

Pastoral Care of Families, Including Alcoholics and Problem Drinkers

An interview with the Rev. David A. Works
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By
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JES: David, in pastoral care, why do you focus on families rather than on alcoholics?

DAW: I think the average cleric is likely to see the rest of the family, but may never see the member with the alcoholism problem. So my focus for the last 35 years has been on pastoral care of families, including alcoholics and problem drinkers.

JES: From your long experience of trying to minister to people with substance abuse problems, will you give us an example of just how you would deal with a situation?

DAW: It generally starts off with a telephone call from a cleric, a doctor, a lawyer, a banker, or a family member. A lot of time and hard work are saved when such a referral by a professional person comes well before we encounter the problem drinker.

After the initial call, a long period of preparation often takes place, anything from a week to two years. During that time I try to build a working relationship with, say, the spouse of the alcoholic, to see what the strengths and weaknesses of the relationship are. It can be a long, expensive, and frustrating proposition.

Now, here's a specific case that will show you just what I mean. Three years ago the partner of a very prominent businessman in a neighboring state called me for help. It took almost three years of working with his wife and with his partner to reach the point where the person could be confronted with his drinking problem and appropriate referral for hospitalization could be made.

The treatment, which cost several thousand dollars, was very effective, and the man is now back in the community rebuilding his life. Though it took a tremendous amount of energy to get this person squared away and sober, he and his family are now extremely happy and grateful. But many people cannot afford such costs.

JES: I can see that you think it's very important to build a relationship with a family member who comes to you with the problem. How do you go about establishing the relationship?

DAW: The key to the whole business is acceptance. You have to start out by being very accepting, not judgmental, even in difficult behavior situations. You must modify your own feelings in the face of terrible tragedies, and keep focusing on the person's relationships to God, neighbor, family, and self.

This is where the great resources of the Judeo-Christian heritage can bring sick, unhappy, and broken relationships to redemption. But it takes time, money, effort, and energy to apply one's understanding of Scripture, tradition, and reason to the beat-up relationships one finds. Clergy and others who have been through this a number of times know how time-consuming and demanding this kind of pastoral care can be.

Making an Assessment

JES: If a family member comes to you about a problem, what general suggestions do you make to them? How do you help them at that early stage?

DAW: As you know, the Yale Center of Alcohol Studies, where many of us were trained, devised the Jellinek chart, which lists the various stages a middle-aged man or woman goes through on the way to becoming an alcoholic person. I go over the chart very carefully with the family member, looking for two or three symptoms. First we look for blackouts, complete lack of memory for things that happen during periods of heavy drinking while the person may still be moving around and functioning in society. The second thing we look for is misbehavior as a result of drinking. Then we look for complaints, first by family members, then by people in the workplace, that the person is acting strangely after drinking.

JES: So what you are basically doing is using the assessment chart as an education or awareness tool to help the family member understand and observe what is happening.

DAW: The point I'm getting at is that we are often dealing with a sick individual who brings that sickness into the entire family situation. Frequently, the other family members will be just as sick as the drinking alcoholic.

But the second thing I want to emphasize is that as a Christian it's important to come back to the cross of Christ, not only because of the pain of Good Friday reflected in the separation and all the other characteristics of a series of broken relationships, but also because of the joy of the Resurrection that followed. One has to look for the good news, for something coming down the road that brings new life into that series of broken relationships.

This is where one digs deeply into the Christian heritage to understand what it is that God in Christ was doing on the first Easter after the tragedy of Good Friday. This heritage is a tremendous asset to a member of the clergy or to a church-related person. We need to remember how important it is to bring our Christian tradition to this work.

JES: In other words, you do not deal with the problem simply at a psychological or a behavioral level, but you use the great symbols and the power of the biblical tradition to help people reflect on what is going on in their lives. You identify their pain, their suffering, and their losses with the crucifixion; and you hold the Easter hope before them.

DAW: At the same time we have to recognize that many of the people we are working with are not quite sure what the Christian religion is all about, so we must proceed with care. But belief that Jesus Christ is alive today and that He functions in secular society as well as within the church structure can be a great help to a counselor on the therapeutic team if he is deeply steeped

in the Scripture, in the sacraments, and in the Sabbath concept of time. These are all assets that we, as church people, have when we do pastoral counseling.

The Episcopal Church, back in 1952 at its General Convention, was the first major church to set up a program dealing with alcoholism as a sickness. Now, 33 years later, many of us have come to think of alcoholism as sin and not just sickness. But we deal with the sin, we don't ostracize the "sinning" alcoholic.

Sin is a state of being in which one is separated from God, neighbor, and self. Dr. Harry Tiebout, the first psychiatrist who worked with AA, often talked to me about whether it was better to use the words of medicine and say that alcoholism was an illness from which one recovered, or to use the words of the church and talk about conversion from sin to a new life. I find that we are now being mature enough in America so that we can do both. We can talk, particularly to church people, about family disruptions and tragedies in terms of sin as well as sickness.

While I rejoice in the fact that one can work with groups like AA, Al-Anon, and Ala-Teen, I am also glad that we can work within our own tradition. One of the best things North Conway Institute has done for many years is to build bridges between self-help groups like AA, the scientific community, the research community, the educational community, government agencies, the alcohol beverage industry, the for-profit hospitals, and the Christian community.

JES: It's quite clear that the Christian tradition is very important to you right from your initial contact with the family members of a problem drinker. But what do you do when you are dealing with people from whom the religious tradition is washed out or who have little religious orientation?

Sacrifice and the Virtue of Sobriety

DAW: Jesus came teaching. We are teachers too; we stand in the tradition of sharing our faith, testifying, witnessing. Part of this is sharing very early with the people who seek our help a whole new concept of time. The idea that "this is the day which the Lord hath made, we will rejoice and be glad in it" comes directly out of our Jewish heritage and stands in stark contrast to the concept of time as tomorrow, next week, next month, next year, which comes out of the Greek heritage. It helps when you can say, "Give us this day our daily bread," or "All you have to do is keep sober this day" (or maybe even just for the next five minutes).

You have to tell the wife or husband or other family member to forget the past, to let God forgive them for whatever happened, to stop worrying about the future. Tell them to rejoice and be glad in the redeemed relationship for this particular day. This today-centered concept of time is very important for people recovering from alcoholism.

People also have to learn the business of sacrifice. This was one of the hardest things for the out-of-state family I mentioned earlier. The wife had to be willing to see her husband go out night after night to AA meetings without complaining, and to make the 17th cup of coffee for the bunch of recovering alcoholics who showed up in her kitchen. Perhaps hardest of all, she had to stop drinking in order for her husband to be healed, restored, forgiven. It wasn't easy for her to

give up drinking because she enjoyed it.

We don't hear much about sacrifice today. This is where we should all be grateful to The Rev. John C. Ford, S.J., who taught us the great virtue of sobriety. We can practice sobriety in two ways: we can abstain from alcohol beverages for religious motives, or we can practice true moderation in the use of alcohol, also for religious motives. Sobriety based upon the love of God is a much more pleasant experience than drinking to excess, and leads to better relationships with my family, my neighbors, and myself. Father Ford's concept of the virtue of sobriety has helped bring together Jewish, Roman Catholic, and Protestant religious groups in their approach to problems connected with people's use and misuse of alcohol beverages.

JES: Your discussion of sacrifice makes me think of something St. Paul said: "Everything is pure in itself, but anything is bad for the man who by his eating causes another to fall. It is a fine thing to abstain from eating meat or drinking wine or doing anything which causes your brother's downfall" (Romans 14:20-21). Is this what you were talking about?

DAW: Yes, it is. Consider the horrendous rate of drunk driving accidents. The rate is going down, but we're still killing thousands of people a year, and many more, perhaps a million, are hospitalized as a direct result of operating motor vehicles after drinking. Look at the price we are paying in the military: 37% of people in the Navy have alcohol-related problems. When you think of what drugs and alcohol are doing to our young people, you wonder if it isn't time for people to make responsible decisions about the proper use and irresponsible abuse of alcohol beverages. In some cases this may mean a decision to abstain completely from the social use of alcohol.

JES: Getting back to the family member who approaches you for help — what do you tell them after you have talked to them about sacrifice and sobriety?

DAW: The next thing — and we must believe it ourselves from the very depths of our soul — is to say that there is hope, that people do get well, and that the chances of recovery are better than the chances of slipping back. It's a wonderful thing to have a whole new life in recovery from alcoholism.

One of the most exciting things in recovery, for many people, is to have an opportunity to get related to a whole new group of people. As pastors, we must do all we can to arrange such opportunities for them.

At the same time, we must not minimize the fact that we are living in a society where many use alcohol beverages to ease a lot of their pain. We have to see our battle as a life and death struggle with principalities and powers. We must never underestimate the power of alcohol dependence or forget the necessity of bringing to a family or community every possible resource, not only from science and self-help techniques, but also from the religious tradition. I would plead for a multi-faceted approach.

Blowing the Whistle

JES: I have heard it said that family members, by their behavior, actually enable the problem drinker to continue drinking. How do you deal with that problem?

DAW: The big thing a family member has to learn to do is to draw a line, to make clear to the problem drinker that certain behavior is inappropriate and that if he crosses the line there will be trouble. When you see misbehavior resulting from overdependence on alcohol, then it's time to blow the whistle. Drawing the line is an unpleasant experience to go through, but if it avoids a fatal automobile accident, saves a marriage, or rescues a career; then, it is worth it.

JES: What kind of behavior do you consider unacceptable?

DAW: You have to look at what the drinking behavior is doing to the family relationship when a person comes in late and half-intoxicated every night for supper, is spending a great deal of time and money drinking, and has changed behavior as a result of drinking. All these things have to do with stewardship of one's time, treasure, and talents.

We can reach out to family members and help them through books very early in the game. Churches often have books and pamphlets that can be very helpful. Considering the number of good ones around, there is no reason for anyone to remain ill-informed.

In addition to calling attention to helpful books, we try to acquaint people with the medical, psychiatric, and social agencies available. We also do our best to get them to relate significantly to groups of people whose life situation is similar to their own, such as AA groups for children of alcoholics.

We have to think about genetic factors, too. Thanks to medical research we're much more aware of them now than we were even 10 years ago. If a problem drinker has an alcoholic mother or father (or both), then we begin to look very early for symptoms of overdependence on alcohol, blackouts, misbehavior, and the like.

We can try to do something before the person gets what Dr. Ebbe Curtis Hoff, an eminent research psychiatrist, used to call the X-factor. One of the major tasks of pastoral care is to stop young people from getting the X-factor, that is, to move before the person becomes deeply dependent. I realize that this point of view may be somewhat controversial and that many people say you can't help someone until he has hit bottom. But my experience makes me believe in the value of early action with young people who do not yet have the X-factor.

The Three Paths

JES: You've told us a good bit about how you deal with family members of problem drinkers. Now tell us how you go about moving in on the alcohol abuser.

DAW: For the sake of simplicity, let me divide alcoholics and problem drinkers into three types. Some will relate to Alcoholic Anonymous. Others will relate to scientific and/or religious methods. Then there is a third group that will sober up by themselves; for reasons unknown, one day they just suddenly stop excessive or any drinking.

JES: All right. You've made an arrangement with a family member, and you're sitting in a room with an alcohol abuser. As a pastor, what is your next step?

DAW: First off, you try if at all possible to get the person to go the cheapest route, which is Alcoholics Anonymous.

JES: Is that because you're a frugal Yankee, David?

DAW: That has a lot to do with it. Why send somebody to a psychiatrist three times a week or why burn up a bed in a hospital if the person is willing to go to a parish house on Tuesday night, take a 25¢ chance on the AA "big book," and throw a buck onto the plate for coffee? Let's be realistic — many of the people I see are fresh out of money. AA is just down the street, and it is inexpensive. Why not use it? Hospitalization will run \$300 plus a day; furthermore, there's a shortage of good medical people, so why use them if you don't have to?

On the other hand, as I said before, AA is not for everyone. More often than not, when I confront someone, I get the response, "You're not going to get me into AA, are you?" You see, to a certain extent, Alcoholics Anonymous has been spoiled for the drinking alcoholic by its friends, particularly by people who don't really know anything about it. When a person first starts to drink heavily, people will tell him he ought to go to AA. But alcohol at that stage is something he enjoys, yet all these people keep trying to get him to go to AA. So by the time he becomes dependent and gets the X-factor, he has had AA rammed down his throat for so many years that he is turned off. So to such a person I say okay, there are other resources besides Alcoholics Anonymous.

Sometimes, later in the process as I work with the family, we are able to get the person into AA or into another group meeting of that kind. Take my own experience, for example. I originally sobered up 40 years ago through the sacramental life of the Episcopal Church; there was no AA in the vicinity. Later, during my first year in seminary, I was introduced to AA and took to it like a duck to water. We do have to remember, though, that there are lots of people who will not go to an AA meeting even if they will very happily go to a church Bible study group.

No Quick Fix

JES: After you have established what kind of treatment your abuser will respond to, what do you do next?

DAW: I try to get it across to an abuser that I'm willing to spend time with him and am not bent on giving a quick fix in order to get rid of him fast. I think this is something we have to be very careful about. Here is this poor person with a terrible load of guilt and remorse talking to some pious holy Joe with his collar on backwards. He often gets the sense that the preacher can hardly wait to get him out of the office and shift him off to an AA meeting. But you don't simply refer a person to an AA meeting — you take him, or you get somebody else to take him and you keep working at it. You get him in touch with a sponsor.

When we finally get an alcoholic or problem drinker to talk to us, it is up to us to have many

resources at our disposal. As we said some years ago at the NCI June Assembly, it's important for people in the church world to know where helping resources are.

JES: How would you describe your style of dealing with a problem drinker? Are you active? Passive? Aggressive?

DAW: It depends on the quality of the relationship we have. If persons have been sent to me by their boss, their firm, their bishop — in other words, when the threat of losing their job or their position in society looms over them — then I can be pretty up front and aggressive. I can cut through the lame excuses, the "let's put it off until tomorrow" and "when I stop drinking in 1997" and come right down to the point: Here's what your boss (your partner, your bishop) said. In the light of the deadline they've given you, either you get some help or they're going to chop your head off. What are you going to do about it?

On the other hand, this approach won't necessarily work with rich people, retired people, housewives who are not employed. They don't have the structure of the workplace. It's much more difficult to be aggressive because they can just turn you off, walk out, and slam the door.

The type of approach I make also depends upon the individual personality, upon their relationship to alcohol, and upon the environment in which they work, worship, and play.

One key fact you have to remember is that the alcoholic is a master at leading a deceptive life, at not letting people know what is going on. He learns very early how to cover up behavior that results from drinking. So when he comes to see the cleric, he continues the business of not leveling with his God, his neighbor, his family, and himself. This amounts to a major breakdown in communication, and the counselor has to be alert to this. You have to remind a medical-psychiatric-pastoral counselor-type person, one brought up in the non-directive Rogers tradition, that ordinary communication will not work.

A pastoral counselor in the alcoholism area has to be able to say very early to the family members, to the alcoholic, and to everybody else that one of the reasons the family is so sick is a breakdown in communication. Alcoholics, recognizing that I am a priest, sometimes start out by saying that they want to tell me something under the seal of confession. I put a stop to that very quickly, telling them that at this point I'm not their priest and that they're not here to see me in that relationship. I explain that it's not fair for them to put me in the role of a confessor so that they can go back and tell their family anything they want to about what we discussed. I make it clear that we won't play games in this area.

Being Tough-Minded

JES: That's a rather unusual approach to the sanctified, traditional church role of a priest and pastor as confessor, isn't it?

DAW: Yes, I suppose it is. Let me clarify my position a little. I am a priest of the church. I do recognize the importance of confession and am perfectly comfortable in that kind of priestly relationship. The point is that confession belongs after treatment, not before it.

People often come to me later, in a post-treatment relationship, dump their whole load in the sacrament of penance and receive absolution. But active alcoholics can be very good con artists and actually use the sacrament of confession to avoid facing their problem and dodge communicating with family members and others involved.

So sometimes you have to be very tough-minded even if it means blowing your relationship with the person. As I said before, you have to let them know they cannot play games with you.

JES: Are you saying that when you sense it is for the health and salvation of an alcoholic, you would push the relationship to its limit to open his or her eyes and ears?

DAW: Sometimes I feel like a surgeon with a knife. There are certain things that will hurt like crazy, but they just have to be said to the person for recovery to take place. I have to be willing to take the risk of putting my whole relationship with the person, past, present, and future, on the line, knowing that it may be broken forever.

If you are in a parish, particularly a small one, you have to recognize that you can pay a pretty stiff price when a raving maniac alcoholic does a job on you by going all over the parish telling everyone what an unsympathetic clod you are. This is one of the reasons why clergy who go through this relationship sometimes say they'll never touch another drunk again.

JES: It's part of the price of being a pastor and priest to be able to take the heat of unjustified criticism.

DAW: That's right. Harry Truman's way of putting it was: "If you can't stand the heat, get out of the kitchen." If we pastoral counselors are not rooted and grounded in the cross of Christ and in belief in the Resurrection, then we should get out of the field. The life and death situations we deal with are not for dabblers. We also have to remind ourselves that alcoholics come to us after they have tried the simple solutions and failed. Often we're the last stop before they get run out of town.

But whether we succeed or fail in what we try to do for them, the important things for us are commitment, good grounding in professional training, and working relationships with the Lord, the church, the Scriptures, and the community. We have to learn not to expect gratitude or recognition for all our efforts.

JES: How would you relate pastoral counseling of alcoholics to the mainstream of parish life?

DAW: First of all, in sermons. I think if I were privileged to have a parish again, I would preach about alcohol use and abuse at least once every quarter, recognizing, as George Gallup has pointed out, that one family in three has a problem. I would tell my parishioners about some of the things we have been talking about today.

Second, I would make heavy use of printed materials. I would put things in the parish bulletin, and I would make sure that pamphlets on the subject were constantly available in the tract rack. I

would also send a letter to the congregation telling them that I know there are people out there with alcohol-related and drug problems, explaining that we have resources to help them, and inviting them to call me if they would like to talk about it.

Third, I would take a careful look at the growing practice in some churches of having a post-service sherry hour instead of or in addition to a coffee hour. I would try to get people to think critically about the attitude that you can't have a church coffee hour or dinner party without sherry.

Finally, the pastoral counselor has to be very secure in his own relationships, his own drinking, and that of his family members. It is also too true that many clergy have alcoholism or drug problems themselves or have them in their families. We have to recognize that the problem is no respecter of persons and break down the barrier of denial.

JES: How would you say the pastoral care scene has changed over the years?

DAW: When we started out 35 years ago, I was at a church in the small ski resort town of North Conway, NH, where I was basically dealing with white male alcoholics and problem drinkers between 35 and 55.

Today we see more and more people who are not only alcoholics but also addicted to drugs, alcoholics addicted to tranquilizers like Valium and Librium. The age range of the people we see has vastly increased, too, so that now we are dealing with 15-year-olds through people in their late 70s. The problems strike all ages and are much more complicated and difficult than they were 35 years ago. This situation makes pastoral care of families more demanding than it used to be.

But in spite of the fact that the range of people affected by alcoholism and drug problems has increased over the years there is some good news to report, too. John L. Norris, M.D., long-time chairman of General Service Board of Alcoholics Anonymous, tells us that every week 500,000 people attend AA meetings and 1,000 new AA groups are formed. Mark Keller, editor emeritus of the Journal of Studies on Alcohol, says that whereas a few years ago there were five million drinking alcoholics, in 1985 the number has gone down to four-and-a-half million. According to the National Safety Council, fatal highway accidents per mile traveled are down 48% since 1967.

Religion: The Unique Resource

JES: As you think about your experience past and present in this field, what is it that tries your soul most? What really drives you up the wall?

DAW: It bothers me that some church people have bought the illness concept of alcoholism 100% and are abdicating their rightful role. They are turning the problems completely over to doctors, hospitals, and psychiatrists and are not bringing to this terrible problem the unique, exciting resources that we have as members of the household of God. I am reminded of a story told by Robert Coles. His mother, who was hospitalized, requested that a clergyman come and pray for her. When he arrived he asked her, "Why do you want me to pray for you?" She replied,

"If I had wanted to be psychoanalyzed, I could have asked my son. I didn't ask you to psychoanalyze me, I asked you to come and pray for me."

JES: What in your daily involvement with families and people with alcoholism and related problems gives you the most joy and hope?

DAW: The most gratifying thing is to see a family that has been redeemed, restored, and forgiven, a family that can enjoy the glorious freedom of being the children of God. This is what the Kingdom of God is all about.

JES: What are some of the qualities of that kind of family life as you see it?

DAW: The first thing is the ability to laugh. One of the characteristics of those who have been through alcoholism or similar problems is that they have lots and lots of fun with each other.

Related to humor is the ability to see yourself as you really are. Here I am, David Works, still a recovering alcoholic. Even though I've been a clergyman for 40 years, my conduct is not always a source of joy. But I know God Almighty still loves and cares for me in spite of the things I've done and left undone. It just seeps down into the very depths of my being. The greatest joy I have is sharing that redeemed faith that has in it, yes, an element of judgment, but also an element of forgiveness.

Our daughter Betty came home after her second year in college and announced that she was very glad her father was a recovering alcoholic. When her mother asked why, she replied that because her friends knew that her father was an alcoholic, they are able to come and talk to her about similar problems in their own families. Betty began to see this thing through the eyes of redemption, through the wholeness and newness that came out of what had been broken and destroyed. She realized that she had that extra something that her friends needed so desperately as they learned to live with their own family problems with alcohol. From her own experience Betty was able to help them.

That's what I mean by pastoral care.

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The North Conway Institute (NCI) is an interfaith, ecumenical, interdisciplinary nonprofit organization that works with religious and secular groups in addressing problems of alcohol and drug abuse. An outgrowth of the Yale University School of Alcohol Studies, NCI was founded in 1951 in North Conway, NH, by The Rev. David A. Works and a group of concerned clergy and lay persons.

Its major goals are to promote education for the prevention of alcohol and drug abuse; to improve care and rehabilitation of alcoholics; to further personal, responsible decision making

about the use/non-use of alcohol beverages; and to develop a better climate for discussion, research, and action on all aspects of alcohol problems.