

ALCOHOL ADDICTION IS A PSYCHOLOGICAL DISEASE,
NOT A SINFUL CONDITION

by

Charles Sone Ngabe

Bachelor of Arts Finance & Accounting 2008

Amsterdam School of Business,

The Netherlands

Master of Divinity,

2016 Brite Divinity School

Fort Worth, TX

Thesis

Presented to the Faculty of the

Brite Divinity School

in partial fulfillment of the requirements

for the degree of

Master of Theology in

Pastoral Theology and Pastoral Care

Fort Worth, TX December 2021

ALCOHOL ADDICTION IS A PSYCHOLOGICAL DISEASE,
NOT A SINFUL CONDITION

APPROVED BY
THESIS COMMITTEE

Dr. Barbara McClure
Thesis Director

Dr. David Cho
Reader

Dr. Jeffrey Williams
Associate Dean of Academic Affairs

Dr. Michael Miller
Dean

Table of Contents

Abstract..... *ii*

Introduction *1*

 My opinions about using only faith-based approaches and how I plan to defend my argument
 4

The context of my community of faith..... *5*

 The various debates within Christian cycles on how alcohol addiction should be approached..6

 The implications of interpreting scripture literally9

 How my thinking process changed concerning alcoholism and my challenges within my
 community of faith 10

Evidence to support my argument *13*

 How Interpersonal experiences and emotional processes in our brain connects to addiction... 16

 How neuroscience and scripture confirm our helplessness over certain actions..... 19

 The influence of the role of childhood conditioning on addiction20

Research evidence in support of alcohol addiction as a disease *23*

 Alcohol addiction is not just an ordinary disease24

The Importance of this knowledge..... *26*

 The importance of accepting brain science research claims about alcohol addiction and
 looking at alcohol addictions as a disease in pastoral care.....29

The final word to my pastor friends..... *36*

Conclusion *38*

Bibliography *41*

Thesis

Alcohol addiction is not a moral failure considered to be “sin” as we have labelled it in my conservative community of faith. Addiction is a disease that is not much different from other chronic, relapsing medical conditions that need our utmost attention as caregivers.

Abstract

Alcohol addiction is a mental health problem and a physical disease that is commonly experienced by a growing number of people both in Africa and around the world. Unfortunately, within my Pentecostal/Charismatic Christian tradition in Cameroon, there is still so much that needs to be done to create a genuine awareness of what those suffering from alcohol addiction go through. I believe most of the pastors are not very prepared in facing this problem of alcoholism as they should, because they do not believe or expect what they term a “genuine Christian” to become a person that is struggling with addiction because alcohol addiction is considered a sinful condition.

It is for these reasons that I have decided to write this paper with my Pentecostal/Charismatic Christian background in mind. I similarly have in mind many clergy members struggling to help church members understand that alcohol addiction is a disease that should be treated, just as we do when our loved ones are afflicted by any disease.

I want this paper to shed more light in the areas within my Christian context that are neglected when it comes to dealing with alcoholics. I want to present to them what I believe; that in situations where only prayers and faith in the supernatural power of God cannot help someone suffering from addiction, there is hope for that afflicted person if we can just make good use of the resources I am about to share in this paper.

Introduction

Addiction as sin and moral failure

Addiction of any type is considered a sinful and moral failure condition within my local Pentecostal culture in Cameroon, Central Africa. Alcohol addiction is not an exception, and addiction is believed to be connected to an immoral behavior that ends up in the sinful habit of drunkenness. This implies that a person struggling with addiction is not considered a true Christian and is heading to hell if something is not done. This destructive way of thinking has ruined the lives of a lot of people. For example, one of my pastors' friends was narrating a story to me recently about two of his brothers who lost their lives in Africa lately because they were addicted to alcohol. He told me how he tried to look for help for them, but all his efforts were frustrated because the resources were not available, and he did not have the means to bring them to Europe where he is living as a minister of the Gospel.

As he narrated the story to me, I felt so much pain because I was told that when the churches did their best to pray for their healing and convert them in the faith and failed, no hope was left for these unfortunate victims. My pastor friend said something that reminded me of the reason why I am writing this thesis. He said that one of the reasons why these addiction cases were discovered very late is that the Pentecostal churches in Africa are very judgmental about those suffering from addiction. What my pastor friend is saying is true because the same judgmental attitude is common in my Christian tradition right here in the United States. These judgmental attitudes often lead to death of those struggling with addiction.

Reasons why I believe there should be a shift in our thinking about alcohol addiction

I am disturbed by the unfortunate fact that the same mindset about alcohol addiction that has influenced my pastor friends in Cameroon has also influenced my pastor colleagues in the United States. My church here in the United States is an African church made up of Africans in the diaspora. More than five African countries are represented in my community of faith here in the United States, with about fifty percent of the members coming from Cameroon. It is for these reasons I believe it is important to look at the problem of alcohol addiction by shifting our focus from the perspective of sin to that of a disease, and to embrace what science also has to offer. When I talk of science, I am not just talking about medical science, but in this paper, I am going to draw heavily on what neuroscience has to offer in understanding addiction in general, and alcohol addiction in particular.

By doing this, I am not advocating that the people suffering from this addiction disease should be given over to medical science as if our faith and prayers do not work any longer. But rather my hope is that the church will supply all the faith and love that we have in Christ toward the people struggling with alcohol addiction to support them as they would do to any other sick person seeking treatment of any disease scientifically. Just as the pastors work together with medical doctors, psychologist, and others to help those struggling to make meaning in their life journey and experiences, so we should do for those suffering from alcohol addiction.

I believe that every human being is on a life journey that comes with its own experiences because of the challenges and crises that we face as we grow up, and the person struggling with addiction is not an exception. There is no human being without challenges in their lives, and when some of these challenges pushes someone to become trapped in addictive behaviors, we

have a responsibility as pastoral caregivers to be willing to hear the stories of these people instead of looking at their sins. I am reminded of what Erik Erickson said in his stages of human development, that each person moves through life from birth to death in a complex and challenging social context. Also, Erikson believes that in every point in the life course then, the person faces a set of developmental challenges that are shaped and addressed according to the resources and meaning provided by family, society and culture.¹

One of this developmental challenge is dealing with the social pressure that comes with drinking alcohol. As Howard Clinebell puts it in his book *Understanding and Counseling the Alcoholics Through Religion and Psychology*, that the process by which one becomes a victim of an addictive behavior is simple and direct. This fact is because a person begins to drink in compliance with social pressure. One drink leads to two, two to three, etc. Each occasion leads to another of increasing intensity as one comes under the sway of the “habit-forming properties” of alcohol.² Who soever is trapped in this cycle is heading to that point of no return, where they will no longer be able to understand what is happening to them. At this point, they need our help not judgement.

Those coming to us for care and guidance are expecting to get some resources to help them make meaning of their life’s experiences and crises. I believe that labelling the experiences of someone suffering from alcohol addiction sinful is not right; therefore, in our Pentecostal context, we should start looking for ways to remove those barriers and limitations that the notion of sin and moral failure has created when it comes to dealing with those struggling with alcohol addiction.

¹ Dan P. McAdams, *The Redemptive Self: Stories Americans Live By* (New York: Oxford University Press, 2013), 50.

² Howard Clinebell, *Understanding and Counseling the Alcoholics Through Religion and Psychology* (Nashville: Abingdon Press, 1956), 43.

At the end of this paper, my hope is that this information will help those with the power to change the church's position see why it is important to see alcohol addiction as a disease that can be cured. If this happens, then I have accomplished my goal.

My opinions about using only faith-based approaches and how I plan to defend my argument

I believe that using only faith-based approaches to help those struggling with alcohol addiction and labelling their condition sinful is not going to do much in helping them in their recovery process. It is for these reasons that I am arguing in this paper that alcoholism is a disease, like any other disease that needs the help of the clergy; and that the clergy needs not just scriptures, but other recourses that God has put at our disposal to help humans as we struggle to make sense of the crises of life.

I will defend my argument by using research evidence from neuroscience, from experts in the field of addiction, and from psychology. I believe this research, gives a convincing argument that alcohol addiction is a disease. My expectation is that at the end of this paper, my reader will understand how drinking alcohol is connected to brain changes; by looking at the research evidence that those struggling with addiction are simply unable to control the use of substance once they have started to use it. I pray that my reader will also see how other factors like childhood development, emotional brain process, stress and trauma, are involved in fostering addiction, a fact that has nothing to do with the sin and moral failure concept. I also, want my audience to realize that alcohol addiction is indistinguishable from other chronic medical illnesses.

After this brief introduction, I think it is important to talk a bit about my religious tradition and how alcohol addiction is understood in the Pentecostal Christian context I was raised. I will

then move on to my argument about why I consider alcohol addiction as a disease to be worthy of the church's concern and compassion.

The context of my community of faith

I was raised in a conservative community of faith that is deeply rooted in the Pentecostal tradition. The literal interpretation of the Bible is so strong, and most "Cameroonian Pentecostal pastors" are taught to consider every form of addiction as sin, because the pastors within this context believe that those who are trapped under the influence of alcohol are suffering as a result of the moral failure of sin. They expect prayers and the preaching of the Gospel to the victims to solve the problem, and at the same time they believe the victims have the will and right to decide. The victims are considered disobedient to the word of God and not taking seriously the doctrines of the church concerning the drinking of alcohol.

What the leadership in this context doesn't realize is that though the person suffering from alcohol addiction does choose to drink, he does not choose to become someone struggling with addiction. As Anderson Spickard and Barbara Thompson puts it in *Dying for a Drink*, his will power is in service to his addiction, and he cannot resist his craving for alcohol. Telling an alcoholic therefore, to shape up and stop drinking is like telling a person who jumps out of a nine-story building to fall only three floors.³

Also, many pastors believe that self-control is a fruit of the Spirit, and anyone suffering from alcohol addiction is just reluctant to exercise self-control and the power of their will. Therefore, they are accused of being responsible for their inability to come out of the alcohol addiction. Because of this mindset, it is very difficult to provide healthy pastoral care to those suffering from alcohol addiction, and pastors easily judge them and consider them candidates for

³Anderson Spickard, Barbara Thompson, *Dying for a Drink: What You and Your Family Needs to Know About Alcoholism* (Nashville : Thomas Nelson Inc, 2005), 27.

damnation if repentance is neglected. By repentance, I mean the person suffering from addiction denouncing the sinful condition of alcoholism and accepting the Gospel message with all their hearts by faith in Christ Jesus. This is often the only resource those suffering from addiction are offered.

It is important to note that these pastors are believing like this because they presume the scriptures are strongly against drunkenness. They believe everything that is written in the scriptures is established and all who work against it are rebelling against God. A good example of some of those scriptures that are strongly believed in this context are Galatians 5:19-21 which states that “Now the works of the flesh are evident: sexual immorality, sensuality...envy, drunkenness, orgies, and the things like these. I warn you, as I warned you before, that those who do such things will not inherit the kingdom of God” (ESV); and also Proverb 23: 19-20a states that “Hear, my son, and be wise, and direct your heart in the way. Be not among the drunkards. (ESV). I have no doubts that there is a strong and legitimate reason why these scriptures are taken seriously because of the untold damages that alcohol addiction causes in our society. But I am concerned about the actions of those who believe these scriptures and are negatively interpreting them as instructions to ignore the needs of those struggling with alcohol addiction.

The various debates within Christian cycles on how alcohol addiction should be approached

It is important to note that there is a lot of debate within the Christian cycle on how alcohol addiction should be approached. I have decided to outline few approaches here to give us an idea of how complex the debate is. Because of the limited scope of my paper, I will not discuss all the various models, but for the sake of understanding while I decided to choose the disease model, I would talk about two of them.

Below is a list of the five factions within the Christian cycle. ⁴

- ❖ The addiction-as-sin approach: That addiction is caused by personal failings that become habituated in a stubborn sinful pattern.
- ❖ That addiction begins as a sin and then gradually develop into an obsessive-compulsive disease process.
- ❖ That addiction is sin and disease all mixed together
- ❖ That addiction is disease resulting from sin, but that sin is outside a person's responsibility.
- ❖ That addiction is purely disease, and that sin is not a factor.

Those who consider alcohol addictions to be both a disease and a sinful condition

There are those who consider alcohol addictions to be both a disease and a sinful condition, while others like the Christian tradition I was raised with, go with the purely sin model.

According to Howard Clinebell, those who believe alcohol addiction is a sin argues that alcohol addiction is cause by personal failings that become habituated in a stubborn sinful pattern. That alcohol addiction is a voluntary, personally chosen sin, not disease.⁵ Clinebell, also added that according to this sin model concept, alcohol begins as the sin of drinking and ends as a sinful habit. It is entirely a matter of immoral behavior, and therefore at no point can it be called a genuine sickness, except perhaps a "sin sickness."⁶ This is the model my Christian context stands for, and the model I am trying to disagree with because of the damage that this way of thinking has brought upon those suffering from alcohol addiction and their families.

⁴ James Nelson, *Thirst: God and the Alcoholic Experience* (Louisville, KY: Westminster John Knox Press, 2004), 42.

⁵ Ibid.

⁶Clinebell, 168.

Those that believe alcohol addiction is caused by a combination of factors involving both sin and disease

For the purpose of my argument, there are also those who think alcohol addiction is caused by a combination of factors involving both sin and sickness. With this model, I agree with Howard Clinebell that this is a fair statement of view of those ministers who regard drinking as wrong but who also recognizes the existence of various etiological factors which are beyond the control of the individual.⁷

But my argument is that alcohol addiction is not a moral failure as a result of sin, but a disease with all the medical criteria, including identifiable causes that have to do with biological programming and brain changes. This argument will be backed up by ongoing research in neuroscience, particularly the neuroscience of addiction.

I strongly agree with James Nelson, that understanding alcohol addiction as a disease markedly undercut moralistic judgement and blaming, thus enhancing the chances of recovery. This is because looking at alcohol addiction as a moral failure commonly judged, ridiculed, punished and ostracized the chemically dependent.⁸

This idea is reiterated by Marty Mann, who believes that two things are necessary for a constructive understanding of alcoholism. The first being that alcoholism is a disease and the alcoholic is a sick person, and the second is that the alcoholic can be helped and is worth helping. He added that it should be apparent to pastors with that much understanding that there is more to this problem of alcoholism than “moral weakness” and that therefore it will take more than moral strengthening or even the best spiritual guidance and bolstering to be of real help.⁹

⁷ Clinebell, 169.

⁸ James Nelson, 49.

⁹ Martin Mann, *The Best of Pastoral Psychology*, ed., Simon Doniger (Great Neck NY: Pastoral Psychology Press, 1952), 182.

Also, according to Howard Clinebell, whatever the disagreement among different scientific school of thought regarding the cause of alcohol addiction, there is a wide agreement that in its advanced stages alcoholism is both a psychological and physiological disease. Therefore, he believes that this all-sin model ignores the psychological, social, cultural, physiological factor which play a significant role in understanding the disease.¹⁰ One of the reasons why the all-sin model ignores the other factors which play a significant role in understanding alcohol addiction as a disease is the literal interpretation of the scriptures.

The implications of interpreting scripture literally

The attitude of quoting scriptures against those suffering from alcoholism within my Christian contexts has grievous consequences on those struggling with addiction . One of the implications of this literal interpretation of scriptures is that the person suffering from alcohol addiction is considered a “drunkard,” who is condemned for hell because they cannot inherit the kingdom of God. Any failed attempt to help them will easily lead to the church neglecting and abandoning them because the scriptures are encouraging the believer to avoid the “drunkard.”

Also, the messages from the pulpits are very strong against those struggling with alcohol addiction and as a result the victims suffer from a lot of guilt, judgement, and shame, and also find it difficult to trust or confide in the pastors when looking for someone to talk to. What most of these pastors do not understand is that the guilt and judgement that is haunting these unfortunate victims, sometimes pushes them to drink even more because of the feeling that no one truly understands their predicament.

¹⁰ Clinebell, 168.

This fact is equally shared by Anderson Spickard and Barbara Thompson in their book *Dying for a Drink*. They believe that an alcoholic coming from such a faith background as mentioned above, is likely to share the judgmental attitude of his fellow believers and though he denies his addiction, he is secretly convinced that he has permanently rejected God.¹¹

I therefore believe that this guilt and judgment approach does not help either the church of Jesus Christ or those suffering from addiction. Instead, I agree with Marty Mann in the *Best of Pastoral Theology*, that an attitude of objective sympathy and real comprehension, which is the opposite of condemnation and contempt, will prove the most helpful. He believes that what the person suffering from alcohol addiction needs is comfort, enlightenment, and hope, and the pastor who can offer these can be really effective with those struggling with alcohol addiction.¹²

I believe that the scriptures were given to us caregivers to bring the hope, comfort and enlightenment that Marty Mann is talking about to those suffering from addiction. There is a great need for such pastors within this context because the consequence of the present approach is destroying lives. I was once part of this same group that was participating in this life-destroying behavior against those struggling with alcohol addiction, but grace has privileged me to see light and become part of the change. Now my thinking process has changed concerning alcoholism.

How my thinking process changed concerning alcoholism and my challenges within my community of faith

As I noted above, I have once been very judgmental also, but my Brite Divinity School education has really helped me over the past years to understand and see the situation of alcohol

¹¹ Spickard, Thompson, 54.

¹² Mann, 191.

addiction with a different lens. I found out that brain science and some concepts in psychology might have the answers to some of the questions I have been struggling with doing pastoral care within my Pentecostal Christian setting. I have always been challenged when it comes to those situations within my community of faith that counseling and prayer could not solve, like alcoholism. Those who come to us for help are struggling to understand along with us, what it means to be human. They expect us to tell them why they are where they are in the various crises of their lives. They need more than counseling and want to understand themselves in their crises. At the end of the day, they wonder if we as pastors and counselors really understand them, and I think we do not, particularly in my conservative Christian tradition in Cameroon, and even here in the United States, where pastors are prone to judge those who do not believe like them.

This fact reminds me of a conversation I had with one of my pastor friends recently regarding my thesis topic on alcohol addiction. He was surprised that I was writing a thesis on alcohol addiction. His response did not surprise me, when he said, ‘why are you choosing the topic of alcohol addiction when there are no alcohol addicts in our church or community of faith?’ Unfortunately for him, I told him that I was not surprised by his reaction, and that his kind of response was the very reason why I decided to write this paper, to create an awareness.

This is an awareness that I believe is important because as Spickard and Thompson puts it, not only are most people struggling with addiction viewed in a judgmental and moralistic light, but many faith groups mistakenly believe that their fellow believers are immune from the danger of addiction. This conviction allows them to overlook even the most obvious symptoms of alcoholism, particularly if they appear in religious leaders.¹³ For these reasons I told my pastor friend that he was deceived and uninformed for thinking that there are no alcoholics in our

¹³Spickard, Thompson, 54.

church. I made him to understand that it will not be long, and he will realize that even in our congregation, there are a lot of people already struggling with alcohol, who are unable to seek help because of the judgmental atmosphere that we as a church have created.

Although my pastor friend thinks that the alcohol addiction problem is not his problem, I am reminded of the words of Marty Mann. He said that to those who feel that it is not their problem, it must be said that they are wrong, for frequently they are the first to whom the distraught family, or even the afflicted themselves, turn to for comfort and advice. And although they may know nothing about alcoholism now, they can learn enough to be of help.¹⁴

Another important hindrance within this context that I am confronted with because of my present position is the belief that God has given every human being a will to help them choose and make the right decisions in life. It is therefore believed within this Pentecostal setting that the responsibility of every human being is to avoid making the wrong decisions that will destroy their lives, health, and family. What my pastor friends in this context fail to understand is that there are a lot of forces that are at work influencing our decisions beyond the belief that we all have a free will given to us by God to make the right decisions.

This brief summary about my Christian context approach toward alcohol addiction is qualitative evidence that if something is not done, those who are now suffering with addiction problems within this context will find it difficult to get help. For these reasons I believe every available resource that can increase the success rate within this setting when it comes to helping those struggling with alcohol addiction is very crucial. I am aware of the challenges to penetrate the system with my argument that alcohol addiction is a disease and not a sinful condition as a result of moral failure, but I will encourage my reader, to reason with me in the following

¹⁴ Mann, 181.

research evidence in neuroscience, psychology, and from some experts in the field of addiction, that I am about to bring forth in support of my argument.

Evidence to support my argument

There is sufficient evidence from neuroscience research that has proven that there is so much involved in alcohol addiction that is not sin and moral failure. It is evident:

- ❖ That there is so much unconscious activity going on in our brains that influences our decision and hinders our ability to exercise our God given will. ¹⁵
- ❖ That addiction has much to do with why the self-conscious effort to avoid prejudice, fear and depression are often rendered unsuccessful. ¹⁶
- ❖ That there is a connection between the emotional processes in our brains and addiction particularly the influence of negative emotions, ¹⁷ and finally
- ❖ That environment and childhood conditioning plays a vital role in influencing addictive behavior. That addiction is connected to our childhood experiences particularly because of insecure attachment effects, stress and trauma response to harmful events, and also inadequate or dysfunctional interpersonal relationships, exposure to early childhood and adolescent trauma. ¹⁸

I would like to talk about this evidence before moving to why I consider alcohol addiction as a disease. This fact is because most of the evidence plays an important role in helping us see why alcohol addiction should be considered a disease

¹⁵ Spickard, Thompson, 31.

¹⁶ Jan E Stets, Jonathan Turner, *Handbook of the Sociology of Emotions* (New York: Springer-Verlag, 2007), 39.

¹⁷ David Hogue, *Remembering the Future, Imaging the Past: Story Ritual and the Human Brain* (Pilgrim Press: Cleveland, 2003), 17.

¹⁸ Thomas Lewis, Fari Amini; Richard Lannon, *A General Theory of Love* (New York: Vintage/Random House, 2000), 70-74.

Evidence from brains science on the unconscious influence of our will

Neuroscience has discovered important areas in the brain that help them understand how the brain functions in imagination and memory. Of particular important to the internal structure of the brain are four small clusters of nerve cells that play important functions in imagination and memory. These cluster are so important because the effect of alcohol on them has serious consequences. It is believed that damage caused in these areas by the heavy use of alcohol, is the reason why those suffering from alcohol addiction are sheltered from some of the most disturbing and painful results of their drinking.¹⁹

Proof in brain science that there is an unconscious influence in our will that affects our behavior is crucial in addressing the strongly held notion within my Christian tradition that those struggling with addiction do not want to exercise their will through self-control, and therefore are responsible for their lack of progress in coming clean from alcohol addiction.²⁰

I believe that an understanding of how what goes on in our brains influences our thoughts, memory, reasons and decision making, is important in understanding what is happening in the life of someone suffering from alcohol addiction. This understanding will help those who see alcohol addiction as a sin and moral failure issue, to reflect again by trying to reason with the argument that alcohol addiction is a disease. Neuroscience helps us to understand why people do the things they do not like, and why there is so much unconscious activity going on in our brains that influence our thought, habits and decisions.

Also, according to Howard Clinebell, psychology has demonstrated that much of people's behavior which has formerly been attributed to free will, inherent badness, or chance, is actually

¹⁹ Spickard, Thompson, 50.

²⁰ Spickard, Thompson, 31.

caused by unconscious forces over which one has no control. It does not follow that the personality is sort of robot whose behavior is completely determined by external and internal forces. But it is equally important to note that there are many factors-- heredity, environment, historical circumstances, childhood conditioning, unconscious drives, which impinge on the person as he makes decisions. The manner in which the self relates or arranges these factors is the creative element. The more compulsive a person is, the less creative he can be about the use of these factors and the more machinelike are his reactions. ²¹

All these factors which impinge on people's decisions, are proofs that there is so much going on outside of the influence of those struggling with alcohol addiction that is sinful and beyond their control that heavily influence their condition. For example, there is addiction that results from powerful forms of social sins like abusive family systems, sexism, racism, poverty, the alcohol and the drug-soaked culture in which we live. ²² Therefore, all the forms of social sins, and the drug-soaked culture we are living in, should be the very reason why we should take seriously the idea that alcohol addiction is a disease that need our attention.

In this same way the influence of what we visualize is monitored in our brain. According to James Nelson, it is believed that whenever we are looking at someone performing an action, beside the activation of various visual areas in the brain, there is a concurrent activation of the motor circuits that are recruited when we observe ourselves perform that action. Although we do not overtly reproduce the observe action, nevertheless our motor systems become active as if we were executing that very same action that we are observing. That is to say action observation implies action simulation.²³ What does this tell us about someone struggling with alcohol

²¹ Clinebell, 172.

²² Nelson, 42.

²³ Gallese Vettorino, "The Shared Manifold Hypothesis," *Journal of Consciousness Studies* (Imprint Academy, 2016), 37.

addiction watching another person drinking, or an advertisement of a particular alcoholic drink? The person suffering from addiction will be highly tempted to go for a drink. There is, therefore, enough evidence provided by brain science that so much is involved in understanding those suffering from alcohol addiction. Hence, understanding the connection between brain science, child development, human relationships, and addiction is very important.

Consequently, although neuroscience does not provide all the answers, the understanding of how the brain works I believe has shed more light in helping pastors and pastoral caregivers understand how addiction comes about, and the factors that might have contributed in causing the addiction problem. As David Hogue puts it, emerging discoveries in the brain sciences are offering us new ways to understand the way the brain operates, the way we perceive, record and recall experiences and the intricate relationship between our knowing and our feelings.²⁴ Understanding our feelings is very important in understanding our emotions in connection with how the emotional processes in our brains influence addiction. There is proof provided by brain science that there is a connection between our negative emotions and addiction, and that unconscious emotional thought will precede and strongly influence our rational decisions.

How Interpersonal experiences and emotional processes in our brain connects to addiction

According to Warren Brown and Brad Strawn, in their book *The Physical Nature of Christian Life: Neuroscience, Psychology, and the Church*, research in both psychology and brain science suggests that through repeated exposures to similar kinds of interpersonal experiences, we develop anticipatory expectations. These expectations become linked to the behavioral habits that are a process primarily of emotions and unconscious appraisal. Consequently, these

²⁴ Hogue, 17.

emotions and behavioral response can be triggered in new situations that the brain interprets as similar to the original experience.²⁵ Therefore, understanding the emotional processes in our brains is very important in understanding why people do certain things they do not like or want to do.

By emotions here I mean what Joseph LeDoux in his book *Synaptic Self: How Our Brains Become Who We Are* defined as the process by which the brain determines or computes the value of a stimuli. He believes that whenever we are in an emotionally aroused situation, we often take actions; that is, we do things to cope with or capitalize on the event that is causing us to be emotionally aroused. For this to happen, information received by sensory systems activates emotional processing circuits, which evaluates the meaning of the stimuli input and initiate specific emotional responses by the output circuit. These detection and reaction processes takes place automatically, independent of conscious awareness of stimuli and feelings about it.²⁶ Findings like these are giving us the impression that there is so much going on unconsciously in our brains, that influences our decision, habits and reasoning.

Another important fact about the actions we take whenever we are in an emotionally aroused situation is that our negative emotions sometimes have serious consequences. As James Whitehead and Evelyn Whitehead puts it in their book *Shadows of the Heart: A Spirituality of Negative Emotions*, that research in psychology shows that there is a link between addiction and unmanageable negative emotions. Also, reports on drug use makes similar connection between negative emotions and addictive behavior. It is proven that although many adolescents experiment with alcohol and illegal drugs, only a small percentage develop debilitating drug

²⁵ Brown Warren and Brad Strawn, *The Physical Nature of Christian Life: Neuroscience, Psychology, and the Church* (Cambridge University Press, 2012), 89.

²⁶ Joseph LeDoux, *Synaptic Self: How Our Brains Become Who We Are* (Penguin Books, 2002), 206-207.

habits that continue into adulthood. The primary difference is how young people manage their negative emotions.²⁷

It is equally proven that addictions have much to do with why the self-conscious effort to avoid prejudice, fear and depression are often rendered unsuccessful. According to David Franks, in the *Handbook of Sociology of Emotion*, the neuronal channels going up from the emotional centers of the brain to the more cognitive centers are denser and more robust than the cognitive centers going down to inhibit and control the emotional structures. As a result of this imbalance, self-conscious efforts to avoid prejudice, fear, hatred and depression are often rendered unsuccessful. It is therefore believed in sociology of emotions, that because of our evolutionary history and cognitive structure, it is generally the case that unconscious emotional thought will precede and strongly influence our rational decisions. Therefore, our much-valued rationality is really more tenuous than we humans would like to believe, and it probably plays a smaller role in human affairs than prevailing theories of rational choice would have it.²⁸

All the evidence mentioned above that there are unconscious activities going on in our brains that influence our thought, habits and decisions, and that self-conscious effort to avoid prejudice, fear and depression are often rendered unsuccessful, remind me of the frustration that a particular woman expressed over the alcoholism of her husband who was a minister of the Gospel. She could not understand why the husband had control over certain things in his life but could not control his thirst for alcohol.

The woman found it inconceivable that the husband was powerless over alcohol, and that he never drank when he was scheduled to preach or speak publicly, an indication that he retained a measure of control. How could he exert control during periods requiring his best efforts, and

²⁷ James Whitehead, Evelyn Whitehead, *Shadows of the Heart: A Spirituality of Negative Emotions* (New York: Crossroad, 1994), 5.

²⁸ Stets, Turner, 39.

totally relinquish control during less demanding times? The woman asked. What was control, anyhow? Was it merely a matter of deliberate choice of behavior? If one could control drinking on certain days, why not on others. All these questions came from one woman seeking for answers to the husband's behavior. She finally concluded that she did not understand that alcoholism, as a progressive disease, would gradually diminish such hard won control.²⁹ Fortunately, brain science and psychology offer the answers.

How neuroscience and scripture confirm our helplessness over certain actions

It is easy to term the research findings of unconscious activities in our brains unimportant in my Pentecostal tradition, because they are putting a burden on them to accept that a lot is happening to us that is not under our control. It is hard for the Pentecostal Christian to accept any form of weakness or vulnerability, but I am reminded of the words of Paul the Apostle in Romans 7:15-16, “for I do not understand my own actions. For I do not do what I want, but I do the very thing I hate.” (ESV). Paul is telling us that so much is going on with him, that is beyond his control; and according to Stets and Turner in the *Handbook of the Sociology of Emotions*, neuroscience and sociology is telling us that emotions gain an ego-alien hold on us that cognition characteristically does not, and that because of such ego- alien hold, serial killers have readily reported that they knew what they were doing was wrong, but they did not feel this wrong enough to have it inhibit their action.³⁰ These theories are already telling us something about addiction, and why brain science is important in helping us understand how we respond to our environment and the role of our emotions in the process.

²⁹ Alexander Dejong and Martin Doot, *Dying for a Drink: A Pastor and a Physician Talk About Alcoholism* (Grand Rapid, Michigan: William B. Eerdmans Publisher, 1999), 9.

³⁰ Stets, Turner, 40.

The influence of the role of childhood conditioning on addiction

Another important factor that influences our behavior and is connected to addiction is childhood conditioning. Addiction is something that even brain science has proven is connected with our childhood experiences because as we grow up, based on the environment in which we were raised, we develop different kinds of attachment. Children need interaction with parents to survive and lack of interactions like handling, cooing, stroking, baby talk, and play is crucial to infants. John Bowlby, British psychoanalyst theorized that human infants are born with a brain system that promotes safety by stabling an instinctive behavioral bond with their mothers.³¹

Research in neuroscience shows that the brains of insecurely attached children react to provocative events with an exaggerated outpouring of stress hormones and neurotransmitters. This reactivity persists into adulthood. A minor stress, therefore, sweeps such a person towards pathologic anxiety, and a larger or longer one plunges him into depression's black hole. Therefore, caregivers shape their children in long-lasting and measurable ways, bestowing upon them some of the emotional attributes they will possess and rely on, to their benefits or detriment, for the rest of their lives.³²

Also, the neuroscience of human relationship has confirmed that attachment in infancy is usually conceptualized as relationship-specific, while attachment in adulthood is thought of as a general aspect of character. Early attachment patterns may become generalized and self-perpetuating because of their impact on our neurobiology, our ability to regulate emotions, and the expectations we have of ourselves, others and the world. The sensory, emotional, and behavioral system influenced by early attachment experiences can shape our brains in ways that

³¹ Lewis, Amini; Lannon, 70.

³² Lewis, Amini; Lannon, p. 74, 211.

make the past a model for creating the future.³³ That is why stress and trauma response to both past and present harmful events, inadequate or dysfunctional interpersonal relationships, and even exposure to early childhood and adolescent trauma plays an important role in addictive behaviors.

Therefore, science commonly asserts that stress and trauma in response to harmful or threatening events increases susceptibility to addiction, as evident by a large body of literature across many fields of study. The stress response occurs when one is faced with a threatening situation in which one lacks the appropriate coping skills necessary for stress regulation.³⁴ Thwarted attachment and limbic disconnection thus encourage superficiality and narcissism. People who cannot see content must settle for appearance. They will cling to images with the desperation appropriate to those who lack alternatives.³⁵

Therefore, if the attachment fabric of a civilization frays, if people cannot get from their relationships the emotional regulations that those bonds were designed to furnish, they will commandeer whatever means of limbic modulation they can lay hands on.³⁶ Their hungering brains will seek satisfaction from a variety of ineffectual substitutes like alcohol, heroin, cocaine and their cousins.³⁷ Brain science equally supports that we as adults are continually open to change and reformation; changes prompted by catastrophes, in which our current self is no longer able to deal adequately with our circumstances.³⁸ And neuroscience gives us the

³³ Louis Cozolino, *The Neuroscience of Human Relationship: Attachment and the Developing Social Brain* (W.W. Norton, 2014), 154.

³⁴ Cohen G, P. Manuck, *A Stage Model of Stress and Disease: Perspective on Psychological Science*, (2016 July), 256-263.

³⁵ Lewis, Amini; Lannon, 211.

³⁶ Ibid.

³⁷ Lewis, Amini; Lannon, .212.

³⁸ Warren, Strawn, 76.

understanding of the major triggers that makes people relapse to drug-seeking, and the brain mechanism those triggers engage.³⁹

Therefore, it is for these reasons that early healthy human relationship is so important for our wellbeing. We cannot become healthy adult persons without relationship. To flourish and to mature into persons of wisdom and Christian virtues, we need the shaping that comes with the best sort of human relationships. That is why inadequate or dysfunctional interpersonal relationships and interactions can create persons who are not mature and have difficulties flourishing.⁴⁰ The building of these relationships must start from birth, because if the right attachment is missed from birth, the consequences will show up in the future of the child. While we might be blaming the adults for certain behaviors that are not consistent with our Christian virtues, we forget that most of the things they are struggling with are not of their own making. A lot of evidence supports exposure to early childhood and adolescent trauma as strongly associated with adult substance abuse and may contribute as a risk factor for addiction later in life.⁴¹

These negative experiences that we grow with will in turn affect our ability to fully control our lives as we would want to. Social research uncovers even more compelling concerns about negative emotions like anger, guilt, and shame which are common in the lives of those who experience childhood and adolescent trauma to be related to drug addiction. Therefore, adolescents who use alcohol and other drugs primarily to get rid of bad feelings were more likely to accelerate their use over time. Many of these teens become seriously addicted adults.⁴² I

³⁹ Markus Heilig, *The Thirteenth Step: Addiction in the Age of Brain Science* (Columbia University Press: New York, 2015), 8.

⁴⁰ Warren, Strawn, 72.

⁴¹ Sinha R. How Does Stress Increases Risk of Drug Abuse and Relapse? *Psychopharmacology* (April 2001) 342-59.

⁴² James Whitehead and Evelyn Whitehead, p. 5.

therefore believe that if there is any sin, we should pay attention to, it should be the sin surrounding the world and environment of the addict, because so much is proven to be going on in and around the addict that is beyond their control.

This information is so important to my classification of addiction as a disease and not as my conservative community of faith has taken it. That addiction is tied to changes in the brain structure is what makes it fundamentally, a disease. Almost three decade of research shows that drug addiction comes about as a result of the long-lasting effect of drugs on brain function. Drug addiction is a brain disease because the abuse of drugs leads to changes in the structure and function of the brain. That drugs change the brain is a logical as well as experimental fact. Drugs change behavior, mood and thought, the brain is the organ of behavior, mood and thought. Thus, drugs change the brain.⁴³

Research evidence in support of alcohol addiction as a disease

Because of the evidence from brain science on the unconscious influence of our will from our brains that affects our behavior, how emotional processes in our brain connect to addiction, how neuroscience and scripture confirm our helplessness over certain actions, and the influence of the role of childhood conditioning on addiction, I am convinced that alcohol addiction is a disease. Therefore, because of the above-mentioned explanations, I am fascinated by the fact that most of the things we do in life, create certain changes in our brains that can put us in a vulnerable position to indulge in habits and behaviors that are beyond our conscious control. Unfortunately, drinking alcohol comes with such brain changes and the resulting habit has some signs and symptoms that can be identified. According to James Nelson, in his book *Thirst: God and the Alcoholic Experience*, there are authenticated and biologically based risk factors as far as

⁴³ Gene Heyman, *Addiction: Disorder of Choice* (Harvard University Press, 2009), 94-95.

alcoholism is concerned. They are identifiable signs and symptoms, for example, withdrawal, development of tolerance to the substance etc. ⁴⁴

Some of these biologically based risk factors are evident in the way the use of alcohol affects our brains and makes an addict a helpless victim of the habit of drinking. Gerald May, in his book *Addiction and Grace: Love and Spirituality in the Healing of Addiction*, argues that we may joke about never forgetting how to ride a bicycle, saying “ don’t worry, it will come back to you.” But the permanence of addiction memory is not funny. It stands ready to come back to us with the slightest encouragement. Years after a major addiction has been conquered, the smallest association, the slightest taste, can fire up old cellular patens once again. ⁴⁵ These are all signs of a sick person needing help not judgement and condemnation.

Furthermore, alcohol has a predictable course and outcome: loss of control, increasing social and employment difficulties, and growing health problems. Therefore, the condition has clear biological markers, marked by identifiable signs and symptoms, it shows a predictable course and outcome, and the condition and its manifestations are not caused by volitional acts. ⁴⁶ The fact that the manifestation of the various signs and symptoms of alcohol addiction are not caused by volition is a proof that positively supports my argument, that African pastors must understand that addiction is a disease that cannot be cured by prayer and faith alone.

Alcohol addiction is not just an ordinary disease

According to Anderson Spickard and Barbara Thompson, addiction to any substance is never simply a physical disease, rather addiction is a disease that affects the whole person. While an

⁴⁴Nelson, 45.

⁴⁵Gerard May, *Addiction and Grace, Love and Spirituality in the Healing of Alcoholics* (San Francisco: Harper & Row, 1988), 90.

⁴⁶Nelson, 45.

individual with diabetes or cancer can possess a healthy mind and emotions, as well as deep friendship and family ties, the alcoholic is at risk to lose everything. He is sick in his body, mind, emotion, spirit and relationship. Unless the addicted drinker gets help in all these areas, his or her chances for recovery are very poor.⁴⁷

Alcohol addiction is, therefore, not just an ordinary disease, but a complex one. As Gerald May puts it, psychologically, addiction uses up desire. It is like a psychic malignancy, sucking our life energy into specific obsessions and compulsions. That is to say that addiction is a state of compulsion, obsession, or preoccupation that enslaves a person's will and desire. Addiction is any compulsive, habitual behavior that limits the freedom of human desire.⁴⁸

James Nelson likewise argues that a cardinal feature of addiction is that, regardless of genuine and repeated attempts and despite every effort to mobilize their will power, addicted persons are simply unable to control the use of the substance once that has begun. "I know my will power," he said, "strong in other areas of my life, failed miserably with alcohol."⁴⁹ All the above claims are from James Nelson's experience of his personal struggle with alcohol addiction, a professor Emeritus of Christian Ethics. He has a good understanding of what he is talking about, and the beauty of his position is that those claims are in line with what the neuroscience of addiction has to say about alcohol addiction.

Additionally, addiction is a malfunction of some of the most fundamental brain circuits that makes us think, and a disease that is not much different from other chronic, relapsing medical condition. Addiction is, therefore, not a moral failing, a simple inability to say no or a condition that can be cured by mystic incantations.⁵⁰ By saying this, I am in no way trying to discredit the

⁴⁷Spickard, Thompson, 27.

⁴⁸ May, 13-14.

⁴⁹ Nelson, p. 46.

⁵⁰ Heilig, 8.

power and blessings that comes with the exercise of the spiritual practice of prayer of faith. I strongly believe in the power of faith and prayers, but my argument is that if we shift our mindset from the notion of addiction being a moral failure as a result of sin, to the fact that it is a disease that needs medical attention, we will accomplish much as a community of faith. As pastoral caregivers, we will have great empathy towards the victims of addiction, and instead of judging them, we would love them and care for them.

The Importance of this knowledge

As someone from a conservative Christian community of faith, I believe we must start opening up to accept that addiction is a disease that can be treated in hospital like any other disease such as diabetes. And just as we journey with other sick people in their health challenges without reminding them of their sins or the judgement of hell, we can equally stand with the addicts as a community of faith.

I am not writing off sin completely, but my argument is that sin is a part of the human condition and should not be used against any suffering person. I believe that there is no one among God's people who is sick or healthy that does not have sin in them. I therefore find it unfair, that the disease of alcohol addiction has a stigma of sin attached to it while other sick people in the body of Christ are judged more fairly. Who is sick or healthy among God's people who is not a sinner?

I strongly agree with James Nelson, that understanding alcohol addiction as a disease markedly undercut moralistic judgement and blaming, thus enhancing the chances of recovery. Looking at alcohol addiction as a moral failure, commonly judged, ridicule, punished and ostracized the chemically dependent.⁵¹ Marty Mann, also, believes that two things are necessary

⁵¹ Nelson, 49.

for a constructive understanding of alcoholism. The first is that alcoholism is a disease, and the alcoholic is a sick person, and the second is that the alcoholic can be helped and is worth helping. He added that it should be apparent to pastors with that much understanding that there is more to this problem of alcoholism than “moral weakness” and that therefore it will take more than moral strengthening or even the best spiritual guidance and bolstering to be of real help.⁵²

Also, according to Howard Clinebell, whatever the disagreement among different scientific schools of thought regarding the cause of alcohol addiction, there is a wide agreement that in its advanced stages alcoholism is both a psychological and physiological disease. Therefore, he believes that this all-sin model ignores the psychological, social, cultural, physiological factors which play a significant role in understanding the disease.⁵³ This is exactly what my Christian context has been doing with grievous consequences which has pushed me to learn my lessons and work toward becoming part of the solution.

My Christian context is not the only problem in this situation, for experts in the field of addiction argue that the effects of addiction on society have helped shaped a widely held view that addiction is primarily a social problem, and not a health problem,⁵⁴ and we must learn our lessons as communities of faith to fix this notion. Addiction is in fact indistinguishable from chronic medical illnesses; experts in the field of addiction have found that genetic risk factors, personal choice, and environmental factors are comparably involved in the etiology and course of all these similar disorders (type 2 diabetes, hypertension and asthma). Furthermore, just as consumption of an unhealthy diet produces lasting cardiovascular changes in diabetes, heavy alcohol or drug use produces significant and lasting changes in brain chemistry and function.⁵⁵

⁵² Mann, 182.

⁵³ Clinebell, 168.

⁵⁴ Heilig, 38.

⁵⁵ Heilig, 38-39.

Despite widespread perception to the contrary, effective medications are available for treating several addictions such as those for nicotine, and alcohol. Medication, adherence and relapse rates are very similar in addictive disorders and other illnesses with which comparison was made.⁵⁶ With all these facts presented by neuroscience, there is no doubt that there is a lot that brain science has to offer to help pastoral caregivers to understand how to better handle addiction cases within their community of faith.

Another important reason why I choose the disease model is that the disease theory reduces our tendency to see evil as “out there” and external to ourselves situation. It is easy to point fingers to someone suffering from alcohol addiction as a victim of moral failure who cannot be part of what we term to be “us. This is exactly what my pastor friend told me in the conversation I mentioned earlier that we do not have alcohol addicts in our church environment. He was seeing the addicts as an external evil. That is why I believe that calling alcohol addiction a disease will open the door for the victims or patients to embrace grace and come out for healing both within the family and community of faith.

To accomplish this purpose as ministers, we need the right knowledge and understanding of what happens in the world of an alcoholic, and this understanding begins with sharing the information I am trying to provide in this paper so that those who are interested in helping alcohol addicts in the environments where they are neglected can start from somewhere. It takes great preparation to counsel alcoholics, because in order to counsel alcoholics with any degree of effectiveness, one must understand alcoholism. He should understand the nature of the sickness so that he can interpret it to the alcoholic and the family. He must have some insights concerning

⁵⁶ Ibid.

the psychological attributes of alcoholism.⁵⁷ This is what I am trying to accomplish in this paper for beginners like myself.

The importance of accepting brain science research claims about alcohol addiction and looking at alcohol addictions as a disease in pastoral care

A) It gives the minister a positive attitude towards the victim.

One of the major important elements in the definition of the role of a minister in pastoral care and counseling of alcoholics is the recognition that dealing with alcoholics in a constructive manner is a major opportunity as well as a major problem. Ministers will always have people struggling with addiction to deal with. The question is not whether he will deal with those suffering from addiction, the question is whether he will deal with them in a more or less constructive way.⁵⁸ A minister's general attitude towards people struggling with addiction seems to have a direct relationship to the number of people who come to see him for help.⁵⁹

If a minister is known as a militant advocate of prohibition and temperance, and if he treats alcoholism in a moralistic fashion in his public pronouncement, it is likely that some of those suffering from alcoholism, who might otherwise seek his help will give him a wide margin. Those suffering with alcoholism are hypersensitive to those who condemn all drinking⁶⁰

⁵⁷ Clinebell, 193.

⁵⁸ Clinebell, 180.

⁵⁹ Ibid.

⁶⁰ Clinebell, 184.

B)It gives the minister the opportunity to understand the people struggling with alcohol addiction in ways that the Scriptures could not explain particularly in:

❖ *Understanding how the impact of alcohol in the brains of the victims' clouds judgement*

Psychotherapists have helped us to understand the differences between feelings and thought. Through their research, counselors can now attend to feelings more carefully in context where thinking is more valued than its emotional counterpart. Some misunderstand, that feelings and emotions are generally understood to cloud judgement, to interfere with rational problem-solving skills and to result in sentimental, irrational choices.⁶¹

In contrast to this view, research in educational psychology has shown, and cognitive science and neurology have helped us to understand, the critical role that emotions play in intelligent living. Science can now determine the exact brain locations that contribute to conscience, empathy and care of self.⁶² Knowledge of this information can help caregivers to understand their care receivers who might have issues in the area of their brain responsible for conscience, empathy and selfcare.

Given the discussion above about the fact that the impact of alcohol in the brains of the victims clouds judgement, we must avoid the terrible tradition of talking about those suffering from alcohol addiction who relapse as showing “resistance to treatment” or not showing “motivation” for change. We now know that there is so much happening in them that clouds their judgements and affect their feelings and emotions.

⁶¹Hogue, 37.

⁶²Hogue, 39.

❖ *Understanding how motivation is more of a function of interaction between pastoral caregivers and the person suffering from addiction*

Further research shows that motivation is more a function of interaction between the care provider and the care receiver. It is very important that we as caregivers make a clear distinction on how we want to identify with the feelings of the people suffering from addiction as they narrate their stories to us. We could say “you are powerless under your addiction and should never again touch alcohol” or, instead, we could listen for a while and then say, “you told me that even when you plan to take just one or two drinks, your drinking often spirals out of control. You told me that when that happens, you do things to your kids that make you feel terrible afterward.” Research shows that the first approach will often meet resistance and lack of motivation. In contrast, the second approach will keep the patient evolved towards a greater readiness for change, perhaps through intermediary goals that can be set up together.⁶³

❖ *Understanding why a recovering addict should not go back to the old company*

Our knowledge and understanding of the neuroscience of addiction has made it possible for us to understand why the second approach above is helpful. We now know why it is not advisable for someone who recovered from addiction to go back into the company of those who are drinking because brain science has shown what will happen and why. This idea is what makes the disease model even more important because not only the pastoral caregiver should understand alcoholism as a disease, but this knowledge is also equally important to the person suffering from the disease. They need to know and understand why they will never be again as

⁶³ Heilig, 191-192.

they once were before becoming addicts, when they could just drink alcohol and control the amount, they needed without suffering the effect.

Now they need to know that they are victims of an incurable disease, and that, like diabetics who can never again touch sugar if they are to regain and maintain health, they can never again safely touch alcohol in any form. Once again, if they can be brought to accept alcoholism as a disease, they, too, will eventually recognize the truth, and with that recognition, their cooperation in a program of recovery can be obtained. ⁶⁴

❖ *Understanding how our capacity in viewing the world through the eyes of others is grounded in the structure of the brain.*

We all know how empathy is important in doing good pastoral care, and research in psychology has proven that understanding how people feel helps us to respond to them rightly. Our survival, therefore, depends on our ability to communicate with others, to understand their experiences (to know who friend is and who is foe), and to offer mutual protection and care. Entering into the experience of another's distress is not just a matter of our humanness; empathy is the ground from which relationship of care grows. Neuroscience confirms that our capacity for viewing the world through another's eyes is grounded in the structure of the brain.⁶⁵

Neuroscience has also proven this because of studies that suggest humans have a mirror neuron which shows that whenever we are looking at someone performing an action, beside the activation of various visual areas, there is a concurrent activation of the motor circuits that are recruited when we ourselves perform that action. ⁶⁶

⁶⁴Mann, 187.

⁶⁵Hogue, 40.

⁶⁶Vittorio, 39-43.

❖ *Understanding the impact of our body language when counseling alcohol addicts.*

Also, according to David Hogue, research utilizing PET scans and functional magnetic resonance imaging (fMRI) can now detect areas of the brain that support basic functions such as taking the perspective of another. He believes it is likely that at least when we are imaging body movements, our own or others', the brain automatically and unconsciously rehearses the movement as though it is performing the act itself and they draw a distinction between self and other as a way to understand the experiences of others.⁶⁷

Another study by the psychologist Warren Brown, has also proven that there is a high degree of unconscious imitation with both good and bad consequences. We unconsciously and unintentionally change our actions to match those of the people we are around; this is called the “perception behavior expressway,” the mere perception of another’s behavior automatically increases the likelihood of engaging in that behavior oneself.⁶⁸

This information is very helpful to the pastoral caregiver or counselor, to know and understand the impact of their body language when dealing with those who come to them with their problems. Our body language can transmit both right and wrong signals to those we are ministering to. It is therefore important that our body language should convey the message to those coming to us for help to know that they are welcome, and that we really care and are willing to listen to them.

If those around us are caring, mature, wise, and virtuous, then our behavior turns to become similar as we imitate them. However, if those around us are rude, immature, unwise, and lacking in virtue, then we will turn to act accordingly. ⁶⁹Another important discovery is that once the brain receives an image, it communicates the consequences of that picture to the whole body. For

⁶⁷ Hogue, 41.

⁶⁸ Warren, Strawn, 79.

⁶⁹ Warren, Strawn, 80.

these reasons, we are advised to imagine a calm peaceful thought which can cause our brains to communicate peace and relaxation to the rest of the body.⁷⁰

These facts are very important in understanding our responsibility in dealing with those suffering from addiction who come to us for help. They are very sensitive to our attitude towards them. That is why those attempting to help anyone suffering from alcohol addiction under any circumstance whatever should be armed with this basic knowledge of what alcoholism is and what it does to an individual in terms of behavior and attitude. Without this knowledge, well-meaning effort to help can do as much damage as if a butcher attempted to perform a delicate surgery.⁷¹

We therefore have a great responsibility as care givers and pastoral counselors, to look for ways of journeying with the care receiver and make sure our attitude towards them does not cause them to imagine destructive images about us. Our imaginations can distract us from the problems of living or help us resolve them. Our imagination is the grounding of our hope, and the seat of our fears. The brain's capacity to envision multiple possibilities is therefore a blessing. Those large frontal lobes of our brain offer us the platform on which to build a better world. Imagination is the arena in which hope plays out its welcoming invitation.⁷²

Also, as pastoral caregivers and counselors, we must be aware of how conscious memory works; retrieving those episodes or events that are part of our stories helps us make sense of who we are, where we have come from and where we are heading. Brain science helps us to understand that the brain cannot record every intricate detail of every event that passes; it picks and chooses. So, the brain remembers those events that matters the most at the moment.⁷³

⁷⁰ Warren, Strawn, 47.

⁷¹ Mann, 227.

⁷² Warren, Strawn, 49.

⁷³ Warren, Strawn, 55.

With this knowledge, we can understand that those events narrated to us during our counseling session are those that mean so much to those who come to us for help. Also, by giving them the opportunity for multiple counseling sessions, we give the care receiver the chance to remember other events overlooked during the previous session. Pastors should be careful about getting too involved in providing treatment for those suffering addictions. The best strategy is to help them get connected to a treatment program like Alcoholics Anonymous and a sponsor, and let the pastor attend to the spiritual dimension of the struggle. This information will give us a broader understanding of what they are dealing with and will help position us to be of help to them in a better way.

To do this effectively, we need patience to build the appropriate relationship that will yield the right results. During this process, it is important to remember that most adult formation and change is more progressive and more difficult to discern on a day-to-day basis, for significant change takes months, years and even decades.⁷⁴ For these reasons, our communities of faith must be places where people who are insecure can come and feel welcomed because of our ability to create healthy relationships. The fact is, our brains rely on other brains to remain healthy, especially when we are under stress. When faced with illness or catastrophe, we turn to each other for comfort, security and stability. Resiliency, our ability to cope with life's ups and downs, is closely dependent upon the extent and quality of our support system.⁷⁵

⁷⁴ Warren, Strawn 72.

⁷⁵ Cozolino, 277.

The final word to my pastor friends

I believe very strongly that Jesus Christ came into this world to express God's love and forgiveness and sent us to go into the world and preach forgiveness of sins. I therefore think that the "sin" problem has been solved, for even John the Baptist called Jesus Christ "the lamb of God who came to take away the sins of the world." (John 1:29). We are told that Jesus Christ did what he did because all have sinned and come short of God's glory (Romans 3:23). The house of God, therefore, is a place where people come to receive help because they believe that God's presence of love is there. The church is a place for sick people and every one of us is an addict in one way or another. It is not going to be fair if we as the body of Christ in the conservative tradition makes alcohol addiction a special case.

Even the scriptures we have used in our Pentecostal context for years against those suffering from alcohol addiction like Galatians 5:19-21, and Proverb 23:19-20, were not written as a weapon against these unfortunate victims. I believe that the scriptures are not against the drunkard, but against drunkenness, and the effect and cost of addiction. Just as God and Christ are not against the sinner, but against sin, and did something to bring the sinner out in love, so we are responsible in love to help those suffering from alcohol addiction come out of their situation. I believe that if there is anyone to take the warning against drunkenness serious, it should be those who are not drinking alcohol or those who are drinking but are not addicted yet, not those who are already suffering from alcohol addiction.

I believe that addiction depicts something that happens to everyone at the deepest level and none of us is fully free from the human condition. All of us have fallen short of the freedom we

crave, making the addiction experience the human experience.⁷⁶ The issue we are dealing with here is not about who has sinned or who is going to heaven, but who is going to accept that addiction is a human condition that needs our love and understanding to deal with. We all need God's grace to survive our daily struggles which carry addictive behaviors whether we realize it or not. For all people are addicts, for to be alive is to be addicted, and to be alive and addicted is to stand in need of the grace of God.⁷⁷

Therefore, according to Warren Brown, the purpose of the church is the formation of the community of persons that is characterized by the reign of God's grace and as such, reflects God's presence as a means of grace to the world and growth of its members. A church life is characterized by reciprocal hospitality and love that shapes the lives of its members and functions actively in the surrounding community as a representative of a message about, the presence and the activity of God.⁷⁸ Glory to Jesus, we are the Church of the living God in the earth. Pastors as religious and faith leaders can help people struggling with addiction understand the impact of their disease on their lives, the lives of those who love them, and to hold our imagination and hope and resources for something different, for a better life. Pastors can continue to assure people struggling with addiction that God wants something better for them.

⁷⁶ William Linters, *The Freedom We Crave: Addiction and The Human Condition* (Grand Rapids, MI: William B. Eerdmans Publishing, 1985), 4.

⁷⁷ May 11.

⁷⁸ Warren, Strawn, 108.

Conclusion

Nobody understood the plight of the outcast of our society like Jesus. He promised a thief who was hanging beside him on the cross that he would be with him in paradise “today.” Jesus also went about healing people without looking at their lifestyle or sinful history. We have a great responsibility to be there for all the needy people of God that come our way for help. As representatives of Jesus Christ, we must not judge them or talk about “sin” but should consider their condition as a disease that need our love, care and acceptance to evoke the healing power of God. We should never forget that those who come to us for spiritual care, are also seeking for God as they try to make meaning of their pain and sufferings in their spiritual journey. And if we represent a God who took sin as a disease to eradicate; a human condition to wipe out, why shouldn’t we take addiction as a disease? For these reasons, let us take advantage of the research in neuroscience and the science of addiction, to accept that addiction is a disease and a human condition, that needs our love, care and attention as caregivers.

Let us remember that each human soul is entitled with the right for their story to be heard and there is no better place for this opportunity than the church of Jesus Christ. We as pastors should therefore, distance ourselves from anything that will hinder people from telling the stories of their lives or hinder us from being coauthors in people’s life stories as they strive to make sense of their life’s experiences.

It is important to always remember that story telling helps us to not just make meaning of our own lives, or understand ourselves, but equally help us to understand why people do things in a particular way. We as pastors must watch out about our notion of who we think God is or should be. Our notion of God should not hinder God’s people coming to us to not experience

God's love and care in their life journey. With thoughts like these, we are reminded that the church's story is a call to live out the love of God. We as pastors must do our best to grow in love daily. We cannot offer the love we did not receive from God because we can only give out of what we have received. Nothing heals like showing genuine love without judgement and condemnation.

The church is called to be the place where love is lived out, and one of the ways this happens is through the ministry of care. Therefore, as pastoral caregivers we must understand that the church is not only a human community but also one called into being by God and through which God acts to bring healing and redemption.⁷⁹ This I believe is the true calling of a pastor.

Throughout this essay, we have seen how all human beings go through developmental challenges in life, and how by classifying alcohol addiction as a sin we have pushed many to self-condemnation and judgment. But neuroscience has shown us that there is so much that is happening in the brain of an alcohol addict that influences their behavior beyond their own control. We have also seen how alcoholism destroys the thinking process and memory of its victims because of brain damage. We have equivalently seen how emotional processes in our brains particularly negative emotions lead to addictive behaviors, and how childhood conditioning, and exposure to early childhood and adolescent trauma plays an important role in addictive behaviors. All these facts, makes anyone suffering from alcohol addiction a helpless person, not someone who is capable of controlling his or her will and actions.

In addition to this helplessness, alcohol has damaged the brains of its victims, and this damage produces identifiable signs and symptoms of various diseases. We have seen that these diseases are not just an affliction of the physical body of the person addicted to alcohol but also their

⁷⁹ Karen Scheib *Pastoral Care: Telling the Stories of our Lives*, p. 17.

emotions, mind, spirit and family relationships. Their wills and desires are enslaved, thus causing further complication. These are all signs and symptoms of a disease that is not different from other chronic relapsing medical conditions. With all these facts presented before us, looking at alcohol addiction as a sin and moral failure, cannot do much to solve the problem of alcoholism. That is why I am arguing that alcohol addiction is not a moral failure considered to be “sin” as we have labelled it in my conservative community of faith. Addiction is a disease that is not much different from other chronic, relapsing medical conditions that needs our utmost attention as caregivers.

Bibliography

Cohen G and P Manuck. *A Model of Stress and Disease: Perspective on Psychological Science* 2016 July; 11(4).

Clinebell, Howard. *Understanding and Counselling Alcoholics Through Religion and Psychology*. Nashville: Abingdon Press, 1956.

Cozolino, Louis. *The Neuroscience of Human Relationships: Attachment and the Developing Social Brain* (2nd edition) W.W. Norton, 2014.

Dan P. McAdams. *The Redemptive Self: Stories Americans Live By*. New York: Oxford University Press, 2013.

Dejong, Alexander and Doot, Martin. *Dying for a Drink: A Pastor and a Physician Talk About Alcoholism*. Grand Rapid, Michigan: William B. Eerdmans Publisher, 1999.

Eunil, David Cho (2018) Constructing Multi-Religious Identity: A Narrative Self Approach, *Journal of Pastoral Theology*, 28:3, 175-188,

Gene, Heymann. *Addiction: Disorder of Choice*, Harvard University Press, 2009.

Hogue, David. *Remembering the Future, Imagining the Past: Story, Ritual, and the Human Brain*. Pilgrim Press: Cleveland, 2003.

Heilig, Markus. *The Thirteenth Step: Addiction in the Age of Brain Science*. Columbia University Press: New York, 2015.

Jan E Stets and Jonathan H. Turner. *Handbook of the Sociology of Emotions*. New York: Springer-Verlag, 2007.

LeDoux, Joseph. *Synaptic Self: How Our Brains Become Who We Are*. Penguin Books, 2002.

Lewis, Thomas; Amini, Fari; Lannon, Richard. *A General Theory of Love*. New York: Vintage/Random House, 2000.

Lenters, Williams. *The Freedom we Crave: Addiction: The Human Condition*, Grand Rapids, MI: William B. Eerdmans Publishing, 1985.

May, Gerard. *Addiction and Grace*, San Francisco: Harper & Row, 1988.

Marty Mann. *The Best of Pastoral Psychology*, edited by Simon Doniger, 180-95. Great Neck, NY: Pastoral Psychology Press, 1952.

Nelson James. *God and the Alcoholic Experience*. Louisville, KY: Westminster John Knox Press, 2004.

Scheib, Karen. *Pastoral Care: Telling the Stories of Our Lives*. Nashville, TN: Abingdon Press, 2016.

Spickard, Anderson and Thompson, Barbara. *Dying for a Drink: What You and Your Family Need to Know About Alcoholism*. Nashville : Thomas Nelson Inc, 2005.

Sinha R. *How Does Stress Increase Risk of Drug Abuse and Relapse? Psychopharmacology*. 2001, 158(4).

Sinha R. *Chronic Stress, Drug Use and Vulnerability to Addiction: Annals of New York Academy of Science*, 2008.

Vettorico Gallese, *The Shared Manifold Hypothesis, Journal of Consciousness Studies*, Imprint Academy, 2016.

Warren, Brown and Strawn, Brad. *The Physical Nature of Christian Life: Neuroscience, Psychology, and the Church*. Cambridge University Press, 2012.

Whitehead, James and Whitehead, Evelyn. *Shadows of the Heart: A Spirituality of Negative Emotions*. New York: Crossroad, 1994.