to avoid them. Alcohol tolerance diminishes suddenly and even small amounts of alcohol lead to drunkenness.” [8, p. 64-66]

To note is that sometimes alcoholism is closely related to man’s spiritual dimension. Jellinek’s research – and not only his [10, 11] – have shown that a majority of alcoholics (around 60%) go through an experience that has important implications for the successful treatment of alcoholism. “When these people are gripped by deep despair, they suddenly experience a spiritual awakening. They begin to appeal to a higher power that would emerge them from the depths in which they have sunk. A small number of alcoholics live even a dramatic
moment of revelation, like a religious conversion, and they recognize that they are the hands of an ultimate destiny. In other words, they live a moment of ecstasy.” [8, p. 67].

Using the researches mentioned above, Deepak Chopra shows that this transcendent phenomenon is decisive in the successful treatment, i.e. long term, of alcoholism. We note the emphasis on the spiritual dimension of alcoholism, but we question the relevance of therapeutic methods stated by Chopra from the perspective of Ayurvedic medicine. Instead, we will present the pastoral work for people dependent on alcohol from a theological-Orthodox perspective.

4. The Orthodox pastoral work for alcohol addicted believers

The Orthodox mission has a full character: it is Liturgical-sacramental, mystical-ascetic, and social-communitarian [1]. Through ministry, preaching and diaconal mission, priests have the duty to establish, maintain and continually strengthen the spiritual integrity of the parish. They should inspire in the believers the consciousness of belonging to a common body. Among the general projects designed to bring together the priest with his community, must be included also helping those who are sick and in suffering. This means that the priest must know the believers. It is not allowed for the priest or the other members of parish to live anonymously between persons dependent on alcohol. The problems of the parish are of all believers in that parish, as Apostle Paul wrote: “the members should have the same care one for another”, because “whether one member suffers, all the members suffer with it…” (1 Corinthians 12.25-26).

In a paper recently published under the auspices of the Romanian Patriarchate, several strategies were highlighted at the level of the parish for intervention in the case of an alcoholic parishioner. In there are emphasized some steps that the parish priest must take in identifying and helping those fallen in alcohol addiction. First, he has to know those members of the parish who drink excessively. They stand out quite easily, but otherwise the priest ought not to hesitate to do everything to find them. Those suspected of being alcoholics or those around them should be asked how much and how often they drink. The Sacrament of Confession or other occasions (such as pre-marital counselling) should be used to establish a relationship with that person. Once the problem has been identified, the priest should be aware of its possible cause: family or spiritual problems, ‘moral conflicts’ or feelings of guilt, etc. There are established ‘four important questions’ that might be helpful in the assessment of drinking: 1) Have you ever felt you should reduce the amount of alcohol you consume? 2) Do you mind people criticize your drinking? 3) Have you ever felt bad or guilty about your drinking? 4) Have you ever drunk first thing in the morning? If the parishioner answers yes to one or more of these questions, then there is the risk of serious problems with the alcohol [3, p. 111].
Identifying the existence of the problem of an abuse of alcohol must be immediately followed by assessment of the severity of the problem and its nature, temporary or permanent. Summarizing, the following three categories may be established: 1) those who only are at risk of having problems; 2) people currently experiencing alcohol-related problems; 3) those who may be addicted to alcohol or develop symptoms of alcohol dependence. Depending on the state in which he is, the priest may offer the parishioners the best advice and agree with him a strategy to solve the problem of alcohol. Broadly, the priest, as a spiritual father, should express concern about the state of the parishioner. The believer should be presented with the real situation is, how alcohol affects his behaviour. It should be recommended also total abstinence from alcohol. Of course, many times it may happen that the subject may not recognize or minimize the seriousness of the situation in which he is found. Change is possible only with the awareness of the fallen state in which he is found. Change is possible only with the awareness of the fallen state in which he is found. Change is possible only with the awareness of the fallen state in which he is found. Change is possible only with the awareness of the fallen state in which he is found.

Next we will refer to the possible strategy that can be adopted at the parish level to straighten the situation. Before, however, we must say a few words about the believers who are not alcohol dependent but who are at risk of developing such problems later. It is a category that should not be viewed with superficiality, but must be given the full attention of the priest. It is worth that he recommends the limitation of alcohol consumption (even if there is nothing wrong with alcohol, it can sometimes be a problem). For the sake of their bodily and spiritual health believers ought to change their habit of drinking. An important role may be the awareness of the positive effects diminishing the quantities or abstinence from alcohol would have, both on a personal level as well as social and ecclesial. The priest will ask them to analyze the causes leading to unhealthy drinking episodes, as well as be aware of current issues and their more or less obvious relation with alcohol consumption [3, p. 117-118].

Much more difficult is the pastoral work for the parishioners on which are present the symptoms of alcohol dependence. To them, the priest must be categorical reminding them that alcoholism is a primary disease, progressive, chronic and fatal. If they are addicted to alcohol they will not be able to control its use but for short periods of time. Also, if they choose to continue drinking, they will have permanent problems caused by alcohol abuse. The priest should not be discouraged by the attitude of believers who have problems with alcohol, but are not ready to change. Pastoral work of persons addicted to alcohol can be a slow and difficult process. The important thing is to begin a process of change in which the priest to present both concern, about the state of the parishioner, and permanent readiness to help him change. According to the rule ‘hate the sin, but love the sinner’ the priest must declare and show love to those in this condition and their families. Maintaining a friendly relationship with them, he will have to pray and wait for the moment when the alcohol addict is ready to accept help and begin the recovery program.
During the recovery of the persons addicted to alcohol the priest will give them the following advice: he will guide them to a specialist program for further evaluation; he will direct then to a treatment program or to Alcoholics Anonymous; he will engage them in making decisions; he will discuss with them the alternatives; he will possibly arrange a meeting with someone in the recovery area that can be of help (the therapist). Counselling will be an empathetic discussion, not a confrontation. The priest will show his confidence in the ability to change of the person in front of him, and will emphasize his responsibility in the process of changing the way of living [3, p. 118-119].

Even if the alcohol addict agrees to change his life and enters a rehabilitation program, it does not mean that the problem is completely solved or that the responsibility of the priest ends here. He will have to maintain contact with the one in the recovery program. For those that reduce the amount consumed or have a short-term abstinence program, he will have: to remind them that it is available if they need help; to provide his encouragement and support during each visit by reviewing their progress since the last meeting, by encouraging patients in their efforts, by statements that reinforce their positive change and by evaluating the maintaining of motivation; if necessary, to set some additional meetings; to guide them to treatment program or to Alcoholics Anonymous; to recall that, for most people who have problems with alcohol, the only solution that works is entirely represented by total abstinence from alcohol. Very important is educating people addicted. Then they must be helped to make new friends or be included in a group from the church similar to Alcoholics Anonymous. If there is a relapse into alcoholism, the priest should not be discouraged or let those in need be discouraged. Recovery is a process that takes time. Again, the key is to provide guarantee that he is always close, that his help is always available [3, p. 119-120].

Fighting the passion of alcohol, at the level of the parish, requires the intervention of the priest in several ways. First, he must be informed of the dangers represented by alcohol as progressive illness, and the therapeutic resources. When relevant, i.e. when he identifies in the community a person with excessive alcohol consumption, he should not hesitate to guide him to a rehabilitation centre. It is up to the priest what therapeutic method to suggest: a Gestalt-Therapie [12], a Cognitive-Behavioural Therapy type [13], or the Twelve Steps therapy [14]. The priest should not be afraid that these programs – such as Alcoholics Anonymous – would mean a betrayal of his liturgical ministry or an evidence of the lack of faith from the believer. Belonging to Alcoholics Anonymous does not contradict and does not minimize the quality as a member of the Church because AA does not claim to be a church or religion. Father Meletios Webber emphasizes that the Twelve Steps ‘will never replace the Gospel as Christ’s call’ and Alcoholics Anonymous meetings are not a substitute for participation in the liturgical life of the Church.

An alcoholic believer is therefore still in need of the advice and prayers of the spiritual father, as well as the communion of the Holy Mysteries. His healing requires the Mystery of Confession, the Sacrament of Holy Unction and the
Mystery of the Eucharist (an important role has the Sacrament of Holy Unction). Through the Sacraments the believer receives the grace of the Holy Spirit of Christ, the eternal uncreated energy of God-Trinity through which he acquires real human identity, personal communion with God. As Father Bria said, “The Spirit rests in us to restore this personal identity, making our humanity, which is destined for death, i.e. the man outside who passes, the temple of the Holy Spirit, i.e. the man inside that is renewed day by day (2 Corinthians 4.6). Therefore, the Mysteries are the sacramental way of permanent descent of God to us, in our midst, in our neighbourhood or village. Here, Christ speaks to us and heals us spiritually, in the Holy Spirit, in the Church which is established locally of all its members, that profess the true faith, receive the grace, take part in the public divine services, and become more spiritual through prayer and responsible, conscientious work for the benefit of the community, which is and is continually made, through consecration, communitarian-Catholic Body of the living Christ.”

For Father Bria is relevant the vision of Saint John Chrysostom on the many ways of salvation that Christians practice under their universal priesthood received through Chrismation:

1) The inner Liturgy, individual, that reveals the man become ‘temple of the Holy Spirit’ through the Sacraments of initiation and who, through personal prayer, unifies the multiple aspects of Christian life: faith, facts, virtues.

2) The Liturgy of the Eucharist celebrated by the consecrated hierarchy and con-celebrated with the parochial congregation. Its purpose is the sharing with the believers of Him Who brings and Him Who brings Himself, ‘The bread that cometh down from Heaven’, thus becoming witnesses of Christ in the world.

3) ‘Liturgy of the Brother’, a human Liturgy determined by the real presence of Jesus Christ amidst all, men and women, who lay in unbearable living conditions – poverty, sufferers, orphans, widows, exploited, in those without shelter, food and comfort. (Of course, in here we can easily include those who are fallen in the passion of alcohol as well as those around them.) All these three Liturgies have in fact equal value before God [15].

The pastoral work of the priest in front of alcoholic parishioners requires honesty to himself, to his attitudes and prejudices towards alcohol consumption. Only with impeccable conduct the priest can avoid situations in which he himself needs help. Responsible drinking should be an absolute imperative for the priest. This way he will become credible and an example to follow when he condemns alcohol abuse in his sermons. The testimony through the quality and sanctity of life is the most effective means of mission. Because nothing is more attractive and more convincing but the Christian, the community or the holy, that provide a concrete example of fulfilment of the meaning of life and irradiate tranquillity, peace and love. And this more so in a society that can not provide coherence and meaning in life.

The priest will influence the most those closest: his council members and parochial committee. It is important them to be ‘allies’ of the priest in determining a responsible attitude of the congregation towards alcohol.
consumption. A priest who is not a drunkard is a positive model of behaviour even on the occasion of certain events that typically imply a greater quantity of alcohol: weddings, funerals, feast celebrations, etc. The priest should not lie to himself and believe that through alcohol consumption would become closer to his parishioners. There are other ways more consistent with the evangelical precepts for him to be sociable. Moreover, with every opportunity he has, the priest must condemn alcohol abuse.

5. Conclusions

The Orthodox Church can not remain indifferent to its believers’ fight against alcoholism, both illness and addiction. This was the belief of the Romanian Patriarchate, which in 2008 initiated a National Anti-Drug Program, whose stated goal was “the establishment of counselling centres, the training of professionals in the area of addictions, and information sessions embedded in the Pastoral courses of the Theological Institutes and the Religion classes taught in schools/high schools” [www.ortodoxantidrog.ro].

Implementation of the principles contained in this program should be a priority for any priest in his parish. Thus, he can choose one day a week to celebrate the Akathist to the Mother of God – Inexhaustible Chalice, even if only a few people attend it; he can display on the church door or at the bulletin board general information about the harmful effects of alcohol and practical ways of healing; he can even edit and print brochures with this information; he can have discussions with interested believers, either during the Sacrament of Confession, or on other occasions; he may invite speakers from the parochial council, who work in alcoholism recovery programs or in support groups of Alcoholics Anonymous.

Through all this activity, the priest can prove his thaumaturgical capacity received through the ordination grace – a full recovery, both in body and soul. A contemporary Greek theologian, Georgios D. Metallinos, referred to the parish as to a ‘spiritual hospital’ whose understanding is set under a single purpose, unique and invariable: deification (theosis) of its members [16]. The Orthodox vision proclaims the Christian life both as “teaching” (mathema) and ‘passion’ (pathema), so as a revealed way of living, through the Incarnation, as “the good news” (see Galatians 2.20: “Yet not I, but Christ liveth in me”). To speak of salvation is equivalent to expressing a commitment in the process of healing, healing of the human existence. Holy Fathers called this process asceticism, which has not only an individual sense, but full communitarian one: talking about salvation as a ‘cure’ (therapeia), an appropriate therapeutic conduct, the heart should ‘be purified’ (release) of passions so that it can be enlightened by the Holy Spirit. The perfection of each believer refers to his dimensions within the Church, because the one united with God and filled with the uncreated divine grace can “really love (selflessly) all his neighbours, brothers in humanity, and create with them an authentic and pure community” [16, p. 24]. In fact, this community is the Church, the living Body of Christ built from multiple members
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subjected to the healing process, i.e. the restoration of our spiritual health. The climate of such a process it provided by the parish: a place of healing and restoration of the whole man, a ‘spiritual hospital’ where, through the Sacraments of initiation, a re-born man is able to live in a new life and community that has Christ as its centre. Only having Christ as ‘head’ the life of the believer can be charismatically transformed in prayer, gratitude, doxology [16, p. 25].

References

Alcoholics, even as people fallen in passion, remain members of the Church. The priest, together with the members of the parish, needs to support the addict-patient and his family throughout the entire recovery process. The parish is the most appropriate environment for this support, and the pastoral work carried out in the case of alcoholics must occur within the context of the local church. Here, the priest finds all the sacramental and pastoral means to support the desire of the faithful to lead a life of bodily and spiritual purity and the relentless struggle against sin and disease (and therefore against alcoholism). Lay Ecclesial Ministers: Their Ministry Lay ecclesial ministers have primary responsibility for the day-to-day pastoral work in the parish. With a variety of titles, the more common of which include pastoral associate, director of religious education or catechetical leader, youth minister, and director of worship, they are called upon to oversee the planning, organizing, and implementing of parish programs. Lay ecclesial ministers are to use their gifts and leadership roles always for the good of the Church, equipping the community for every good work and strengthening it for its mission in the world. Alcoholism is, broadly, any drinking of alcohol that results in significant mental or physical health problems. Alcoholism is not a recognized diagnostic entity. Predominant diagnostic classifications are alcohol use disorder (DSM-5) or alcohol dependence (ICD-11). Excessive alcohol use can damage all organ systems, but it particularly affects the brain, heart, liver, pancreas and immune system. Alcoholism can result in mental illness, delirium tremens, Wernicke-Korsakoff syndrome, irregular heartbeat...