ABSTRACT

RECOVERY MINISTRY AND ITS RELATIONSHIP TO THE LARGER CHURCH

by

Mark A. Hicks

The church is too often ill prepared to minister to people with stigma related issues such as alcoholism, drug addiction, compulsive behaviors, mental illness, divorce, codependency, and family disfunction. Given the issues of stigma within the church culture, it may be tempting to relegate recovery ministry to a fringe social ministry. Recovery ministry, however, is more theologically sound when it is an integrated specialty ministry of the church.

The purpose of this project, then, was to find ways to bring recovery ministry from being a fringe social ministry and integrate it into the life of the church at State Street United Methodist Church in Bristol, Virginia. To aid this purpose, the study used Social Learning Theory, as developed by Albert Bandura, as an analytic framework.

This qualitative study formed four focus groups each meeting for three sessions. Participants completed pre-intervention and post-intervention surveys to determine what influence, if any, the focus group discussions produced. The study produced three major findings. First, multiple stigmas exist within the church and recovery participants. Secondly, the lack of movement in pre-intervention and post-intervention results illustrated entrenchment of ideas. Finally, reverse integration seems to be the best strategy for integrating recovery participants and parishioners of the larger church. Those

in the church would do well to attend recovery services, recognizing their own brokenness, and allowing that brokenness to be the common ground.

DISSERTATION APPROVAL

This is to certify that the dissertation entitled

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A Dissertation

Presented to the Faculty of

Asbury Theological Seminary

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My mom, Jane Hicks, has been as constant source of love and encouragement as is the rest of my amazing family. When it comes to parents and family, I have struck it rich.

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me. He would be immensely proud to see me completing my doctorate. So, in his memory, I dedicate this work.

CHAPTER 1

NATURE OF THE PROJECT

Overview of the Chapter

This chapter discusses the research plan to address questions related to recovery ministry and specifically how it can be effectively implemented into the larger ministry of State Street United Methodist Church in Bristol, Virginia which serves as the case study for this dissertation. The researcher's personal autobiography serves as an introduction to the topic and gives the perspective the researcher.

As the chapter unfolds, it outlines specific problem statements, the purpose of the study, and the research questions. These extend from both biblical / theological and practical rationale. Thus, the chapter explores briefly the biblical / theological tenets along with other broad themes including church culture, social learning theory, and recovery ministry. Chapter two discusses the literature within these themes, with a brief look at the literature in this chapter. Finally, the chapter outlines research including participants, data collection procedures, data analysis procedures, and generalizability within this qualitative case study.

Personal Introduction

In June of 2005, the event that I had dreaded most and worked so tirelessly to prevent finally took place. My marriage was over. It was my own decision to end it. I had lived for too long in an emotionally abusive relationship and I could live no longer in such a situation. It was not relief that I felt, however. It was failure. This was not

supposed to happen to me. I was raised to believe in "till death do us part." I was committed to staying married no matter what. Then it was over. I began, from that moment on, to view my life as a failure. This feeling was perpetuated by the Christian society around me, which judged and ostracized me, and others like me. To this date, I, at times, still struggle with sporadic feelings of failure.

However, those who know me would immediately protest the validity of such feelings. I have plenty of evidence to the contrary. I have two masters degrees and am currently working on a doctorate. I have been a pastor in the United Methodist Church for over fifteen years. I have a great job as an associate pastor at a wonderful church in a town where I am very happy. I am respected and appreciated by most of my parishioners most of the time which is more than most pastors could hope.

As for my personal life, I now have a beautiful wife whom I adore, and, to my delight, the feeling seems to be mutual. She came into my life in my late thirties and brought with her three terrific kids. I have no major financial problems, and other than a few pounds I would like to lose, I am in good health. I am profoundly blessed and I know it. Cognitively, I have plenty to celebrate.

Nevertheless, I still bear scars and part of me, perhaps too easily, embraces the word "failure." I had poured myself into making my first marriage work when it quickly became obvious that it was a huge mistake, and after thirteen years the entire disaster ended in divorce. As I write this, it is interesting for me to speculate on what readers think at this point. I believe there are some that think to themselves, "Is that it? Fifty percent of the American population goes through divorce. What are you whining about?"

These are the people I enjoy. They remind me that everyone has problems. No one gets through this life without scars. We all make mistakes.

Then there are the others - those that speak of how easy it is to get divorced; how people lack commitment today. They look at the rough patches in their own marriages and see that they had enough faith, enough love, enough commitment to persevere. They wonder how a pastor, one held to a higher standard, could not.

The worst day is hard to pinpoint. The one, however, that stands out in my mind was a day in the midst of the divorce process. A lady from my church stood in my office and asked me, with all the disdain she could muster, how I could call myself a minister if I am getting divorced. I remember that day as my lowest moment because, frankly, I wondered if she was right.

Well, to make a long story short, I have gone on to find churches who accept me and parishioners who appreciate me, scars and all. I have found happiness in marriage and my scars are continuing to heal with each passing year. However, the experience that scarred my life has left me with a burning question. Is the church a place of healing and recovery for those going through divorce and other major struggles - struggles such as chemical addiction, family dysfunction and so many others? As a pastor, I want to answer in the affirmative but I fear the reality may be otherwise. The intention here is not to imply that all churches should be put in a negative light. Instead, I wish to carefully pose the question to even churches operating in a positive manner. The question is not whether the church is condemning or non-condemning to those with "self-inflicted wounds." It is whether or not the church is a place of healing and recovery. For a church to say they do

not condemn those who are divorced, or struggling with chemical addiction, or alcoholism, or mental illness is not the same as creating a place of healing and recovery. The former is passive acceptance; the latter is active care.

I know from firsthand experience that many churches are perhaps the last place a person wants to be when they make a mistake; the worst place to be when in the midst of failure; and the harshest critics of those in pain. I am not alone in that impression. In the 2007 publication of research from The Barna Group, researchers David Kinnaman and Gabe Lyons state, "Christianity has an image problem" (11). Their research goes on to show how those outside the church and even those within the church describe the church, to various degrees as: judgmental, hypocritical, out of touch with reality, insensitive to others, among other negative descriptors (28).

While I also know the sweet relief of walking into a church that overlooks my flaws and accepts me anyway, I desire more. I desire a place that flaws are not simply overlooked. I desire a place of open acceptance – not an acceptance of every action but of every person in crises as a child of God.

I have come to believe that with reflection, discussion, and learning, the church can certainly overcome its negative image and be a place where compassion and support are the descriptors. To illustrate, I return to the story of the lady who scornfully told me I had no place in ministry if I am divorced. I later heard through mutual acquaintances that her attitude had dramatically changed. She had inquired about me with hope that I was doing well and spoke of how she wished me all of the best in my future. I had to ask what had happened to bring such a dramatic change. The answer that came to me was both sad

and fascinating. Her attitude had been completely reshaped very recently when her son, who happened to be around my age, divorced. This seems a clear case that information, exposure, and learning can lead to a change in attitude and behavior. Now, of course, this is not to imply a wish for people to be exposed to such tragedies in their family in order to develop compassion. There, instead, needs to be a place in the ministry of the church that teaches and actively engages in compassion for those experiencing stigma related issues.

In recent years, I have discovered a movement known as recovery ministry. It is ministry that openly seeks those in recovery from chemical addiction, alcoholism, divorce, codependency, sexual addictions, eating disorders, chronic illness, and other struggles of life and actively seeks to be a place of healing. Celebrate Recovery is perhaps the best known but there are other similar programs. I have become involved in The Recovery at Cokesbury Network based in Knoxville, Tennessee. From this experience, my questions are starting to evolve. I wonder if Recovery Ministry can be the catalyst for positive change within the broader church culture towards people struggling with various stigma related issues. What impact does recovery ministry have on its participants, and how does it impact the overall ministry of the participating churches?

So, I come to this inquiry as one in recovery, having experienced the harsh nature of some Christians in the midst of pain. Also, I engage this study as one being touched by recovery ministry in my church and experiencing its effects. Finally, I come to this study as one working professionally within recovery ministry and seeking to help others. From

all these perspectives, I wonder what influence recovery ministry has on its participants and the culture of the host church.

Statement of the Problem

Given the personal testimony shared above, as well as statistical evidence, I am convinced that the culture of the church does not offer loving and unconditional support to people dealing with stigma related issues such as chemical addiction, alcoholism, divorce, mental illness, and other difficult issues. There is a need for those experiencing such problems to have a welcoming presence within the church; yet, this is generally not experienced.

Even where churches have a welcoming spirit, this is often derived from the gifts of the pastor or perhaps a gifted lay person. It would seem, however, given the wide-spread nature of the issues listed above, an intentional, structured, and systemic program would be more effective. In the case that churches do have a program of some kind, such as Alcoholics Anonymous meeting in the church, it is often a case of simply providing a room in which to meet.

Dale S. Ryan in his article, "Recovery Ministry and the Local Church" raises concern about such strategies stating:

> Why is it that the power for personal transformation is facilitated by an organization external to the local church while the local church contributes only space? Why is recovery ministry at the margins of congregational life rather than at the center? Don't misread me here – I am not suggesting that the church become more entangled with AA. What I am suggesting is that if recovery ministry remains at the margins of the congregational life, we will miss enormous opportunities (1).

Given the call of the church to be a neighbor, as described in Luke 10, missing these opportunities would seem a major error. Instead, a more personal, integrated ministry would seem in order.

Recovery ministries, then, if not integrated into the life of the church, appear destined to be relegated to fringe or social ministries. In other words, given the issue of stigma within the church culture, it may be tempting to relegate recovery ministry to a social ministry such as food pantry, clothes closet, and homeless feeding programs. These participants are generally viewed as clients of the church and recipients of church charity. Recovery ministry, however, is more theologically sound when it is an integrated specialty ministry of the church in the line of youth ministry, singles ministry, senior adult ministry, and various styles of worship such as a separate contemporary service.

Purpose of the Project

The purpose of this project, then, was to find ways to bring recovery ministry from being a fringe social ministry and integrate it to the life of the church at State Street United Methodist Church in Bristol, Virginia. The ultimate hope of this project was to increase the levels of care and compassion of the larger church to its outreach and nurture ministries. The research employed a qualitative study that engaged in thoughtful, reflective, interactions with laity and church staff in four separate discussion groups within State Street United Methodist Church in Bristol, Virginia. The project hoped to establish an environment of learning and exploration with the intent of finding ways of integrating recovery ministry into the fuller ministry of the church. The goal was to avoid viewing recovery ministry as a fringe social ministry and to increase the levels of care

and compassion of the larger church. In doing so, the desire was to find methods and principles coming from discussions with lay people that may change the church culture to one that shows loving support for those dealing with stigma related issues.

Research Questions

To accomplish this purpose, I formulated three research questions to use in my discussions with those who participated in this study.

Research Question One

Do the parishioners and staff of State Street United Methodist Church think that it is important to have recovery ministry that is an integrated into the life and overall ministry of the church?

Assumptions could easily be made here but the purpose was to move past assumptions and to investigate the actual thoughts of the parishioners and staff various church groups. The issues raised within the problem statement, namely the cultural aversion toward those with stigma related issues, gave rise to this question. It seemed clear that there were cultural hindrances to stigma related issues being dealt with openly in the church. This question sought to find the root of those hindrances without assumptions. Were there fears and prejudices that would keep recovery as a ministry in the basement, if it is part of the church at all? Is it a systemic issue where parishioners and staff are willing to engage in recovery ministry as a central element of the church but are simply inexperienced and fail to understand how? Engaging in thoughtful reflection and conversation sought to reveal the true attitudes of parishioners and staff and remove

assumptions. In addition, the purpose was to see how these thoughts and beliefs were influenced by the intervention which leads to research question two.

Research Question Two

Using the principles of social learning theory as a guide to the discussions, how would parishioners and staff respond to thoughtful reflection on recovery ministry as an integrated part of the church?

In other words, when presented with the idea of recovery ministry as an intentional, integrated part of the church body, what would be the response from the point of view of parishioners? Parishioners, here, may be those who exclusively participate in the recovery ministry, participants in the larger church life who regularly volunteer in recovery ministry, or participants in larger church life who rarely or never volunteer in recovery ministry. In addition, what would be the response of the church staff?

I, as the researcher, discussed biblically, theologically, and practically that an integrated recovery ministry needs to be part of the church on some level and done so in a systemic fashion rather than solely depending on the particular gifts of the pastor or perhaps on a particular lay person. If this is a biblical and practical necessity, a systemic approach would seem best as is practiced with youth ministry and similar ministries. The question arises, however, of how parishioners with various viewpoints in the church would respond to this notion when given an opportunity to intentionally reflect on the idea. Since ultimately church culture is set and perpetuated by the people of the church, whether it be intentionally or unintentionally, it seemed an important inquiry to see what the staff and parishioners' viewpoint would be in thoughtful reflection.

To this end, a pre-intervention and post-intervention survey was administered with the participants of the study. This measured any changes that may have taken place as a result of the reflections and discussions. Thus, the study sought to determine not only what participants thought, but also if their thoughts and attitudes changed with the intervention of discussion and reflection.

Research Question Three

How can State Street United Methodist Church effectively integrate a new recovery ministry into a well-structured, comprehensive ministry of the church with the support and input of parishioners and staff in an organized and reflective manner?

State Street United Methodist Church in Bristol, Virginia was an excellent case study for discussing the integration of recovery ministry into the fuller ministry of the church. It has a history as a highly traditional, affluent, small town church. In recent years the church has ventured into mission, outreach, and a contemporary service. In May of 2014, it launched Thursday night recovery ministry. It was in excellent position to have discussions of integration and being an accepting environment since it had not only a heritage which was highly traditional with little outreach, but also was making a transition to fuller ministry. This transitional phase seems the perfect time to engage in open and reflective discussions with parishioners; and, to explore the cultural possibilities and implications of recovery ministry at State Street United Methodist Church.

Ultimately, the question was whether the church was capable of overcoming the environment that was too often judgmental and condemning toward people dealing with stigma related issues. By having discussions in a reflective and open manner with

parishioners in a church dealing currently with new outreach opportunities, would the culture itself be influenced or changed?

Both statistical evidence and personal testimony have been given showing the negative reactions of church people; and thus, church cultures toward people dealing with stigma related issues. Stating the problem and documenting prominent evidence. The purpose here was to influence the culture in a church that is transitioning into mission and outreach. The reasoning was that intentional discussion and reflection may well be an element that affects the culture itself.

The rationale of using social learning theory as a basis and direction for the discussion was the reality that people show more compassion when they have experienced a similar tragedy themselves. Since there is no desire to inflict tragedy, the cognitive learning that takes place within discussion groups as well as vicarious learning could lead to a change in the church culture.

Rationale for the Project

This section considers not only the biblical and theological reasons for conducting the study, but also the practical reasons.

Biblical and Theological Rationale

The first reason that this study matters is the theological mandate for the church to be involved in human suffering at all levels including "self-inflicted wounds." When one looks at the biblical perspective, it only takes a quick glance to see the "thou shalt not" viewpoint and for some that ends the discussion. To accept and engage people who have sin would be, from this perspective, to ignore the biblical mandate to uphold

righteousness. Much of the struggle in ministering to people with "self-inflicted wounds" is that the Bible has warned against behavior such as divorce, drunkenness, and other destructive behaviors. Some see the acceptance of the perpetrators of such sin as condoning. The question arises, then, if the Bible has prohibited such behavior, what is the biblical rationale to accepting such persons into the midst of the church.

It seems clear, however, if one looks past the surface of biblical commandments, and looks at the greater instructions, the church is certainly called to effectively minister to persons dealing with stigma related issues. Numerous times Jesus came in contact with people who had various issues, and Jesus sets the tone that the church should certainly follow. In Matthew 25, for example, Jesus teaches the importance of caring for the hungry, thirsty, sick, and imprisoned. Most people would consider only the imprisoned a "self-inflicted wound," yet Jesus draws no distinction. He includes imprisonment along with other hardships and judges harshly those who do not show care.

Another clear and moving example is Jesus interaction with the woman in John 4, commonly known as the Samaritan woman at the well. This woman had been married five times and was living with a man. This is clearly in defiance of the permanence of marriage that Jesus poignantly teaches in Luke 16. Yet, there is no condemnation, scorn, or retribution from Jesus. Jesus understands her troubled life and heart and offers "living water." The church should offer no less. Here, Jesus is showing the ideal of the teaching and yet the compassion for those who have failed to live up to that ideal. It would seem clear that the church should do likewise. Certainly, the church should teach the highest ideal and hold everyone accountable to living out this teaching. At the same time,

non-judgmental compassion and welcoming engagement for those who have fallen short of these ideals is equal adherence to Jesus' teaching.

Additionally, Matthew 9:12-13, "On hearing this, Jesus said, 'It is not the healthy who need doctor, but the sick. But go and learn what this means: I desire mercy, not sacrifice. For I have not come to call the righteous, but sinners'" (NIV).

As the church is called to be the body of Christ, we also exist for the sinners. If Christ comes not for the righteous, then the church cannot exist simply for the righteous. Therefore, ministry of compassion to those struggling with stigma related issues is simply following the compassionate nature of Christ. Jesus never abandons the ideals of his own teaching but does not let the ideal hinder ministering to those in need.

Practical Rationale

According to the Centers for Disease Control and Prevention vital statistics, in 2011 the rate of marriage was 6.8% while the divorce rate was 3.6%. This is consistent with years of statistics showing the divorce rate around 50%. Drug overdose was the leading cause of injury death in 2010. In 2011, drug misuse and abuse caused 2.5 million emergency department visits. Finally, alcoholism is currently the third leading lifestyle related cause of death.

Beyond these statistics, the numbers of people affected by bereavement, codependency, unhealthy family dynamics, and other such issues reaches virtually universal proportions. In numerous ways people are in crisis and there is a clear need for ministry. Therefore, the second reason this study matters is that there is statistical evidence that personal crises exist that may well go beyond the individual skills of

ministers or a particular lay person within the church. The study offered a spiritually integrated approach to ministering to persons in crisis.

The next reason this study matters is there is a clear need for the church to be better equipped to overcome the disconnect between people in crisis and the ministry of the church. I once attended a conference featuring noted author and speaker Leonard Sweet. He encouraged his audience to participate in an unscientific but interesting exercise. He encouraged participants to type the following phrase into an internet search engine: "Why are Christians so..." The search engine automatically anticipates the end of the sentence based on common searches. Here are the top results from Bing: Why are Christian so…judgmental, stupid, mean, happy, angry, defensive, unhappy, bad. If it is true that the character of a Christian is accurately described in this way, then most likely all is lost. However, if it is assumed that many Christians are good hearted, caring people who wish to help, then the thought arises that Christians may well be ill equipped within the traditions of the church to deal with modern issues such as widespread divorce, chemical addiction, and other stigma related issues.

As people in crisis come to recovery ministry and churches engage in this ministry, there is clearly a need to know what kind of impact this is having on both. Therefore, a fourth reason this study matters is, while it is easy to assume recovery ministry is having an impact on people in crisis based on the attendance of Celebrate Recovery and other programs, it is important to understand, as specifically as possible, what impact it is having on participants.

A related matter is what impact recovery ministry is having on the overall ministry of participating churches. Even if it is assumed to have a positive impact on participants and volunteers, the question remains about what impact recovery ministry has on the broader church culture. The church needs to discover whether recovery ministry is destined to be a fringe ministry or an integrated part of church ministry. Soup kitchens, clothes closets, and homeless ministries have been part of ministry for many years and certainly seem to have a positive impact on the participants and touch the spirit of volunteers. However, they seem to have little impact on the overall ministry of the church. They rarely influence worship attendance and rarely produce new committee or council members. Year after year these ministries remain important, yet fringe ministries. Perhaps a more flattering term for what many churches are currently involved in is "social ministries."

Other movements such as contemporary praise and worship services may have begun as fringe, even controversial elements of the church but over time have had an enormous impact on the church as a whole. Contemporary worship began in many churches as a fringe element with limited budgets and held in a gym or fellowship hall. Now sanctuaries are being built with contemporary worship in mind. Church leaders are developed in contemporary worship. It is now an integrated part of church ministry and has become what many think of as "church."

This study offers an alternative integrated model for ministry. Therefore, the fifth reason this study matters is the need to understand whether recovery ministry can be a

comprehensive outreach and evangelistic movement or if it is destined, or better suited, as a social ministry.

Definition of Key Terms

Issues of stigma or stigma related issues

Throughout this dissertation the term "issues of stigma" or "stigma related issues" is used to refer to those issues generally addressed in recovery ministry and sometimes met with hesitation or even disdain by those in the church. Issues such as bereavement are equally devastating to the sufferer but is not seen as a "self-inflicted wound." There is generally more difficulty and stigma in dealing with issues such as divorce, alcoholism, chemical addiction, gambling addiction, sex addiction, co-dependency, and family dysfunction. Additional issues such as mental illness are not generally seen as "self-inflicted" but are commonly met with stigma; and therefore, are included in this term.

Parishioners

This refers to people attending State Street United Methodist Church. It includes those attending Sunday services and those attending the Thursday night recovery service. Parishioners may or may not be members of State Street United Methodist Church. The emphasis here is on attendance and participation, not official membership.

Recovery

Recovery involves the continual overcoming of a long term or permanent condition. The most frequent use of the term refers to those overcoming alcoholism and chemical addiction. Even when someone is free from drug or alcohol use, he or she is still

subject to use and must always be aware of this propensity. Therefore, recovery is continual. Recovery, however, can also refer to other struggles and life crises. These include but are not limited to: divorce, chronic illness, bereavement, sexual addition, and eating disorders.

Recovery Ministry

The general term of referring to Christian ministry within the church that seeks to aid and assist and support those in recovery.

Celebrate Recovery

The Celebrate Recovery website describes what is perhaps the best-known recovery ministry program. The Celebrate Recovery® name is a registered trademark. In a desire to protect the integrity of the broader ministry, Celebrate Recovery® requires that if you use the Celebrate Recovery® name that the following are an irreducible minimum of your program.

The DNA of an authentic Celebrate Recovery® Ministry.

1. Jesus Christ is the one and only Higher Power. The program is a Christ-centered ministry.
2. The Bible* and Celebrate Recovery curriculum consisting of the Leader's Guide, four Participant's Guides, and the Celebrate Recovery Journal are to be used exclusively. The Large Group lessons are taught from the Leader's Guide, keeping at least the acrostic and the Scriptures as the key points in the lessons. This is to keep consistency within groups, allowing teachers to be creative with the introduction and conclusion of each lesson.

Life's Healing Choices is part of the approved curriculum. You will find this book may be used in many creative ways in your Large Group, Newcomers group, and Step Study groups. To find the 5 ways you can use Life's Healing Choices in your Celebrate Recovery ministry locate the reference at www.celebraterecovery.com. Celebration Station & The Landing are the approved Celebrate Recovery curriculum for kids and youth. They are the only Children's and Youth curriculum that ties directly with the Celebrate Recovery curriculum for adults. *Use of the Celebrate Recovery Bible is strongly encouraged due to the fact that it is the only Bible that directly corresponds to the Celebrate Recovery curriculum. The Celebrate Recovery Bible has been designed to work with the resources developed and tested in the national and international ministry of Celebrate Recovery. The Celebrate Recovery Bible on Kindle, iBooks and Nook are also approved curriculum.

3. The ministry is "group based." All groups are gender specific and use the Small Group Guidelines and format.
4. The Celebrate Recovery "Five Small Group Guidelines" are implemented and followed every time.
5. We expect each group to be accountable to Christ, the local church, and the model of Celebrate Recovery established at Saddleback Church.

6. A church or organization may decide to use the Celebrate Recovery® curriculum and mix it with other materials, or other programs, which is certainly up to their discretion. HOWEVER, they are prohibited from using the Celebrate Recovery®name. Items produced for commercial sale using the Celebrate Recovery® name are strictly prohibited.

Recovery at Cokesbury

The Recovery Ministry of Cokesbury United Methodist Church. It is described on the Recovery at Cokesbury website in the following manner:

> Recovery at Cokesbury is a safe place for you to start getting your life back from the bondage of chemical addiction, addiction to pornography, eating disorders, gambling addiction, codependency, relationship issues or grief. We are here to help!
>
> The Basics of Recovery at Cokesbury:
>
> - We love Jesus and have seen Jesus work miracles here. You can be the next miracle.
> - This is a safe place to share, ask questions, or just come and hang out.
> - Recovery @ Cokesbury is for anyone dealing with chemical addiction, compulsive behavior, loss, relationships, or life challenge.
> - Scripture is the foundation for our teaching.
> - The Twelve Steps of AA are derived from Scripture and are our daily tools for recovery.

- We encourage participation with AA, NA and Al-Anon.

Recovery at Cokesbury Network

The expansion of Recovery at Cokesbury programming into satellite churches. It is described on the Recovery at Cokesbury website in the following manner: "The Recovery at Cokesbury Network is an extension of the Recovery at Cokesbury program. The network consists of a growing number of partner locations that are structured like the program at Cokesbury, with the teaching elements being delivered through video."

Recovery at Bristol

This ministry is the recovery ministry hosted at State Street United Methodist Church that was used as case study. It is part of the Recovery of Cokesbury Network.

Integrated Ministries

They are the ministries of the church that tend to increase worship attendance, develop church leaders, and lead people into the overall life of the church. Examples may consist of Bible studies, small group ministries, Sunday school, and expanded worship experiences.

Social Ministries

These are the ministries that provide a service for those in need without the expectation of increasing worship attendance, develop church leaders, or lead people into the overall life of the church. Examples may consist of soup kitchens, clothes closets, and homeless ministries.

Social Learning Theory

The social learning theory proposed by Albert Bandura has become perhaps the most influential theory of learning and development. While rooted in many of the basic concepts of traditional learning theory, Bandura believed that direct reinforcement could not account for all types of learning. His theory added a social element, arguing that people can learn new information and behaviors by watching other people. Known as observational learning (or modeling), this type of learning can be used to explain a wide variety of behaviors.

> Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action (Bandura 22).

Delimitations

This study was limited to State Street United Methodist Church in Bristol, Virginia. It is an excellent case study for several reasons. It is a church with a heritage of more than 160 years. It has been highly traditional and affluent throughout most of its history. Its building is traditional and formal. In recent years, however, it has begun to offer a separate contemporary service, started a Wednesday night children's program to less fortunate children who are brought to the church by bus, and most recently, launched Recovery Ministry known as Recovery at Bristol on Thursday nights. It is a church in transition and is an excellent ground for a qualitative study working directly with parishioners in the midst of this transition and exploring how to influence the church culture.

The study consisted of four groups within the church. The first discussion group was comprised of those who are part of the Thursday congregation but have little to no involvement in Sunday services. The second group was made up of parishioners who volunteer in Recovery at Bristol and also attend Sunday services, thus making them part of the Sunday congregation and the Thursday congregation. The third discussion group was taken from those who are part of the Sunday congregation and have little to no involvement in the Thursday recovery service. The forth discussion group was comprised of the senior pastor and staff of State Street United Methodist Church.

To avoid involving minors in this study, the age of participants was limited to those 21 and over. Further preference was given to those who have a history within State Street United Methodist Church. Since Recovery at Bristol launched in May of 2014, a long history for those parishioners was obviously not possible, but for the other two discussion groups it was preferable to speak with those who have substantial years of history in attendance and service at State Street United Methodist Church. This allowed for some discussion of the transition that State Street is experiencing and a discussion about the integration of recovery ministry within the context of the church heritage, history, and common practices.

If those dealing with stigma related issues in general and specifically those participating in Recovery at Bristol are going to be integrated into the larger ministry of the life of the church, all four of the interest groups need to be heard. It would seem improper to develop a plan to bring recovery participants into the larger ministry without hearing from them and their interest in the larger church ministries. Likewise, long term

parishioners of the church need to be heard. By working with these four discussion groups, integration can be discussed from various viewpoints.

Review of Relevant Literature

A full literature review is found in chapter two. In this section, major themes are explored beginning with the biblical perspectives. Prohibitions are certainly part of the biblical mandate but simultaneously direction is given by teaching and example to minister to those who have violated these prohibitions. Second, the theological perspective of scholars is explored. What did John Wesley and others say and write in regard to helping those dealing with stigma related issues? Third, the scope of the problem is explored by looking at how stigma related issues impact a wide segment of the population. Here the perspective given in the Rational for the Project is expanded and more detail given. This is contrasted by an exploration of church culture and how this culture is often ill prepared to deal with the problems of the current area. In relation to church culture, the issue of stigma within the church was also be explored. Recovery ministry is a ministry that seeks to be of help to those dealing with stigma related issues. The purpose and history of recovery ministry is, then, explored. Finally, given that social learning theory is being used as the analytic framework for this study, it is explored as well and how it may relate to recovery ministry.

While there are numerous Scriptures that caution against actions such as drunkenness, divorce and other such issues, the Bible also repeatedly shows mercy on those who fall into sinfulness. In chapter two, the Scripture is explored to show the range of God's mercy and how Christ personally interacted with and even befriended those who

others scorned. Christ did not allow stigma to dictate his interactions; and, every time the opportunity is presented, Christ showed mercy to the sinner. When others would condemn, Christ embraced. As the body of Christ, the action of the church should be no less. The church's calling, according to Scripture, is explored and it becomes abundantly clear that while the church is called to teach, proclaim, and hold to the directions and commands of Scripture; the church is equally responsible for supporting those who have fallen short of those commands and ideals.

Literature is also reviewed and indicates that church often struggles in the modern era to be seen as a place of hope and support in times of struggle. A poignant example is the history of Alcoholics Anonymous. Beginning as a ministry of the church, it soon departed into a separate organization that today routinely meets in churches but has no other association. This and other examples show the sense of separation that exists between the church and those dealing with issues of stigma.

Recovery ministry is an area of ministry which attempts to reach out to those dealing with stigma related issues. It is necessary to explore recovery ministry, its roots, its most recent interpretations, and future possibilities. This exploration of the literature is, then, also informs the discussions of the focus groups to determine the future of recovery ministry within the case study church.

In order to explore methods of overcoming barriers to ministry to those with stigma related issues issues and moving towards a church that shows the same mercy Christ demonstrated, discussions took place with various groups within the case study church. The analytic framework used to guide these discussions was social learning

theory found within Albert Bandura's 1977 work. This along with numerous other works explore this method of learning which seem particularly helpful here. It was used as a guide to explore discussions, the lens to view the discussions, and the analytic framework by which discussions are reviewed. By using this established methodology that is common in psychology, education, criminology, and other fields, the discussions and interventions are based on a structured framework. A more full exploration of social learning theory in chapter two gives guidance and structure to the discussions to come.

Research Methodology

This study was implemented using a qualitative case study research methodology. This procedure, allowed multiple voices to be heard using a focus groups format. Thus, allowing for the vicarious nature of learning as prominently explored in social learning theory. It also enabled multiple viewpoints of recovery ministry within the case study church to be explored.

Type of Research

This was a qualitative intervention study using principles of social learning theory as the analytic framework and guide to the discussion of recovery ministry within State Street United Methodist Church. A questionnaire was given to participants in all groups to assess each person's beliefs and attitudes towards the recovery ministry of State Street United Methodist Church, as well as, the beliefs and attitudes of each group. After gathering this information, multiple, open ended, and free flowing focus group discussions were conducted with each group allowing individual and group narratives to develop. Through the development of these narratives the research questions were

answered from the perspective of parishioners within the case study church. The questionnaire was then redistributed to assess what influence, if any, these discussions had on beliefs and attitudes.

Participants

Eight to twelve people participated in each of the four discussion groups. This number of participants was sufficient to allow for a variety of viewpoints and opinions. It, also, kept the groups small enough to be manageable. These numbers varied slightly as the study progressed as circumstances dictated. The four discussion groups were organized as follows:

Group one consisted of participants in the recovery ministry at State Street United Methodist Church known as Recovery at Bristol that meets on Thursday evenings. These group members, at the time of their recruitment, had no other ties to the larger ministry of State Street United Methodist Church. These study participants have come to Recovery at Bristol due to their desire to work on their recovery issues or as it is referred to here, stigma related issues. This group came from the Thursday congregation.

Group two consisted of regular volunteers in Recovery at Bristol who were also involved in the larger ministry of State Street United Methodist Church. These volunteers were also participants in Recovery at Bristol and commonly had issues of stigma in their past that have led them to have a heart for recovery ministry. In other cases, they had family members struggling with recovery issues. Group two participants, then, were part of both the Thursday and Sunday congregations.

Group three consisted of parishioners of State Street United Methodist Church that at the time of their recruitment have little to no involvement in Recovery at Bristol. Participants in group three were, then, attendees from the Sunday congregation.

Group four consisted of the senior pastor and staff of State Street United Methodist Church. Since the responsibilities for Recovery at Bristol fall to the associate pastor, who was the researcher in this study, the senior pastor and staff had little to no involvement in the this portion of the ministry at the time of the study.

All participants were adults 21 years of age and older in order to avoid involving minors in this study. Both men and women participated in the groups and represented a variety of vocations, social statuses, and backgrounds.

Instrumentation

The pre-intervention / post-intervention survey (Appendix A) was a Likert scale giving participants the options of strongly disagree, disagree, agree, strongly agree. The focus groups discussion questions (Appendix B) were grouped to relate to each of the research questions. The focus group narrative was developed by video recording each session.

Data Collection

After the participants completed pre-intervention questionnaires, each group participated in discussions sessions taking place once per week for three weeks. Each of the four focus groups met for approximately thirty to sixty minutes each time. This totaled twelve focus group meetings. Discussion were recorded and narratives allowed to

develop within and among the groups. Finally, participants completed post-intervention questionnaires.

Data Analysis

A comparison of the pre-intervention and post-intervention questionnaires revealed what changes, if any, developed from the discussions. In addition, qualitative instruments such as written narratives, researcher's notes, and transcripts of video recordings of each conversation provided insights into each group's perspective and addressed the research questions.

Generalizability

The unique nature of the narratives developed from both individuals and groups, admittedly, limited the generalizability. Discussions were allowed to develop in a free-flowing manner and this strongly limited the ability to duplicate the narratives. However, by using the principles of social learning theory to guide the discussion and analyze the narratives derived, the generalizability is increased. While the narratives and data were unique to the individuals and groups within the case study of State Street United Methodist Church, the use of an established psychological theory as the analytic framework allows for wider duplication.

Project Overview

The following provides an overview of the chapters of this dissertation beginning with Chapter Two is a literature review. This exploration of relevant literature begins with a discussion of the biblical perspective. In dealing with stigma related issues, the chapter explores the aspect of both the Bible's prohibition toward actions such as divorce

and drunkenness and the Bible's call to minister to such persons. Second, it discusses the perspective of Christian scholars such as John Wesley, Saint Augustine, and others.

After establishing the biblical and theological perspective, attention turns to the scope of the problem. Numerous statistics and examples illustrate the magnitude of the problem in several areas of recovery. This leads to the question of whether the church is poised to deal with such a monumental set of problems in society and minister to those dealing with stigma related issues as the Scripture instructs. The chapter section devoted to church culture explores this question and shows work need for improvement in the church's readiness to serve those with stigma related issues.

One answer to this problem could well be recovery ministry. The chapter reviews the history and nature of recovery ministry, beginning with Alcoholics Anonymous and proceeding through today's variety of ministries.

Chapter Two concludes with an exploration of social learning theory is. Social learning theory provided the analytic framework of the project and a lens for viewing the results of the project. This theory from Albert Bandura promises to be most helpful in addressing the complexities of ministering to those with stigma related issues.

This leads to Chapter Three outlining the data collection plan. The chapter discusses both data collection described earlier and the analytical framework. As alluded to previously, Albert Bandura's social learning theory serves as the analytic framework for this study. Bandura espouses that, "behavior is based on three separate but interacting regulatory systems. They are (a) external stimulus events, (b) external reinforcement, and most importantly, (c) cognitive mediational processes" (Wilson 242). Therefore, the data

collection plan used this framework for the units of analysis. The chapter then discusses the questions administered to the group members both before and after the intervention with the full questionnaire listed in Appendix A.

Chapter Four is entitled “Evidence for the Project.” It discusses the development of the four groups surveyed. It explores the themes that developed from the discussions. In addition, it reveals the results for pre-intervention / post-intervention surveys. The final section of this chapter reveals the major findings.

Finally, Chapter Five explores the results of the intervention and discusses findings. It discusses the results from the researcher’s personal viewpoint, considers the view of pertinent literature, and evaluates the findings in light of biblical and theological perspectives. In addition, it discusses this study’s implications for ministry and future research projects based on this study.

CHAPTER 2

LITERATURE REVIEW FOR THE PROJECT

Overview of the Chapter

Given that the purpose of this project is to find ways to bring recovery ministry from being a fringe social ministry and integrate it to the life of the church at State Street United Methodist Church in Bristol, Virginia, this chapter delves into the pertinent literature for this project. The ultimate hope of this project is to increase the levels of care and compassion of the larger church to its outreach and nurture ministries. This chapter, then, focuses on several areas of interest. These areas include biblical foundations, theological foundations, and the scope of the issue. Since this project focuses on recovery ministry, church culture, and social learning theory, the chapter reviews these areas of literature as well. Finally, the chapter reviews areas of literature exploring this project's research design.

Biblical Foundations

In order to work in ministry with those with stigma related issues, the church, both clergy and laity, must explore the biblical perspective of such dynamics. This section presents an interesting venture, since the Scripture both prohibits the activities related to stigma issues and instructs compassion toward those experiencing the difficulties.

It is very easy to take a quick glance at Scripture and quickly pick out the "thou shalt not" elements. For some within the church this is the end of the discussion. Some people have hesitancy to get involved with such persons due to their perception that these

were self-inflicted wounds. The section under the heading of "church culture," discusses this more fully, but this section addresses the topic here from a biblical perspective.

Therefore, the first exploration of the biblical perspective is to acknowledge the prohibitions within Scripture and establish why stigma related issues is an appropriate term for these difficulties. There can be little debate that the Scripture prohibits the activities that lead to these areas of need and warns of repercussions should the mandate be violated. The next area of the discussion, however, is the perspective of compassion and the church's call to minister to those with stigma issues.

Regarding alcohol, there is debate on whether it should be avoided completely. Several Scriptures could be quoted on both sides of the discussion. There is not legitimate debate, however, on the Scriptural warning against drunkenness. Proverbs 20:1 is quite direct, stating, "Wine is a mocker and beer is a brawler; whoever is led astray by them is not wise." Isaiah's words are equally poignant with chapter 5 verse 22 warning, "Woe to those who are heroes of drinking wine and champions of mixing drinks." Verses 24 and 25 go on to read, "For they have rejected the law of the Lord Almighty and spurned the word of the Holy One of Israel. Therefore the Lord's anger burns against his people; his hand is raised and he strikes them down." Again, to reference the upcoming discussion of church culture, it should be little surprise that some within the church would show disdain toward those who have violated such strong mandates. Several other Old Testament passages refer to this prohibition on drunkenness but these should suffice as clear examples.

Turning, then, to the New Testament the same theme continues. Again, there are references that speak in positive terms toward the consumption of alcohol in moderation; but, drunkenness is clearly restricted. Ephesians 5:18 is a straightforward example stating, “Do not get drunk on wine, which leads to debauchery.”

The point can be pushed even further with the Apostle Paul’s teaching in 1 Corinthians. He warns Christians, who themselves do not have a particular problem, to avoid certain behaviors so as to not lead others into temptation. Paul writing in 1 Corinthians 8:9 states, “But take heed lest by any means this liberty of yours become a stumbling block to the weak.” While Paul is specifically referencing a food law, it is easy to extrapolate a prohibition against other actions which may lead others into temptation.

While not every person has a problem with alcoholism, this Scripture would lead to reflection on whether a person who drinks in moderation is a stumbling block to someone who is struggling with alcohol. Paul continues in verse 12, “When you sin against them in this way and wound their weak conscience, you sin against Christ.” This, then, moves the discussion beyond what a particular individual can handle. It is a Christian’s responsibility to conduct himself or herself in a manner that does not lead others into temptation. Further, it is matter of each individual’s conscience before Christ.

It should easily be reasoned as well, that drug abuse, while not directly addressed in Scripture, clearly falls under alcohol prohibitions. All substances which would alter the state of mind would be restricted under the same biblical reasoning. Alcoholism and other chemical additions are not the only issue, however. Another prominent issue within this realm of stigma related issues is that of divorce. Again, the Scriptural mandate is clear,

expressly reflecting prohibition on the matter. Divorce is not within God's purview of marriage and is not part of the church's structure. Jesus speaks to this issue quite directly as recorded in Matthew 19:3-9:

> Pharisees came to him to test him. They asked, is it lawful for a man to divorce his wife for any and every reason? Haven't you read, he replied, that at the beginning the Creator 'made them male and female, and said, for this reason a man will leave his father and mother and be united to his wife, and the two will become one flesh? So they are no longer two, but one flesh. Therefore what God has joined together, let no one separate.
>
> Why then, they asked, did Moses command that a man give his wife a certificate of divorce and send her away?
>
> Jesus replied, Moses permitted you to divorce your wives because your hearts were hard. But it was not this way from the beginning. I tell you that anyone who divorces his wife, except for sexual immorality, and marries another woman commits adultery.

Based on this Scripture, it seems clear that marriage is intended to be a life-long relationship, and scriptural law allows divorce only as a result of human failing. It is not intended to be practiced within the Christian faith. It violates God's ideal expressed from the beginning of creation. The discussion could continue in regard to promiscuous sexual practices, gambling, and other activities widely seen as vices. The prohibitions, then, seem clear and it is little wonder that the culture of the church has strongly discouraged such practices.

Therefore, with little argument, it can be established that prohibitions exist and that it is God's intention that Christians avoid and condemn as sin drunkenness, divorce, and all the other issues that come under the term stigma related issues. A further look at Scripture, however, shows that the prohibition of such actions is not the only direction given. Further exploration reveals a calling to minister to the fallen. The exploration of

this aspect of Scripture could begin many places but Jesus interaction in Luke 10, commonly known as the story of the Good Samaritan, seems an excellent starting point.

Of particular importance is the fact that there were no results given in Jesus' story of the injured man. Did he live? Was he grateful? Was he a good person? Did he deserve the generous treatment he received? Did he have a reason to be on that dangerous road or did he contribute to his plight through his own irresponsibility? None of these questions are addressed by Jesus. The victim is nameless, faceless, and without characteristics. When we speak of actions, it is difficult to do so without immediately moving to the question of results. This story of the Good Samaritan was a story of heart. It indeed included a clear description of actions, but without the results, how can the actions be evaluated? The results are not given because it is not the focus of the story. It is a story of love which is an action of heart.

Notably, the passages describes neither of those who passed by on an emotional level. It is simply noted that they passed by on the other side of the road. Of the Samaritan, however, it is said he was, "moved with pity." It begins, then, with heart. It is so much more than responsibilities that would bring expected actions. Two travelers, who would easily fit a description of a responsible or respectable person, passed by. It is a matter of heart which moves us to declarations of love. These declarations of love for God, self, and others lead us to actions. These are actions motivated not by obligation, expectations, or even results. These are actions motivated by love.

The question posed to Jesus is about life. The answer is a method of living life that leads to eternal life. This way of life is love. It is the love of God, the love of self

(which is assumed in this passage) and the love of others. Love, then, in all three manifestations is the way to life and a way of life in this worldly reality and in eternity. Acting out this love makes us a neighbor which is the only question Jesus addresses. It is not germane to Jesus to discuss, who our neighbor is. It is only a topic of who acts as a neighbor. Love, then, is not based on the recipient but on the heart of the one who acts as neighbor. Particular jobs, status, or societal labels are also not relevant. It is the man of least note, the Samaritan, who had mercy; who showed love. The love being espoused, then, does not grow out of our place in society but from our connection with the spirit. To explore this point, it is not sufficient to say, I am a Christian; I am a member of a church; or I come from a good family. It is a question of love and allowing that love to dictate our actions.

One may ask if this love manifests in a so-called works theology. The very next account following this passage discounts that thought, emphasizing the act of being present with Christ above works and activity. This keeps the passage in perspective. It moves the reader to recall more than the works of the Samaritan and realize the love, pity, and mercy within his spirit. It is this spirit of love which leads to the action which defines neighbor. This love is the way of life which is life eternal.

It is easy to see Jesus living out this love in His own interactions, demonstrating repeatedly that the prohibitions of Scripture are never nullified but are not the final consideration for Christ. The final results or the ultimate reactions of the person are not prominent and the case of whether the person is deserving of mercy is never made. Despite the prohibitions of Scriptures, Jesus repeatedly responds with mercy. John 8 is a

particularly poignant example. There is never a question that the woman is guilty of adultery and that the law calls for her death. Jesus's ultimate response, however, is, "let anyone among you who is without sin be the first to throw a stone at her." Jesus goes on to famously say, "neither do I condemn you. Go your way, and from now on do not sin again." Jesus clearly is not dismissing the prohibition on her sinful sexual practice. Yet mercy is the motivation over condemnation. Jesus is, then, living out the motivation of life and love. The Scriptures do not speak of the woman again. No one knows if she was ultimately deserving of the mercy shown to her. No one knows if she changed her life as a result of this encounter. No one knows if she ignored the words of Jesus and repeatedly commit such sin. The focus of this passage is the example set by Jesus, not the ultimate results or worthiness of the individual.

Following this line of reasoning, then, raises several questions. What if it could be shown that this woman repeatedly sinned? What if this was not a one-time indiscretion, but a repeated behavior or even lifestyle. These questions are addressed in John 4 in the account commonly known as the Samaritan woman at the well. Here we have an account of Jesus interacting with a woman who had had five husbands and was currently living with another man. Jesus does not offer condemnation, but "living water." As she recalls the interaction, she says, "Come and see a man who told me everything I have ever done. He cannot be the Messiah, can he?" As Jesus meets her where she is, in the midst of her struggle, without condemnation, he reveals his identity as Christ. This suggests that if churches followed Jesus example, their actions would reveal their identity with Christ, as the body of Christ. Again, life and love are chosen over condemnation or exile.

With the teaching and action of Christ as the backdrop, then, attention should be given to the direction given to the church. Direct instruction from Christ comes most poignantly in Matthew 7 when He states, "Do not judge, so that you may not be judged. For with the judgment you make you will be judged, and the measure you give will be the measure you get." Those who would focus on the prohibitions held within Scripture may do well to see clearly this prohibition on judgment, particularly since it carries with it a consequence most would find unfavorable.

This is not to imply, however, that there should never be corrective action within the church. There is calling to correct those in sin but this instruction to the church is given with its own caution. Galatians 6:1 states: "if anyone is detected in a transgression, you who have received the Spirit should restore such a one in a spirit of gentleness. Take care that you yourselves are not tempted." This passage gives instruction to the church to serve as guide, teacher, and corrector but in no way, instructs this to be done in a dictatorial manner. Gentleness is the mandate, not heavy handedness. The implication here is that one prone to sin is to help another prone to sin with gentleness and with caution to not fall into temptation themselves.

The view of this principle being lived out comes from the Apostle Paul as he writes to the church at Corinth. There were numerous problems within that church and as Paul writes to them he does not shy away from addressing these problems. However, Paul's tone is one of gentleness and support for the people. He begins his first letter to the Corinthians with these words: "I give thanks to my God always for you because of the grace of God that has been given you in Christ Jesus, for in every way you have been

enriched in him, in speech and knowledge of every kind." He closes the letter with a desire to visit them and even stay with them for an extended period of time. There is no rejection of the people because of their errors, but instead there is a correction in love.

A review of the biblical perspective, then, clearly shows that there are biblical mandates and prohibitions on a number of actions including the actions referred to here as stigma related issues. There is, however, a fuller story that is clearly related through the actions and teachings of Jesus as well as the actions and teaching recorded in other areas of Scripture. Christians are to take actions that hold to the direction of Scripture and to correct those who stray from this guidelines; but, to do so gently and without condemnation. Repeatedly we see the actions and teaching of Christ move toward helping the one who has gone astray; not to condemn them.

Jesus, again, illustrates this so beautifully in Luke 15 with the parable of the lost sheep:

> Now all the tax collectors and sinners were coming near to listen to him. And the Pharisees and scribes were grumbling and saying, 'This fellow welcomes sinners and eats with them.'
>
> So he told them this parable: "Which one of you, having a hundred sheep and losing one of them, does not leave the ninety-nine in the wilderness and go after the one that is lost until he finds it? When he has found it, he lays it on his shoulders and rejoices. And when he comes home, he calls together his friends and neighbors, saying to the, 'Rejoice with me, for I have found my sheep that was lost.' Just so, I tell you, there will be more joy in heaven over one sinner who repents than over ninety-nine righteous person who need no repentance (NRSV).

The latter part of Luke 15 includes the parable of the prodigal son. In a moving moment, the son who had left the father returns home asking to be a servant. The father greets him as a son. He hugs and kisses him and celebrates the return. It is the elder son

who refuses to attend the celebration. The father attempts to explain to the eldest son and asked him to join the celebration. Interestingly, the results of the conversation are never given. Jesus tells that the youngest son, the prodigal son, returned home to the father. The story of the eldest son is left hanging. Jesus never tells if this son is convinced by the father's words or if he remains in anger and judgment. It is fascinating that Jesus leaves the story unfinished as he is talking to the Pharisees and the scribes. It remains to be seen if the "righteous" can be in relationship with the father. It is, once again, a story without an ending. Perhaps it is better to view it as a story whose ending is still being written in the church today. There is no doubt that the Scripture prohibits the actions discussed previously, but, the biblical mandate is to guide, help, and love those who fall into sin with gentleness and love. That discussion is left open as the church continues to write its story (Keller 40).

The Scriptures, as discussed in this section then, give both prohibition against particular actions and simultaneously a mandate to help those who have violated those prohibitions. This is not a particularly easy direction to follow. It may be helpful, then, to see how some of the church leaders through history have addressed the issue of helping those in need.

Theological Foundations

As the story of the church has unfolded, it has continually struggled between holding too firmly to standards and prohibitions of Scripture, while, at the same time, seeking to practice kindness, gentleness, and effective teaching as help is offered to those

who struggle. John Wesley observed this difficulty in his sermon, "Upon our Lord's Sermon on the Mount." He writes, in regard to Christ words, "judge not":

> There is no station of life, nor any period of time, from the hour of our first repenting and believing the gospel, till we are made perfect in love, wherein this caution is not needful for every child of God. For occasions of judging can never be wanting; and the temptations to it are innumerable, many whereof are so artfully disguised, that we fall into the sin, before we suspect any danger. And unspeakable are the mischiefs produced hereby, always to him that judges another (279).

Wesley goes on to lament that the judgment practiced by the children of God may actually cause some to fall away from the faith (279). It is indeed a challenge as the church seeks to correct with the gentleness that is taught and required.

Saint Augustine of Hippo famously said, "There is no saint without a past, no sinner without a future." This reflects the words of Romans 3:22b-24, "For there is no distinction, since all have sinned and fall short of the glory of God; they are now justified by His grace as a gift through the redemption that is in Christ Jesus" (NRSV) Augustine continued to struggle, however, with the role of the church to correct Christians who had gone astray. He wrote, "I know not whether a greater number have been improved or made worse when alarmed under threats of such punishment at the hands of men as is an object of fear. What, then, is the path of duty, seeing that it often happens that if you inflict punishment on one he goes to destruction; whereas, if you leave him unpunished, another is destroyed?" (Letter 95.3)

While Augustine's wrestling is certainly appropriate, Saint Thomas Aquinas makes a rather definitive statement, "The greatest kindness one can render to any man consist in leading him from error to truth" (1). This seems to reflect once again the Jesus'

parable of the lost sheep and continues the calling of the church to serve those in need and that have fallen into sin.

Thomas Merton gives great insight into being corrected and correcting when he writes, “But the man who is not afraid to admit everything that he sees to be wrong with himself, and yet recognizes that he may be the object of God’s love precisely because of these shortcomings, can begin to be sincere. His sincerity is based on confidence, not in his own illusions about himself, but in the endless, unfailing mercy of God” (204).

Following Merton’s line of thought that God shows “endless, unfailing mercy,” some might argue that there is no reason for the church to even involve itself in the correction of sinful practices. What would be the need if God is endlessly merciful? Thomas Watson addresses this in *The Doctrine of Repentance*, It [repentance] is not so much to endear us to Christ as to endear Christ to us. Till sin be bitter, Christ will not be sweet” (63). Watson seeks to be clear, however, that every act of repentance, while perhaps well intended, is not necessarily an accurate practice. He notes that there is at times a problem with the understanding of repentance, noting that what some call ‘asking God’s forgiveness’ very often really consists of asking God to accept our excuses (1).

The task for the church, then, is to continually proclaim the sweet forgiveness of Jesus and extend such love within the church, while also teaching the bitterness of the sin. This may sound difficult, but unfortunately, when considering the scope and range of the issues at hand, the task grows even more daunting. A look at only a few sample issues shows the enormous hurt and pain that is all around and even within the church.

Scope of the Issues

It is little wonder that the Bible and the Christian scholars speak so often on the issues of prohibition and help for those who violate the guidelines of Scripture, since the problem being faced are so prolific. According to the "Alcohol Facts and Statistics" published by the National Institute of Alcohol Abuse and Alcoholism, in 2012, 24.6 percent of people ages eighteen and older self-reported binge drinking in the past month. Approximately seventeen million adults ages eighteen and older had an Alcohol Use Disorder (AUD) in 2012. An AUD is defined as "medical conditions that doctors diagnose when a patient's drinking causes distress or harm" (2). In the same year approximately 855,000 adolescents ages twelve to seventeen had an Alcohol Use Disorder. Nearly 88,000 people die from alcohol-related causes annually, making it the third leading preventable cause of death in the United States. In 2012, alcohol impaired driving fatalities accounted for 10,322 deaths. Globally, in 2012, 3.3 million deaths were attributed to alcohol consumption.

The statistics move beyond the problem drinker, however. In 2012 it was estimated that 10 percent of children lived with a parent with an alcohol problem. Further consequences include 1,825 college students between the ages of eighteen and twenty-four die from alcohol related unintentional injuries, including motor vehicle crashes. 696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking. 97,000 students between the ages of eighteen and twenty-four report experiencing alcohol related sexual assault or date rape. The prevalence of fetal alcohol spectrum disorders is as high as twenty to fifty cases per 1000 (2-3).

The Centers for Disease Control and Prevention (CDC) provides Fact Sheets on Alcohol Use and Health. It provides similar statistics to those listed above along with these immediate effects that increase the risk of harm:

- Injuries, such as motor vehicle crashes, falls, drowning, and burns.
- Violence, including homicide, suicide, sexual assault, and intimate partner violence
- Alcohol poisoning
- Risky sexual behaviors, including unprotected sex or sex with multiple partners. These behaviors can result in unintended pregnancy or sexually transmitted diseases.

The CDC also points to long term health risks including:

- High blood pressure, heart disease, stroke, liver disease, and digestive problems.
- Cancer of the breast, mouth, throat, esophagus, liver, and colon.
- Learning and memory problems
- Mental health problems, including depression and anxiety
- Social problems, including lost productivity, family problems, and unemployment.

(CDC 1-3).

The statistics are equally concerning as the topic turns to drug use. According to "Drug Facts" published by the National Institute of Drug Abuse, in 2012, an estimated 23.9 million Americans aged twelve and older (9.2 percent of the population) had used an illicit drug or abused a psychotherapeutic medication in the past month. This is up from 8.3 percent in 2002. This increase most reflects a recent rise in the use of marijuana

which is the most common illicit drug. Marijuana use has increased from 14.4 million Americans twelve and older in 2007 to 18.9 million in 2012.

In a bit of good news, drugs other than marijuana have remained relatively unchanged or declined in the past decade; yet, it remains a significant issue. In 2012, 6.8 million Americans, twelve and older, had used psychotherapeutic prescription drugs non-medically in the past month. 1.1 million Americans have used hallucinogens such as ecstasy and LSD in the past month. 1.7 million Americans used cocaine and 440,000 used methamphetamines.

Drug use is highest among teens and twenties but is increasing among people in their fifties. This is due to the aging of the baby boomer generation whose rates of illicit drug use have historically been higher than those of previous generations (Drug Facts: Nationwide Trends 1-7).

With these statistics reflecting such a great need for help, there is clearly a need for drug and alcohol treatments. Yet, the National Institute of Drug Abuse reports a "treatment gap" in America. In 2012, and estimated 23.1 million Americans needed treatment for a problem related to drugs and alcohol, but only 2.5 million people received such treatment at a specialty facility. (Drug Facts: Treatment Statistics 1-4).

One of the ways the federal government combats drug use in America is through the Drug Enforcement Administration (DEA). The DEA's annual budget for 2014 was $2.87 billion. It has 222 offices organized in twenty-one divisions throughout the United States and works closely with state and local partners to investigate and prosecute

violators of drug laws. The DEA has eighty-six offices in sixty-seven countries around the world. Domestically, this has resulted in 30,688 arrest in 2013 (DEA Fact Sheet 1).

Furthermore, the scope of the problem expands greatly if attention is turned towards codependency. While codependency is not a direct focus of this study, it is common with households that are experiencing drugs abuse and alcoholism. It is worth mentioning within the literature review, then, in order to demonstrate that the stigma related issues discussed have effects beyond the alcoholic himself or herself or the drug addicted individual. The importance of the church's role in ministering to those with stigma related issues is magnified as the fuller scope of impact is explored. Therefore, a brief word regarding codependency is warranted.

It is difficult to qualify the numbers of people who deal with this problem. Some might even suggest acquiring an exact number of those who suffer with codependency is impossible to identify. Melody Beattie in her book, *Codependent No More*, declares, "In desperation (or perhaps enlightenment), some therapists have proclaimed: Codependency is anything, and everyone is codependent" (29). This declaration shows how commonplace this problem is and how difficult it is to define. In an effort to be more precise Beattie writes, [Codependency] is a dependency on people – on their moods, behaviors, sickness or well-being and their love. It is paradoxical dependency. Codependents appear to be depended upon, but they are dependent" (46). Therefore, the problems of alcoholism, drug addiction, and other problems does not stop with the person. It extends to the unhealthy relationships often found within the family structure of that person. Beattie suggests the way to healing in the midst of codependency of the use

of a twelve-step program (169). In her follow up book, *Beyond Codependency*, Beattie continues to struggle with a clear definition but argues, "whatever codependency is, it's a problem, and recovering from it feels better than not (11).

The impact of alcohol and drug abuse, then, should be clear. It affects virtually every area of society from family relationships, to education, to healthcare, to law enforcement. Combining this clear need with the scriptural calling that was addressed earlier in this chapter, a picture begins to emerge. The church cannot turn a blind eye to such a profound need. Clearly, simple prohibition declarations from the church are not sufficient to stem the tide of alcoholism and drug abuse. It seems obvious then, that the church must have a more systematic approach that moves beyond the traditional role of the church. Recovery ministry may well be that systematic approach and is explored further later in this chapter.

Before turning attention to possible solutions, however, there are other issues that also lead to the need for recovery. While drug abuse and alcoholism are generally the most commonly thought of issues when discussing recovery, other issues are at hand. Turning attention to another stigma related issue, divorce is a prominent struggle in American society as well.

According to Centers for Disease Control and Prevention, in 2011, the marriage rate was 6.8 per 1000 total population. The divorce rate was 3.6 per 1000 population (CDC Marriage and Divorce). The American Psychological Association reflects similar statistics stating that 40 to 50 percent of married couples in the United States divorce. The divorce rate is even higher for subsequent marriages (APA Marriage & Divorce 2).

The economic, emotional, and psychological impact on such families is assumed to be vast but is rather hard to measure. According to an article in the *Journal of Marriage and the Family*, children, from divorced parents, both male and female, have higher rates of depression (Simons 1020). This is questionable, however, since it cannot be shown what impact staying in an "unhappy" marriage would have had on the same children. Nonetheless, it stands to reason that there is an emotional impact on all involved. Changing governmental policies, wage structure, child support laws, and other circumstances make divorce a non-static topic and must be looked at as trends (Stevenson 1). However, while the impact of divorce is difficult to measure specifically, numerous personal stories show the struggle that comes with the dissolving of a marriage. One reference would be the autobiographical introduction given earlier, and many more can be cited.

So, the church, charged with helping people in need is facing a range of problems that seems almost infinite. Not only are there the issues that can be generally documented such as alcoholism, drug use, and divorce, but there are those who have fallen into unhealthy, abusive and / or dysfunctional relationships causing great pain and suffering. With such a scope, it may seem that everyone is recovering from something. Indeed this may well be the case. Roman 3:23 states, "all have sinned and fall short of the glory of God." Everyone has scars in this life whether they be self-inflicted or extending from the problems of others. This is why there is such a critical need for the church to be a place of help. Yet, there are questions as to whether it is such a place. The next section explores church culture and the church's perception of these struggles. This section demonstrates

the church's lack of intentionality in creating a safe space where people struggling with stigma related issues can find help.

Church Culture

While it is easy to see that the scope of the problem is significant and far reaching, the church does not seem poised to make a significant contribution towards solutions. A recent survey by the Barna Group reveals that the percentage of unchurched adults in America has risen from 30% in 1991 to 43% in 2014 (Five Trends 1). While many of these unchurched people may have had no prior experience in the church, most, the vast majority in fact, have had prior experience in the church and are referred to as "de-churched" (3). While many have had experience in the church, they found reason to leave and have no further involvement in the church. It is impossible to know the exact reason an individual chooses to leave the church in every case, and, certainly, there may be unreasonable individuals within these statistics, but this certainly is reason for pause and reflection. In other words, some people may leave the church for unwarranted and even absurd reasons, but given these statistical finding, the church would do well to investigate this trend. Surely, it cannot be thought all who have chosen to "de-church" have done so for irrational reasons. When an increasing number of American adults are choosing to leave the church, it raises questions about the church culture. Further, the survey results show an increasing skepticism towards the contribution of the church to society. The surveys found that, "although many of the churchless hold positive views of churches, a substantial number also have no idea what Christians have accomplished in the nation, either for the better or for the worse" (Five Trends 4). Specifically, "almost

half (49%) could not identify a single favorable impact of the Christian community, while nearly two-fifths (37%) were unable to identify a negative impact" (4).

In linking this to the topic of stigma related issues, the question must be raised as to how many of the de-churched fail to see a favorable impact of Christianity in stigma related issues and have left the church as a result. Further, if the church is not seen as a significant factor in society by an increasing number of people, there is little chance people will turn to the church when they fall into difficult times. It seems very likely that the church is in a position that will either be viewed negatively or perceived as having no significant factor in the lives of people dealing with stigma related issues.

At this point the question may be raised as to why the church should aspire to be such a place where people with stigma related issues turn for help. After all, there are more secular arenas a person may turn to if they have chosen to violate biblical prohibitions. Some may even argue that to allow such people into the church would run the risk of corruption. For this reason the biblical perspective is explored first in this chapter and serves as a guide throughout. The biblical passage of Matthew 18:12 puts this into perspective. Jesus uses the analogy of a shepherd and states that he leaves the ninety-nine sheep in order to search for the one that has gone astray.

Here Jesus clearly demonstrates that the heart of God, and thus, the calling of the church is to search out those that have gone astray. To do so, the church must be a relevant place of help in a time of need. To simply celebrate the fellowship of the "ninety-nine" and ignore the "one" is to directly contradict the teaching of Jesus.

One would certainly hope that the church body would not intentionally ignore the needs of those with stigma related issues. If it is assumed, then, that this is not a direct rebellion on the part of the church, there must be an explanation for the statistics quoted earlier that the church be increasingly seen as a negative or irrelevant place for those with stigma related issues. Perhaps one possible answer is that the church is being increasing influenced by the broader culture rather than the biblical calling. Think of this very simple example offered by Rafael Zaracho in his article, "Communicating the Gospel in a Shame Society":

> A man accidentally falls off his bicycle as he rides down the street. He hurts himself and damages his bike, but his first concern is to look around to see who might have seen him fall. His dearest hope is that there are no witnesses to his accident. But there is one. The lone witness, however, quickly looks away and pretends she did not see what just happened. The rider just as quickly stands up, picks up his bicycle, and nonchalantly rides off. Only when out of sight does he stop to examine his scrapes and the damage to his bike. Fortunately, neither is serious. Above all, he is relieved that his pride and honor have suffered no injury (271).

This story from everyday life illustrates very simply the cultural reality. Zaracho refers to as the "shame society." Within the broader culture it is not the natural inclination to ask for help or perhaps even offer help to the fallen. It may be extrapolated, then, that the church culture is simply consistent with the culture at large and to be a factor of influence and support in the lives of those with stigma related issues, the church needs to run counter to the cultural norm.

If the church were to have this significant role in the lives of those with stigma related issues, however, the impact could be significant as well. The cultural activities promoted within the church do have effect. One example of this potential impact is

documented in the article, “Religiosity and Church Attendance”. In it, the research shows that the activities generally taught and practiced in church such as Bible study and prayer leads to significantly diminished drug use among teenagers (Brent 256).

A picture develops, then, that the church has the tools within the practices of its standard culture to positively effect, influence, and support those with stigma related issues. Yet it is, generally, not living up to that potential. This may be due to attitudes and practices within the church, influences from the broader culture, or a combination of both.

In addition, the issues being discussed here, including alcoholism, drug addiction, and divorce may be new issues for the church. At first this may seem like a ludicrous statement; but, when these issues are put in a historical context it begins to come into focus. Drunkenness, of course, has been a problem since the days of the Old Testament. Only during the last few decades, however, has alcoholism been recognized as a chemical addiction and a disease. Divorce has existed from ancient times, but in the American church culture is was rarely seen until approximately the 1960’s. It was easy enough to condemn the few. It is a different matter when one half of the population is divorced. Drugs, or one might say “hard drugs,” such as heroin or cocaine were not widely available until well into the twentieth century. For the church, which counts its ancestors as Adam and Abraham, and has the view of eternity in its sights, these are new issues. The church, throughout its history has taught tradition, ritual, and commandments. It is not, by design, on the cutting edge of society. It is the teacher of values that extend

back generations. Within this context, then, these are relatively new problems, and the church must now adapt to minister in this new world.

As the church seeks to address the problems of the latest generations, it seems clear that it struggles in many cases to support those dealing with stigma related issues, but, has the cultural activities and practices to do so - that is, if the barriers can be overcome. Recovery ministry may well be one way of overcoming these barriers. It too, like the problems it seeks to address, is a relatively new entity.

Recovery Ministry: A Brief History and Continual Development

Any discussion of recovery ministry must begin with the modern foundation for recovery, Alcoholics Anonymous. This society marks its beginning as the first day of permanent sobriety of its co-founder, Dr. Robert Smith. He is known as "Doctor Bob" and his permanent sobriety began June 10, 1935. By the time of his death in 1950, he was helping over 5000 alcoholic men and women and doing so without charge (Alcoholics Anonymous 171). Doctor Bob once wrote:

> I spend a great deal of time passing on what I learned to others who want and need it badly. I do it for four reasons:
> 1. Sense of duty.
> 2. It is a pleasure.
> 3. Because in so doing I am paying my debt to the man who took time to pass it on to me.
> 4. Because every time I do it I take out a little more insurance for myself against a possible slip (Alcoholics Anonymous 181).

Along with co-founder, Bill Wilson, known as Bill W., Doctor Bob established Alcoholics Anonymous as an overtly religious society. He wrote, "If you think you are an

atheist, an agnostic, a skeptic, or have any other form of intellectual pride which keeps you from accepting what is in this book, I feel sorry for you" (181).

Bill W. writes of his own spiritual revelation,

> My friend suggested what then seemed a novel idea. He said, 'Why don't you choose your own conception of God?'
>
> That statement hit me hard. It melted the icy intellectual mountain in whose shadow I had lived and shivered many years. I stood in the sunlight at last…
>
> …There I humbly offered myself to God, as I then understood Him, to do with me as He would (12-13).

In 1953, Bill W. wrote the book, *Twelve Steps and Twelve Traditions*, in order to "share 18 years of collective experience within the Fellowship on how A.A. memberships recover, and how our society functions" (14).

These steps and traditions, already well established in A.A. circles, are spelled out here:

> Step One: We admitted we were powerless over alcohol – that our lives had become unmanageable.
>
> Step Two: Came to believe that a Power greater than ourselves could restore us to sanity.
>
> Step Three: Made a decision to turn our will and our lives over to the care of God as we understood Him.
>
> Step Four: Made a searching and fearless moral inventory of ourselves.
>
> Step Five: Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
>
> Step Six: Were entirely ready to have God remove all these defects of character.
>
> Step Seven: Humbly asked Him to remove our shortcomings
>
> Step Eight: Made a list of all persons we had harmed, and became willing to make amends to them all.

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

Step Ten: Continued to take personal inventory and when we were wrong promptly admitted it.

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

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

Tradition One: Our common welfare should come first; personal recovery depends upon A.A. unity.

Tradition Two: For our group purpose there is but one ultimate authority – a living God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.

Tradition Three: The only requirement for A.A. membership is a desire to stop drinking.

Tradition Four: Each group should be autonomous except in matters affecting the other groups or A.A. as a whole.

Tradition Five: Each group has but one primary purpose – to carry its message to the alcoholic who suffers.

Tradition Six: An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

Tradition Seven: Every A.A. group ought to be fully self-supporting, declining outside contributions.

Tradition Eight: Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

Tradition Nine: A.A. as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

> Tradition Ten: Alcoholics Anonymous has no opinion on outside issues hence the A.A. name ought never be drawn into public controversy.
>
> Tradition Eleven: Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.
>
> Tradition Twelve: Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities (5-13).

These steps and traditions are the core principles that began and continue the movement of Alcoholics Anonymous. While other groups have developed over the years, most have their roots in the principles and understandings of A.A. These principles have led to an interesting evolution within the church, however. Statements such as tradition six (never endorse any related facility or enterprise) has caused A.A. to be a completely separate organization, and while having its roots and calling grounded in faith in God, it remains staunchly separate from the church. This has led to what Dr. Dale S. Ryan called, "A.A. in the basement strategy."

This basement strategy is historically the most common way for local churches to be involved in recovery ministry. This is simply when a church allows the local A.A. group to meet in the basement. There have been certain advantages to both the church and A.A. in this arrangement. Ryan points out that, "literally hundreds of thousands of people have begun their sobriety in AA meetings in the church basement" (1). It is, indeed, wonderful that this partnership provides help for so many and that the "house of God" is the place where this help is received. A.A. has a place to operate and the church gets to provide assistance without confronting the stigmas and difficulties of direct involvement. Ryan also points out, however, that A.A. while having roots in faith, is not

an organization of faith and goes so far to refer to it as 'secular'. He goes on to state, "What I am suggesting is that if recovery ministry remains at the margins of congregational life, we will miss enormous opportunities" (1).

The reality of the situation is stated in the book, The Twelve Steps for Christians, "Twelve-Step recovery is not a program sponsored by any religious group or entity. However, people using this program find it in harmony with their own spiritual beliefs. It has no official religious affiliation. It is, however, a program that helps us to rediscover and deepen the spiritual part of ourselves" (xxi). The ambiguous nature of the Twelve Step's spirituality has led some within the church environment to long for a more distinctly Christian recovery program. For this reason, in recent years, many have sought to move away from the basement strategy and find more direct involvement with those in recovery. This has led to a number of different strategies that Ryan outlines in his article, Recovery Ministry and the Local Church. These strategies are as follows:

> Bridge Strategies develop distinctly Christian support groups meant to provide a bridge from the 'recovery world' to the 'Christian world'.
>
> Recovery Department Strategies make recovery ministry one of the mainstream elements of congregational life. Recovery is not the central feature but is fully integrated into the life of the congregation.
>
> Treatment-Related Strategies are a less common approach where the church connects with or operates as a long-term treatment program.
>
> The Church in Recovery Strategy occurs when recovery becomes the central paradigm of the congregation.

The Recovery-Friendly Church Strategy means that the church practices overt grace rather than shame and makes recovery part of the church culture rather than a program (1).

This recent effort to find strategies to help those in recovery has led to the emergence of new recovery ministries. The most prominent of these is Celebrate Recovery which began in 1990 at Saddleback Church in Lake Forest, California under the leadership of Pastors Rick Warren and John Baker. Pastor Baker identifies himself as "a believer who struggles with alcoholism" (Celebrate Recovery FAQ). The emphasis here is on being a believer in Christ. The belief in Celebrate Recovery is that, "Jesus Christ is the one and only Higher Power. The program is a Christ-centered ministry" (Celebrate Recovery FAQ). It continues to be a group centered ministry following the traditions of A.A. with non-professionals helping one another. It falls under Ryan's categorization of Recovery Department Strategies.

Celebrate Recovery has departed substantially, however, from its Alcoholic Anonymous roots in that it greatly broadens the definition of recovery. While A.A. obviously focuses on alcoholism, Celebrate Recovery applies these principles to a host of other problems. According to the organization's website, "A wide variety of hurts, hang ups and harmful behaviors are represented at Celebrate Recovery. Examples include dependency on alcohol or drugs, pornography, low self-esteem, need to control, depression, anger, co-dependency, fear of rejection, fear of abandonment, perfectionism, broken relationships, and abuse" (Celebrate Recovery DNA).

This broader definition is an important element in the modern recovery movement. It begins to bring virtually everyone under the umbrella of recovery. This, in turn, begins to open the door to Ryan's category of "Recovery Friendly Church Strategy." By defining recovery in such broad terms, it moves the discussion from "those people" to "us."

The rise of Celebrate Recovery as a distinctly Christian recovery movement has blazed a trail for other similar church based programs. Recalling, once again, Dale Ryan's words, "if recovery ministry remains at the margins of congregational life, we will miss enormous opportunities" (1). Churches are, indeed, seeking to find those opportunities in this broadened field of recovery. The case study being analyzed here, Recovery at Bristol, grows, then, from the soil of Alcoholics Anonymous and is a distinctly Christian, church based program similar to of Celebrate Recovery.

Social Learning Theory

The analytic framework for this study was based on social learning theory. This theory was developed by Albert Bandura and espouses that, "behavior is based on three separate but interacting regulatory systems. They are (a) external stimulus events, (b) external reinforcement, and most importantly, (c) cognitive-mediational processes" (Wilson 242).

"In social learning theory the person is the agent of change. The theory emphasizes the human capacity for self-directed behavior change" (Wilson 243). Classic behaviorism taken to its furthest point puts extreme emphasis on environmental factors losing regard for the person and individual personality. However, personality theories

that emphasize the genetic determination of a person would eliminate or at least undervalue the impact of environment and have generally been ineffective in therapeutic settings. A solution to this clash between extreme points of view is the social learning framework. It provides an analysis of the interaction between person and situation while also incorporating the cognitive process (Wilson 250-251).

The focus of the Recovery at Bristol case study not only studies the participants in the program but also looks at the volunteers that may or may not be in recovery themselves, the church congregation not participating in recovery, and the church staff. Each group's overt and covert responses to recovery ministry effects the outcome of the ministry. "Bandura reacted to the oft-repeated dictum 'Change contingencies and you change behavior' by adding the reciprocal side: 'change behavior and you change contingencies…since in everyday life this two-way control operates concurrently'" (Thompson 219).

Social learning theory also embraces the role of modeling on behavior. Direct environmental stimuli such as reward or punishment can certainly impact behavior but a subtler means is that of observable responses and the noting of consequences whether it be positive or negative (Saks 7). It is difficult to overstate the importance of the concept of modeling within recovery ministry. Generally, very few positive environmental factors are in place when a person begins the recovery process. In addition, genetic components, personality traits, and previously learned behaviors may all work against the process. Modeling is an aspect of learning provided by the group process that can greatly increase the individual's chances for a positive recovery experience. As Bandura put it, "Man's

capacity to learn by observation enables him to acquire large, integrated units of behavior by example without having to build up the patterns gradually by tedious trial and error" (2).

These concepts of behavior, environmental factors, cognitive processing and modeling have become basics within the field of psychology and that is exactly the reason that social learning theory becomes an important framework for a study involving recovery. As Dale Ryan points out in his article, "Back to the Basics in Recovery," "there isn't really much in the way of 'advanced recovery'" (1). Profound behavioral and environments changes in the life of a person or the life of a church come in understanding the basic roles of how we learn.

Albert Bandura, in his work, *Social Learning Theory*, writes, "behavior is learned, at least in rough form, before it is performed. By observing a model of the desired behavior, an individual forms an idea of how response components must be combined and temporally sequenced to produce new behavioral configurations" (8). To accomplish this certain components must be in place. These are:

> Attentional processes A person cannot learn much by observation if he does not attend to, or recognize, the essential features of the model's behavior.
>
> Retention processes A person cannot be much influenced by observation of a model's behavior if he has no memory of it.
>
> Motor reproduction processes To achieve behavioral reproduction, a learner must put together a given set of responses according to the modeled patterns

> Reinforcement and motivational processes A person can acquire, retain, and possess the capabilities for skillful execution of modeled behavior, but the learning may rarely be activated into overt performance if it is negatively sanctioned or otherwise unfavorably received (6-8).

All of these factors played a critical role in this study as it sought to intentionally discuss the impact and role of recovery ministry within the life of the church. It may be assumed, for example, that stigma lies within the church simply because there has been a lack of attention to the problems and the role the church may play in recovery. Bringing attention to the issue in the form of focus groups may well be the intervention necessary to overcome barriers to recovery ministry. In addition, dysfunctional family processes may have contributed to addiction issues and there would be no positive reinforcement in place as a person enters recovery. The church, then, may well provide these motivation processes.

In addition to the interaction of environmental factors and reinforcements, social learning theory also takes into account the cognitive process. Bandura puts it this way, "Man's efforts to understand and manage his environment would be exceedingly wearisome, and perilous as well, if optimal solutions to problems could be arrived at only by performing alternative actions and suffering the consequences" (38). In the arena of recovery, however, this is exactly the kind of peril that some experience. Without the proper models and environmental stimulus many have proceeded down the road of recovery in a trial and error fashion. Recovery ministry in general and the focus groups of this study specifically allow for the cognitive processing necessary to proceed into

recovery ministry. “Symbols that represent external events, operations, and relationships are the vehicle of thought” (38). The focus groups of this study give a place for this concept to be lived out within the church.

The use of social learning theory as an analytical framework is supported widely in the literature and has been repeated in numerous fields of study. These include health care (Bahn 1), education (Wells-Wilbon 1), and even computer science (Compeau 1). The wide spread use of social learning theory as a teaching tool and analytic framework reinforces its use in this study, in the church environment, and in recovery ministry.

Research Design Literature

This project used a case study format. The method used is known as the Myers’ Case Study Method as described in Tim Sensing’s book, *Qualitative Research*. In this approach, “narrative descriptions emerge in which researcher and participant are pro-active participants in the study” (143). Sensing describes the process: “The case study as a completed descriptive narrative (a ‘story’) presents an example of monastery chosen from a natural setting and evaluated using appropriate tools that emphasize observations and interviewing skills as well as interpretations of documents” (143).

Further, this research project was a qualitative study using a mixed method of research involving both focus group discussions and a pre-intervention / post-intervention survey. The use of pre-intervention and post-intervention surveys and focus groups are well established and often used methods of research making them excellent choices for this study. Mixed methods research is advantageous because it compensates for the

inherent weaknesses one method might have. Mixed method research still capitalizes on method strength and it better off sets method biases (Harwell, 151).

Focus groups are an often used and effective procedure in qualitative research. The transcripts of these focus groups produced thematic analysis which was used for the following reason: "Thematic analysis is flexible and what researchers do with the themes once they uncover them differs based on the intentions of the research and the process of analysis. Many researchers use thematic analysis as a way of getting close to their data and developing some deeper appreciation of the content. Researchers interested in looking for broader patterns in their work in order to conduct a more fine-grained analysis often use thematic analysis as a first step" (Thematic Analysis, 1).

Summary of Literature

When Jesus tells the story of the Good Samaritan, he never gives the ultimate results of the Samaritan's kindness. Did the victim live? Was he grateful? Did he feel entitled? Was he an innocent victim or did he somehow put himself in harm's way? Jesus answers none of these questions. Jesus places the responsibility of being a "neighbor" on the helper with no reference to whether the recipient was deserving or whether there was ultimately a happy ending.

This becomes a profoundly pertinent issue given the scope of the issue explored in this chapter. So many are in need of help that the church needs a culture that adheres to the calling of being that "neighbor." Yet the church sometimes struggles to live into that calling, given all the prohibitions of Scripture and society as well as the stigma that often accompanies so many issues.

Recovery ministry is a relatively recent phenomenon that is actively addressing these stigma related issues. Recovery ministry and teachings such as social learning theory may well help the church move to a culture that can provide the kind of help which Jesus instructs.

Interconnecting these various areas of literature, then, can lead to an understanding of the scope of the issues before us, the biblical and theological mandate to be of help, and the analytical framework to ultimately influence the church culture. Therefore, from the literature, a path emerges to fulfill the purpose of this project. In Chapter Three, this path is explored on a practical level for this case study.

CHAPTER 3

RESEARCH METHODOLOGY FOR THE PROJECT

Overview of the Chapter

The following chapter describes the nature of the project, discusses the related research questions, and explores the methods used to investigate these questions. The chapter discusses the nature and purpose of the project and states the research questions. In addition, it discusses the specific methods used in the study.

The study was a qualitative study which used a mixed research method involving both focus groups and surveys. The primary method of the study was qualitative research using focus groups. A second research method of surveys was also used in a pre-intervention and post-intervention manner.

Nature and Purpose of the Project

The purpose of this project was to explore ways that the recovery ministry at State Street United Methodist Church in Bristol, Virginia, known as Recovery at Bristol, can be integrated in to the life of the church. Using Recovery at Bristol as a case study, the objective was to engage in a thoughtful and reflective interaction with laity and church staff in four separate focus groups and establish an environment of learning and exploration with the intent of finding ways of integrating the recovery ministry into the fuller ministry of the church; thus, increasing the levels of care and compassion of the larger church. In doing so, the desire was to find methods and principles coming from discussions with lay people that may change the church culture to one that shows loving support for those dealing with stigma related issues.

Research Questions

The following research questions are designed to explore the attitudes and opinions of focus group members in regard to recovery ministry at State Street United Methodist Church. These questions were explored with mixed research methods. A pre-intervention survey was completed followed by three focus group sessions. The post-intervention survey was then completed to determine the how focus group intervention had affected the attitudes and opinions of the study participants.

Research Question One

The first Research Question is: *Do the participants, parishioners, and staff at State Street United Methodist Church think that it is important to have recovery ministry that is an integrated into the life and overall ministry of the church and what is the stated reason for their view?*

The researcher assumed that one of the challenges of enhancing the Recovery at Bristol is that it is not integrated into the life of the church. Some of the indicators that had led the researcher to this conclusion was the language of separation that is frequently used by recovery ministry participants, Sunday parishioners, and church staff. Also, Recovery at Bristol participants generally did not participate in church activities. This research question, therefore, was designed to help establish if this was a fair view.

To address this question, four focus groups were formed as follows:

Group One: Participants in Recovery at Bristol that were not part of the State Street United Methodist Church.

Group Two: Participants or volunteers in Recovery at Bristol that were also part of State Street United Methodist Church's Sunday congregation.

Group Three: Parishioners at State Street United Methodist Church that had little to no involvement in Recovery at Bristol.

Group Four: The senior pastor and staff of State Street United Methodist Church.

To address this research question each group received a pre-intervention survey using a Likert scale of strongly disagree, disagree, agree, strongly agree to answer (See Appendix A).

After completing the pre-intervention survey, the focus groups spent one session discussing the nature of the recovery ministry using the discussion questions one to seven listed in Appendix B. The session was intended to last thirty to sixty minutes. Upon completion of the sessions, the researcher analyzed the transcripts of the focus groups' discussions to determine glean insights.

Research Question Two

The second Research Question is: *Using the principles of Social Learning Theory as a guide to the discussions, how would parishioners and staff respond to thoughtful reflection on recovery ministry as an integrated part of the larger church?*

The researcher assumed that principles espoused in social learning theory are helpful in creating a better social environment and could help the recovery process of Recovery at Bristol participants. These principles would also be helpful in the development of a more compassionate and outreach oriented environment for the larger church culture. This research question, therefore, helped establish whether or not this is a

view that is shared by many of the parishioners, staff, and participants in recovery ministry.

Session two with the groups addressed the second research question using the discussion questions eight to fourteen listed in Appendix B. The researcher intended for the session to last thirty to sixty minutes. Upon completion of the second session, the researcher transcribed the session and analyzed the transcripts of the focus groups' discussions to determine what insights he could glean.

Research Question Three

The third Research Question is: *How can State Street United Methodist Church effectively integrate a recovery ministry into a well-structured, comprehensive ministry of the church with the support and input of parishioners and staff in an organized and reflective manner.*

The researcher assumed that parishioners and staff had feelings and opinions on the specific methods that recovery ministry may use to integrate into the life of the larger church. This research question, therefore, helped establish if this was a correct assumption, and, if so, what specific ideas, feelings, and viewpoints did the participants share.

Session three with the groups addressed the second research question using the discussion questions fifteen to eighteen listed in Appendix B. The researcher intended for the session to last thirty to sixty minutes. Upon completion of the third session, transcribed the focus groups' discussions and analyzed them to determine what insights he could glean.

At the end of the third session participant received and completed the post-intervention surveys. The researcher then analyzed the results to determine what, if any, changes may have developed as a result of focus group discussions.

Ministry Context

State Street United Methodist Church in Bristol, Virginia exceeds one hundred and fifty years of history. It was at its height of attendance and influence in the 1950's and 1960's. It was a traditional congregation that a highly white collar membership sustained for decades. At its best, it was known as a flagship church meaning it was among the leading churches of the region. It's attendance, influence, and respectability exceed most other churches in the city of Bristol and the surrounding community. At its worst, it was known as a "stuck up" congregation meaning it was (and in limited circles still is) viewed as an elitist, unwelcoming, church with limited compassion for lower socio-economic groups. Since the late 1960's the church's attendance has slowly declined and they have moved from a congregation with an average attendance of approximately 750 in 1969 to approximately 250 in 2009. However, over the past five years the church has been trending up, reaching an average attendance of approximately three hundred in 2015. This in due, in part, to the launch of Recovery at Bristol.

Another important aspect to the dynamics of the church is a series of pastoral appointments that ended under extremely difficult circumstances. Over the course of fifteen years from 1995 to 2010, the church had two senior pastors and one associate pastor dismissed due to chargeable offenses. Also over the same course of time, the

church experienced several pastoral appointments of only three to four years. Even though these other appointments ended under better circumstances, it has led to a lack of confidence in pastoral leadership. This lack of confidence that pastoral leadership can be long term and effective enhances the need for the type of thoughtful and reflective discussions that are conducted in this study.

While the church is strong, relatively stable, and in recent years, trending up in all measurable categories, there is a deep seeded fear, elements of mistrust, and a general anxiety that is prominent in the congregational personality. The church, then, stands at the point of great potential for thriving ministry and serious concern for ultimate demise. Again, reflective and intentional discussion about outreach ministry such as Recovery at Bristol is beneficial for such a church, as it is done within a situation of diverse emotion. These discussions took place within a church discovering newly found and growing confidence but a deep, still prominent fear.

Beyond the dynamic of the church itself, State Street United Methodist Church is located with the city of Bristol, Virginia which is located direction across the state line from Bristol, Tennessee. These are two cities in two states that are separated only by a single street known as State Street. On a practical level, it tends to function as one city. Therefore, to look at the population of Bristol, Virginia, it would appear to be a very small town. Combined with Bristol, Tennessee, however, it is substantially larger and tends to function as a larger city. The combined cities of Bristol draw many restaurants and business generally found in larger cities. Therefore, the church environment tends to function as if it were in a large city. For example, the church relates to multiple school

systems, plans its schedule around many community and regional events, and is in service to people from many socio-economic statuses from multi-millionaires to homeless.

This gives rise to many and varied opportunities for ministry. It also gives rise to many questions on how to integrate people from these various groups into the life of the church. The variety of people and situations in the Bristol area and related to the ministry of State Street United Methodist made this a perfect case study location for the research.

Participants

Criteria for Selection

Group One: Those who are participants in Recovery at Bristol that are not part of the State Street United Methodist Church.

The Recovery at Bristol program is not an excessively large group so no limiting was necessary. I set a goal of six participants as a minimum group size in order provide conversation and interaction opportunities. I asked for volunteers to participate in the study. I accepted all who wished to participate as long as the volunteers were 21 years of age or older.

Group Two: Those who are participants or volunteers in Recovery at Bristol and are also part of State Street United Methodist Church's Sunday congregation.

Once again, since the Recovery at Bristol program is relatively small there was no need for limitations. The researcher wanted a group size of six participants in group two as well, in order to provide conversation and interaction opportunities. The researcher

made an announcement asking for volunteers to participate in the study. All who wished to participate were accepted as long as the volunteers were 21 years of age or older.

Group Three: Parishioners at State Street United Methodist Church who have little to no involvement in Recovery at Bristol.

State Street United Methodist Church has an average attendance of approximately 300. Several of those, however, would be eligible for Group 2. After eliminating those under the age of 21 from consideration, there was a relatively manageable number to invite to the study. Given that the topic of recovery does not interest everyone, there was no need to limit the group. The researcher made an announcement asking for volunteers to participate in the study. He accepted all who wished to participate as long as the volunteers were 21 years of age or older with the minimum group size once again being six participants.

Group Four: The senior pastor and staff of State Street United Methodist Church.

The staff of State Street United Methodist is a small number of eight people so no limitation was necessary. All staff members are over the age of 21 so the researcher invited all to participate.

Description of Participants

Group One: Those who are participants in Recovery at Bristol but are not part of the State Street United Methodist Church.

Adults over the age of 21, both male and female, made up this group. The social economic makeup of the group varied but generally they were blue collar and middle class. Their education level also varied, but all were literate and easily able to complete

the survey without assistance. It should be noted that Recovery at Bristol focuses on all forms of recovery including but not limited to addiction, compulsive behavior, divorce, relationship problems, chronic illness, family support issues and bereavement. Therefore, no one should not assume that participants fit into any particular area of recovery.

Group Two: Those who are participants or volunteers in Recovery at Bristol and are also part of State Street United Methodist Church's Sunday congregation.

Adults over the age of 21, both male and female, made up this group. Socio-economic make up and education level varied but generally participants were middle class and all were literate. Once again, no specific recovery issue should be assumed or projected onto members of the group.

Group Three: Parishioners at State Street United Methodist Church who had little to no involvement in Recovery at Bristol.

The participants were adults over the age of 21, both male and female. Socio-economic levels and education levels varied. All were literate. It was publicly requested that long term members and newer members of the church participate in order to have a variety of church perspectives.

Group Four: The senior pastor and staff of State Street United Methodist Church.

This group was made up of both part-time and full-time employees in the church. Some have assisted with Recovery at Bristol and others have not but none have recovery ministry as a primary part of their employment. The duration of employment varied from many years to several months. The areas of employment included, senior pastor, organist, administrative assistant, student ministry coordinator, children's ministry coordinator,

financial administrator, daycare director, and medical mission director. This group, therefore, consisted of eight members. The daycare and medical mission two are extension ministries of the church. Some of the staff participants were members of State Street United Methodist Church while others hold membership in other churches and other denominations.

Ethical Considerations

The researcher gave the participants a copy of the consent form at the first session prior to any other discussions, activities, or surveys. All participants signed the consent form before proceeding with the study (See Appendix C).

All consent forms were kept in a locked safe that the researcher owns. It is located in the associate pastor's (my) office at State Street United Methodist Church. The safe is portable and since it is my property, it will take it with me if I leave my job at State Street United Methodist Church. The safe can only be opened with a key and I am the only person in possession of that key.

Instrumentation

The pre-intervention / post-intervention survey (Appendix A) was a Likert scale giving participants the options to strongly disagree, disagree, agree, strongly agree. I grouped the focus groups discussion questions (Appendix B) to relate to each of the research questions. The focus group sessions were video recorded and the transcribed narrative was gleaned from recording each session.

Reliability and Validity of Project Design

As stated earlier, the project hoped to establish an environment of learning and exploration with the intent of finding ways to integrate recovery ministry into the fuller ministry of the church. The purpose of this was to avoid recovery ministry being a fringe ministry of the church and to increase the levels of care and compassion of the larger church. In doing so, the desire was to find methods and principles coming from discussions with lay people that may change the church culture to one that shows loving support for those dealing with stigma related issues.

The focus, then, was on the opinions, concerns, fears, and hopes of the people in the church. Thus, the four focus groups were gathered to represent various areas of the ministry and data gathered was analyzed to reflect their opinions and thoughts.

The methods of gathering and analyzing data within this project are well established methods used throughout the world of research. The use of the Likert scale is accepted as highly reliable since what is being measured is the opinions of the participant. This Likert scale or agreement scale is clearly a reliable method to measure the level of agreement on the part of the participant. In addition, videotaping of focus groups and analysis of transcripts provided a highly reliable method to report the findings.

As to the subject of validity, the nature of qualitative research tends to limit the validity of the research. However, by providing full transcripts of focus groups as well as preliminary and final descriptors in thematic analysis, face validity is increased. In addition, catalytic validity in substantial since methods and procedures can be applied to

other case studies, and themes and theories derived may be of practical use to other locations and congregations. By providing a rich, thick description of the study and the results, internal validity was substantial as well (Sensing 218-219).

Data Collection

This research project was qualitative study using a mixed method of research. The use of pre-intervention and post-intervention surveys with a Likert scale known as an agreement scale identifying answers as strongly disagree, disagree, agree, or strongly agree created a quantitative element of the study. The use of focus groups accomplished the qualitative element of the study. These focus groups served as the intervention.

Mixed methods research was advantageous because it compensated for the inherent weaknesses one method might have had. Mix method research capitalizes on method strength, and finally, it better off sets method biases (Harwell, 151).

The use of pre-intervention and post-intervention surveys and focus groups are well established and often used methods of research, making them excellent choices for this study. Secondly, the use of Likert scale surveys is a standard procedure in quantitative research and is useful here to see if and to what extent the focus groups discussions effected the viewpoint of participants.

Dane Bertram in her article, "Likert Scales," identifies the method's strengths and weaknesses. The Likert Scale strengths include the following: 1) They are simple to construct. 2) They are likely to produce a highly reliable scale because it can be assumed that without some sort of intervention a person's basic opinion on the question does not

change. Thus, the unchanged recipient of the question would produce consistent results. 3) They are easy for participants to read and complete.

The Likert Scale weaknesses include the following: 1) They have a central tendency bias which means that some participants will have a tendency to simply choose the middle category and avoid extreme responses. To address this issue, the Likert scale used in this study will have four responses forcing the participants to show a least tendency toward positive or negative. 2) They have an acquiescence bias which means that participants may agree with statements as presented in order to "please" the experimenter. 3) They have a social desirability bias which means that participants may portray themselves in a more socially favorable light rather than being honest. 4) They have a lack of reproducibility which means that different people will most likely produce different results simply because it is an opinion scale. 5) Validity may be difficult to demonstrate because it may be hard for the researcher to know for sure that he/she is actually measuring what he/she sets out to measure. (Bertrum 7)

Thirdly, focus groups is an often used and effective procedure in qualitative research. The transcripts of these focus groups produced thematic analysis which was used for the following reason:

> Thematic analysis is flexible and what researchers do with the themes once they uncover them differs based on the intentions of the research and the process of analysis. Many researchers use thematic analysis as a way of getting close to their data and developing some deeper appreciation of the content. Researchers interested in looking for broader patterns in their work in order to then conduct a more fine-grained analysis often use thematic analysis as a first step (Thematic Analysis, p.1).

Once the supervisors and governing bodies at Asbury Theological Seminary approved all methods and procedures, the study moved forward with the forming of groups. Each group was made up of volunteers in each category according the criteria described above. The voluntary nature of the groups extended to the group made up of staff as well. Each group was gathered separately. The procedure was the same for each group.

For the first session, each group gathered together in a comfortable room with the video equipment in plain sight. Before any other procedures took place, I gave each participant a consent form and asked each one to read and sign before continuing (See Appendix C). Once each participant had read and signed the consent form, I collected the forms and placed in a 9 x 12 envelope.

After the participants signed the consent form, I gave each one a copy of the first survey along with an identical pen so there would be no distinction. I assigned each survey a number in the upper right hand corner. I asked the participants to remember their number so a duplicate number could be matched with the post-intervention survey. I attached reminder cards with the survey's number to the survey with a paper clip. I encouraged each participant to take the reminder card with the survey's number printed on it and place it in a wallet, purse, or another secure location. This was to further insure the participant could remember the number of their pre-intervention survey and reproduce it on the post-intervention survey. I instructed the participants to not share the number with anyone participating in the research, particularly the researcher. The participants then completed the survey by simply filling in the bubble on the survey to the

left of their response. Upon completion of all surveys, I circulated another 9 x 12 envelope. Each participant put his or her own survey in the envelope so there was no chance that the researcher could see the responses of a particular individual.

Once the participants had placed the surveys in the envelope, it was returned to me and the focus group portions of the session began. The researcher asked each question listed under the first research question. The researcher provided clarity as needed and used follow up questions when it seemed appropriate. Follow up questions were always for clarity or deeper explanation but did not depart from the nature of the question. The researcher gave ample time for each participant to respond and encouraged each person to share openly. All discussions were recorded and later transcribed for analysis.

After each participant had a chance to respond to each of the focus group questions, I thanked the participants for their participation and reminded them of the time and place of the second session that would take place the following week.

Session two did not include the signing of consent forms since the previous form related to all sessions of the study. After each group gathered at the appointed time and place, the focus group discussed the questions using the same procedure as was followed in the first session.

Session three also followed the exact same procedure as session two until the end of focus group discussions. After discussions concluded, I gave the post-intervention survey. This survey was a duplicate of the pre-intervention survey. Again, I asked participants to identify themselves only with the number assigned to their pre-intervention survey. I later compared pre-intervention and post-intervention surveys

for each group as a whole to see what changes had taken place, if any, as a result of the discussions.

Data Analysis

In analyzing the data, it should first be understood that this project was a case study format. The method used here is known as the Myers' Case Study Method as described in Tim Sensing's book, *Qualitative Research*. In this approach, "narrative descriptions emerge in which researcher and participant are understood to be pro-active participants in the study" (143). Sensing cites Myers who writes, "The case study as a completed descriptive narrative (a "story") presents an example of monastery chosen from a natural setting and evaluated using appropriate tools that emphasize observations and interviewing skills as well as interpretations of documents" (Myers qtd. in Sensing 143).

The next questions, then became, what are the "appropriate tools" for this project. As described previously, survey research using a Likert or agreement scale and focus groups were chosen as tools and the analytic methods used for both are as follows.

Thematic Analysis was used to analyze the transcript narratives. More specifically, descriptive coding by use of analytic memos was employed to analyze the transcript narratives. Transcripts were manually coded using two descriptive columns. After placing transcript materials or raw data in the first column, preliminary descriptive codes were placed in the second column. Finally, the third column received more precise

descriptive codes. Theories and conclusions began to emerge from these coding memos derived for the data and they are discussed in chapter four.

A column system that is recommended in the article, "An Introduction to Codes and Coding," is a particularly good method to use for this study since four different focus groups are meeting with different perspectives. Careful consideration was given to each transcript to derive common themes if there were any. This method of descriptive coding first uses a preliminary code and allows for first impressions and ruminations. Then a final code was recorded. Allowing for this transitional link seemed appropriate because it gave common themes the best chance to emerge.

Table 1 Example of descriptive coding

Column 1: Raw Data	**Column 2: Preliminary Codes**	**Column 3: Final Code**
The closer I get to retirement age, the faster I want it to happen. I'm not even 55 yet and I would give anything to retire now. But there's a mortgage to pay off and still a lot more to sock away in savings before I can even think of it. I keep playing the lottery, though, in hopes of winning those millions. No luck yet.	"retirement age" financial obligations dreams of early retirement	RETIREMENT ANXIETY

In this method of coding, CODE leads to CATEGORY which leads to THEME / CONCEPT which in turn leads to THEORY. Since the four different focus groups met separately, common or shared themes / concepts between the groups were extremely valuable.

CHAPTER 4

EVIDENCE FOR THE PROJECT

Overview of the Chapter

In this chapter, an overview of the findings of the study are outlined including their relationship to the research questions. The initial sections re-introduce the problem that prompted the necessity for the study, the purposes of the project and the participants. The chapter utilizes the research questions that guided the study to explore the findings from the study.

As reflected in Chapter Three, the problem that prompted this study is the question of whether the church is equipped to provide care for those with stigma related issues. Looking at the wide spread problem of stigma related issues such as chemical addiction, alcoholism, divorce, and mental illness, raises the question as to whether the culture of the church offers loving and unconditional support. There is a need for those experiencing such problems to have a welcoming presence within the church yet this is generally not experienced. Even where churches have a welcoming spirit, this is often derived from the gifts of the pastor or perhaps a gifted lay person. It would seem, however, given the wide-spread nature of the issues listed above, an intentional, structured, and systematic program would be more effective.

The purpose of this project was to explore ways that the recovery ministry at State Street United Methodist Church in Bristol, Virginia, known as Recovery at Bristol, can be integrated in to the life of the church. Using Recovery at Bristol as a case study, the objective is to engage in a thoughtful and reflective interaction with laity and church staff

in four separate focus groups and establish an environment of learning and exploration with the intent of finding ways of integrating recovery ministry into the fuller ministry of the church, and thus, increase the levels of care and compassion of the larger church. In doing so, the desire was to find methods and principles coming from discussions with lay people that may change the church culture to one that shows loving support for those dealing with stigma related issues.

Participants

The following chapter, then, analyzes the results of the focus group discussions and the pre-test and post-test surveys completed by the focus group participants. The four groups were gathered three times each for a total of twelve focus groups. The four focus groups were made up of participants with various levels of participation in Recovery at Bristol. Group One were those who routinely participate in Recovery of Bristol but do not routinely participate in the larger congregation of State Street United Methodist Church. Group Two was derived from those who have participated heavily in both Recovery at Bristol and the larger congregation. Group Three was derived from those who participate in the larger ministry of State Street United Methodist, particularly with Sunday morning attendance, but have not routinely participated in the Thursday night program of Recovery at Bristol. Finally, Group Four was made up of staff members of State Street United Methodist Church including the Senior Pastor.

Since this project involves a case study of the State Street United Methodist Church, where the researcher is the associate pastor, limited demographic data was acquired from participants. To provide data such as age and gender on the surveys would

have made the surveys easily identifiable and elliminate the assurance of confidentiality. Larger studies could eliminate this issue and provide for more demographic data. It should be noted, however, that eliminating such aspects of demographic data from this study was not detrimental since these demographics were in no way essential to the study or its implications. This aspect is explored further in Chapter Five.

The surveys were distributed and focus groups conducted as described in Chapter Three. All participants appeared enthusiastic about their participation in the study. There were no problems or signs of stress observed or reported. Several participants expressed gratitude for the opportunity to participate in the study and asked about opportunities to read the completed work.

The analysis of the data is reported under the heading of each of the three research questions. Survey questions (Appendix A) and focus group discussion questions (Appendix B) were arranged to relate to each of the three research questions with one focus group being devoted to one research question with each group. A simple number code was assigned to each survey question answer on the Likert scale in order to devise median scores and other information. That code being: Strongly Disagree 1; Disagree 2; Agree 3; Strongly Agree 4. Statistical data and emerging themes are reported under the heading of each research question.

Research Question One

The first Research Question was: *Do the participants, parishioners, and staff at State Street United Methodist Church think that it is important to have recovery ministry that is*

an integrated into the life and overall ministry of the church and what is the stated reason for their views?

Group One Results:

An average score of 2.87 was attained from Group One on the first survey. This average score showed a very slight decline to 2.68 on the second survey following the focus group discussions revealing a difference of 0.19. The averages are well within the standard deviation of 0.74. Thus, there was no significant movement from the pre-test to the post-test.

The major themes that emerged from the discussion were as follows:

Theme one: The importance of the broken helping the broken in a non-judgmental environment. It was clear from the discussion (particularly in reference to the biblical account of The Good Samaritan in Luke 10) that those involved in recovery had a clear sense of the importance to provide help. That help comes from those who have been broken that can minister without judgement. As one participant put it, "I think in my case, as God helped me get better, it was vital that I continued my ministry to help other people. As a person who's been there, you can relate." Another interjected, "we don't pick and choose who we save and we don't pick and choose who saves us." A third participant shared the thought, "Sometimes the unloved and unwanted can see the compassion for the other unloved and unwanted."

Theme two: The complications of helping (for example help desired, help deserved, help warranted). There may be limits and complications to helping. These scenarios include whether the person needing help wishes to receive that help.

Stubbornness, denial, or any unwillingness to receive help on the part of the potential recipient must be taken into account, according to participants. There was a general feeling that if people are unwilling to receive help, others have no right to intervene.

The participants also realized that while they may be a heart to help, there are serious questions as to whether everyone deserves help. A participant captured the dilemma this way, "Would you rescue Hitler?" Another questioned whether he would have the ability to help a school shooter or other such murderer.

These realities lead to an understanding that helping is not an exact science. Many emotional, cultural, and social issues come into play. This made participants uncertain as to when help is warranted or possible.

Theme three: Stigma as a primary hindrance to integration. Finally, there is the problem of stigma. This emerges as the primary hindrance to integration of within the larger church according to Group One. A participant put it this way, "It is ignorance, not understanding, that leads to stigma." Another agreed stating that due to their condition they had previously been "kicked out of a church." This same person agreed, however, that "in a perfect world it would be integrated". There was further apprehension, however, in the idea of integration of recovery into the larger ministry due to the abusive nature of some people's church experience. This can take many forms but one participant emphasized that he has seen it manifest in the reference to "those people." Another points out that at times, "church causes a lot of the problems." Interestingly, this same participant suggested that integration is a positive thing because "a lot of the people in church are going to end up here anyhow." "Here," in this case, referring to recovery.

Group Two Results:

With Group Two, the results of the survey produced a neutral result with an average score of 2.60 on the first survey with an average score of 2.47 on the second survey. This reveals a difference of 0.13 and is well within the standard deviation of 0.71.

Major themes emerging from Group Two discussions are as follows:

Theme one: The need for non-judgmental ministry without expectation or requirement. Similar to Group One, the importance of non-judgmental ministry was emphasized. One participant stated, "I think we have evolved a lot. We are realizing they are not different than we are. Maybe they are just less fortunate." Another spoke against the "piety" that comes from some within the church. This person went on to say that helping comes down to a condition of the heart. Further, "the nature of recovery ministry is to meet people where they are." The discussions lead to a general consensus that integration into the larger ministry should always be an invitation but never an expectation.

Theme two: The need for a welcoming environment. The general consensus from participants in Group Two was a desire to have those coming to recovery ministry feel welcome. They recognized a welcoming environment toward those in recovery ministry being invited into the larger church as extremely important. The idea was also expressed that the responsibility for making the environment welcoming lies with the larger church. One participant perhaps said it best by stating, "I think as disciples we accept people as they are but also invite them to the larger church and make them feel comfortable."

Group Three results:

The average score for group three again showed a rather neutral result. The average score for the first survey was 2.64 with a nearly identical score of 2.69 on the second survey. This reveals a difference of 0.05 and is well within the standard deviation of 0.68.

Major themes emerging from Group Three discussions are as follows:

Theme one: The desire to remain in a "comfort-zone". Group Three appeared to agree that non-judgmental ministry was positive and necessary but discussed how difficult that can be. One participant captured the idea this way, "it's tough to break outside your comfort zone which is the point to all of this…People think we don't want alcoholics among us even though there are alcoholics among us." There was much laughter at that line. There seemed to be a realization of the absurdity to label others when even participants in the larger ministry, outside of recovery ministry, may well struggle with the same problems. Similarly, a participant pointed out that even though we know that there is a drug problem in every area, there is a resistance to interventions such as methadone clinics due to a "not in my back yard" mentality. The discussion of comfort zones was also closely linked to that which makes some in the church uncomfortable. Personal appearance items such as tattoos, piercings, and particular hair styles where mentioned as being outside the comforts zone of some traditional church goers.

This desire apparently extends beyond personal comfort to the expectations of ministry itself. The discussion moved to how Jesus never tells the results of the Good Samaritan's help of the victim in Luke 10. To that point, one participant stated, "it is so

completely counter cultural because we look for return on investment." There was a basic uneasiness with the notion that ministry would not have an expectation of particular results. This, too, was categorized as being outside common "comfort zones".

Theme two: The stigma that may exist toward the larger church. The discussions also began to explore the possibility that stigma may go beyond the attitude towards those in recovery. Those in recovery ministry may also hold stereotypes and stigma toward the larger church. For instance, one participant pointed out, "Some people in recovery ministry might not want to be part of larger church; may be too highfaluting for them." Another participant stated that the larger church should neither seek to integrate the ministry nor seek to provide it as an extension ministry. As this participant explained, "It is more the reaction of the person there to get help. Which do they want?" This participant, in other words, would have the larger church be reactive verses proactive. This would allow the participants of recovery to dictate the actions of the larger church based on the desires of those in recovery. This is in recognition that some in recovery may hold stigma, stereotypes, or some level of unease toward the larger church.

Group Four results:

Once again, the results of the survey were rather neutral and showed minimal change between the first and second survey. The average score of the first survey was 2.88. The second survey revealed an average result of 2.84. The difference between the two surveys being 0.04 falls well within the standard deviation of 0.79

Major themes that emerged during the focus group discussion are as follows:

Theme one: Realization of brokenness. Perhaps it would be expected that a group of church staff professionals would immediately relate to The Good Samaritan. One participant provided an interesting view of the story. This participant pointed out that perhaps we are the inn keeper. Perhaps Jesus is the one who intervenes and Christ depends on us in the role of the inn keeper. This can be difficult because, as one participant pointed out, "maybe they are not like us." Another participant answered, "Or maybe they are like us." An important realization was then stated, "Before this I never thought of myself as the inn keeper or the wounded dude…but maybe all of us need to be in recovery." There was wide spread agreement on this notion within the group.

Theme two: Frustration of helping. Relating once again to the story of The Good Samaritan, there was consensus that Jesus' choice to omit the results of the Samaritan's intervention was difficult. One participant confessed that it should not matter what the results are or who the victim was "but at the core of human nature we may say - yeah they deserve it." Another extrapolated from the story wondering, "what if you have pulled him (the victim) up a million times?" Finally, another confessed that after all the Samaritan did for the victim, if there was not gratitude on the part of the victim "I'd be upset."

Theme three: The desire for integration. The desire for integration by the participants in Group Four was expressed in various ways. There was a desire to not define integration as Sunday morning participation. Vacation Bible School, church wide picnics, and other such activities were discussed as good methods of integration. Also, there was sensitivity to the comfort of recovery ministry participants recognizing the

potential for past negative church experiences. It was suggested that a way to overcome such problems is to have more church members participating in recovery which could provide a more welcoming presence.

Research Question One Analysis

To re-state, the first Research Question was: *Do the participants, parishioners, and staff at State Street United Methodist Church think that it is important to have recovery ministry that is an integrated into the life and overall ministry of the church and what is the stated reason for their views?*

The survey questions designed to address research question one showed that all four groups displayed a rather neutral attitude towards the idea of integrating recovery ministry into the life and overall ministry of the church. In addition, there was very little change in the overall response of any of the groups after the focus group discussion. The issues of stigma and comfort levels seem to be paramount in hindering such integration.

The rise of a discussion regarding stigma may not be surprising on the surface, but the discussion extended past a stigma that might be held towards those in recovery. The question of stigma towards the larger church was raised. There is the real possibility that those in recovery have been hurt in a past church experience or have negative connotation towards the church. This raises the question of whether those in recovery would feel welcome in the larger church or have any desire to be part of the larger church. This question is pertinent even if the larger church makes the effort to be welcoming.

The stigma that may exist towards those in recovery and towards the larger church leads to a great need to find methods of hospitality on all sides. The expressed need for a non-judgmental environment emphasizes the need and desire for such hospitality. This goes beyond physical comforts, signage, greeters, and other items often associated with church hospitality. It is a level of hospitality that takes into account the emotional well-being of person. Group Four suggested that having more church members attend recovery worship services may help build those bridges and increase levels of hospitality. In other words, members of the larger church could attend recovery worship services as a method of reaching out and welcoming. This is the first opportunity to move towards a potential solution and / or method to address the issue. As focus group discussions proceeded, all four groups would make this same suggestion. This is discussed later in this chapter.

Overall, then, the discussion regarding research question one shows there is generally a neutral feeling in all groups towards the idea of integrating recovery ministry into the life and ministry of the larger church. This means there were not strong feelings on the part of the four focus groups in favor or opposed. The primary hindrance to integration was that of stigma, which is potentially mutual between those in recovery and those in the larger church.

The following graph (figure one) indicates the general ambivalence of survey results as referred to previously. Also indicated is the small amount of movement between the survey one results and the results of survey two. With each line of the graph

showing a difference of a mere 0.15, it is clear to see that there was little change between the pre-test and post-test for survey questions related to Research Question One.

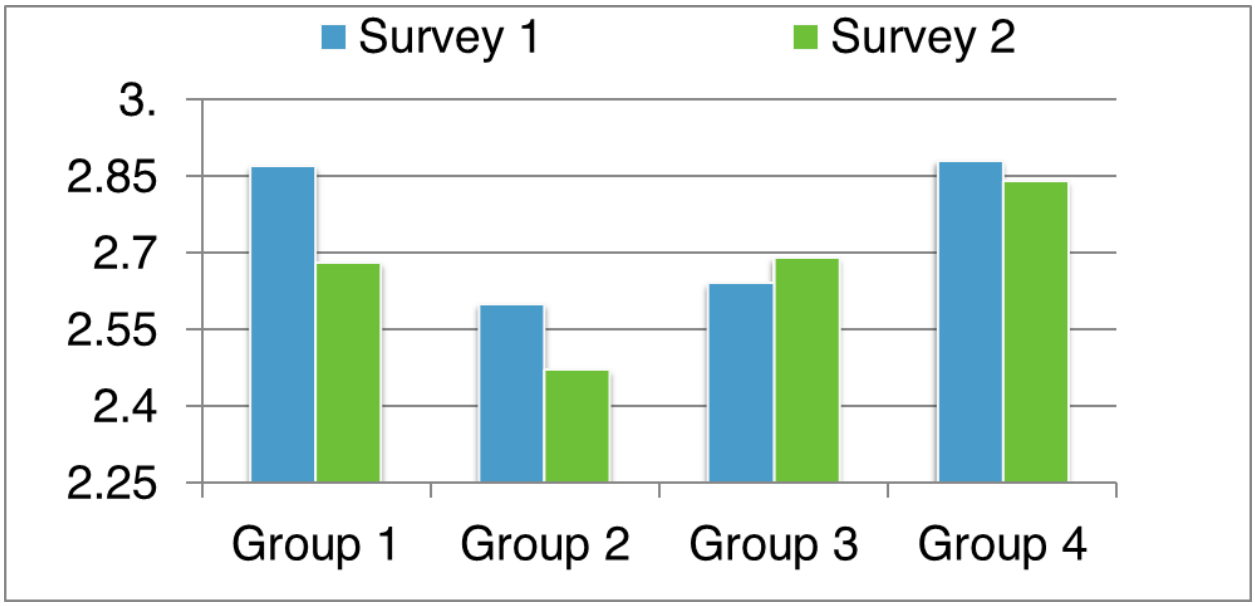

Figure 1: Research Question One

This lack of movement could raise questions as to the effectiveness of the focus group intervention. It may also point to a reality that perspectives are deeply ingrained and it would take more time than allotted in this study to bring about real change. This is addressed further in the Chapter Five.

Research Question Two

The second Research Question was: *Using the principles of social learning theory as a guide to the discussions, how would parishioners and staff respond to thoughtful reflection on recovery ministry as an integrated part of the larger church?*

Group One Results:

The average results of the survey revealed overall agreement with the statements provided in the survey. The first survey revealed a score of 3.08. The second revealed a nearly identical score of 3.03. This reveals a difference of 0.05 falling well within the standard deviation of 0.63

Major themes that emerged from focus group discussion are as follows:

Theme one: Stigma related to psychology. The first theme that emerged was a basic discomfort and stigma to the use of the word 'psychology'. After a brief explanation of social learning theory, the participants expressed a basic level of agreement that the concepts were sound, but they expressed discomfort in promoting psychology as a part of recovery. One participant expressed it this way, "Remove the word psychological theory and people are more likely to follow." On a related note, one participant made a strong statement that even when the concepts of psychology are sound there is a need to make sure all that is taught is clearly related to Scripture.

Theme two: Danger of creating scenario 'us and them'. The second theme emerged in the midst of the discussion related to those who could be role models. Participants expressed a discomfort with the term 'role model'. The group preferred the term 'source of reinforcement'. One participant captured the idea this way, "Do we know either group is a worthy role model?" This idea moved the discussion to the concern that promoting one group as a good role model to the other could lead to an attitude of "us and them." In other words, by promoting one group or the other as a role model could potentially create a superiority or 'us and them' mentality.

Theme three: The possibility of being a good influence. As counter to theme two, one participant pointed out, "we need to remember there are a lot of addicts in the larger church so recovery addicts can be a good influence to general addicts even if they don't see it as a problem." This observation moved the group into a further discussion of commonality. The question was asked concerning weight loss or some other type of common struggle. The group was asked if those in recovery for drugs or alcohol could be a good influence. Discussion emerged, at that point, of the common principles of all forms of recovery. One person stated, "Yes. Success is a motivator. You see someone in recovery, and it is a motivator even if it is not the same problem."

Group Two results:

The results of the survey produced a fairly strong level of agreement with the statements provided in the survey. The average result of the first survey was 3.20. The second survey was an identical average with a result of 3.20. These identical scores obviously fall within the standard deviation of 0.60.

Major themes that emerged from the focus group discussion were as follows:

Theme one: Stigma related psychology. The first theme to emerge was similar to the discussion of Group One - a discomfort with psychology. One participant described how he did not desire to come to recovery and hear "psychological mumbo jumbo." "There is a reason people are coming here as opposed to a psychologist's office." Others agreed that it is important for people coming into recovery to see Recovery at Bristol as faith based and that all we do is consistent with Scripture. Some were open to the idea of

psychological influences under faith based conditions, however. As one participant stated, “Preachers have to be able to show how it (psychology) relates to Scripture”.

Theme two: Mutual source of influence. There was a general agreement that both participants in recovery and participants in the larger church could be helpful to one another. As one person phrased it, “I have learned so much from people in recovery, and I know people that have been lead to more self-awareness by volunteering (in recovery).” Also, similar to the reaction of Group One, however, there was a dislike of the term “role model.” Two of the discussion questions where phased in the following way:

1) “Can the church be a good model and source of reinforcement to those involved in recovery ministry? If so, how?”
2) “Can those involved in recovery ministry be a good model or source of reinforcement to those in the larger church? If so, how?”

The term “model” used in the question was often discussed as “role model” within the group discussion. The group strongly preferred the latter term of “source of reinforcement.” As one person stated, “I prefer the term “source of influence” more than “role model.” Another participant stated, “role model is outdated.”

Group Three Results:

There was a reaction of agreement to the survey questions on the part of Group Three. The first survey median result was 3.18. The second survey median resulted in a score of 3.17. This nearly identical score reveals a difference of 0.01 falling well within the standard deviation of 0.50.

Major themes that emerged from the focus group discussion were as follows:

Theme One: Caution with psychology. While there was a basic comfort level with the discussion of social learning theory and the influence of psychology, there was also a sense of caution. One participant put it well, "The risk we run is to make sure that the church is not just another social service. We have a definite role to play so we embrace the psychological knowledge as long as we bring Christ's love. Jesus is primary." Another participant interjected, "But are we in the church qualified for that? We are just lay people not counselors. I guess my problem is how many volunteers know something like this (social learning theory)."

Theme Two: Mutual source of influence. There was also a sense that there is a need for people in recovery ministry and those in the large church to support one another. There is mutuality in the need for recovery. One participant suggested, "If we recognize we all have issues we can be a source of reinforcement (for one another)." Another participant agreed, "If we don't have a problem with something we rarely have to go past our own families."

Group Four Results:

The survey of Group Four resulted in an identical average on both the pre-test and post-test. The first resulted in a score of 3.38 showing a strong amount of agreement. The second survey also showed a score of 3.38. With identical scores the results obviously fall within the standard deviation of 0.51.

Major themes that emerged from the focus group discussion were as follows:

Theme One: Acceptance of psychology as helpful. Group four was fairly quick to accept psychology as a help. The stigma and hesitation that was seen in Groups

One and Two and the general caution revealed in Group Three were absent here. One participant stated, "Why would you not want psychologist opinions on understanding people? It is what they do. It's ludicrous to not understand that point of view." Another added, "As Wesleyan Methodist we have to say yes (to the influence of psychology)." Similar to other groups, however, there was the thought that it must be "Christianized."

Theme Two: Problem of stigma. There was a general agreement that those who are part of recovery ministry and those in the larger church could be a strong and positive source of on one another. One comment was, "I can learn something from anyone." However, the discussion moved once again toward the problem of stigma. The problem that emerged was the resistance some have with even associating with the other. One participant related a disturbing story, "Let me tell you a term I've heard: NOKOPS: Not Our Kind of People." Another reacted to the story with this, "For people of privilege it gets scary. We create artificial divides and barriers from 'those people' to feel safe."

When the question was asked regarding dealing with weight loss or some other such issue a fascinating observation was made. There was general agreement that principles of recovery can certainly be of help with "lesser issues." At the end of this discussion one participant observed, "Your example of weight loss is the first time in the conversation it hasn't been about us and them."

Research Question Two Analysis

To re-state, the second Research Question was: *Using the principles of social learning theory as a guide to the discussions, how would parishioners and staff respond to thoughtful reflection on recovery ministry as an integrated part of the larger church?*

The survey results show that there is a fairly strong amount of agreement when discussing the issues such as reinforcement and reproduction as outlined in social learning theory. There is a basic agreement that such principles can be helpful but focus group discussions also showed wariness on the part of some. The wariness reveals yet another problem with stigma.

The problem of stigma discussed in session two was toward the field of psychology. Groups One and Two showed significant resistance to the open presentation of psychological concepts. Group Three was less resistant but still cautious to the idea of open presentation of psychological concepts. Group Four, in contrast, was fairly quick to embrace psychology as helpful. This shows a significant difference of opinion between professionals who often lead ministries / programs and the people who participate in those programs. This also begins to show that stigma and discomfort is potentially directed in multiple directions: towards those in recovery, towards the larger church, and towards the field of psychology.

Also emerging from the second session was the common thought that those in recovery and those in larger church may, indeed, be a mutual system of support. Realizing our mutual need for support begins to put people on a more common level and raises the possibility of overcoming the stigmas and discomfort that separates groups of people.

The graph below (Figure 2) illustrates the general agreements with the survey questions related to Research Question Two. Also, as stated earlier, there is little to no

movement from pre-test to post-test results. This lack of movement is a focus of Chapter Five.

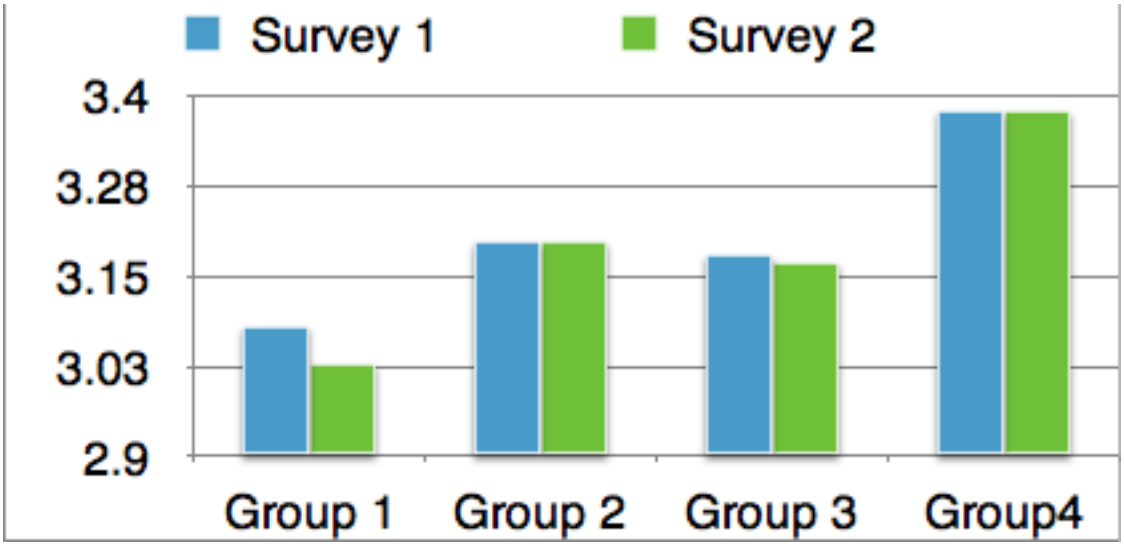

Figure 2: Research Question Two

Research Question Three

The third Research Question was: *How can State Street United Methodist Church effectively integrate a recovery ministry into a well-structured, comprehensive ministry of the church with the support and input of parishioners and staff in an organized and reflective manner?*

Group One Results:

The average results of the surveys showed a small decrease in agreement from survey one to survey two. The average score for survey one was 3.25. This decreased to 3.05 on the second survey. The decrease of 0.20 falls within the standard deviation of 0.48.

Major themes that emerged from focus group discussion were as follows:

Theme one: Defining integration as people in the larger church coming to recovery. As discussion progressed as to the ways and means of integrating recovery ministry into the large church, Group One began to suggest that integration should, in fact, have people from the larger church begin to attend recovery. The need for recovery is suggested as the common ground. One participant noted, "We need to keep in mind that everybody is in recovery for something. There is a reason for everyone to come here."

Theme two: Stigma from and towards the church. Perhaps this integration of the larger church into recovery rather than vice versa, could address the concern that was raised in the discussion of the problem of stigma. Stigma was discussed from several viewpoints. Perhaps, predictably, it was pointed out that, "The church as a majority needs to come to grips with acceptance of recovery ministry." There was also the fear of what changes that might bring to a person's church experience. While Recovery at Bristol is intentionally open to human failures, someone pointed out that in the larger church, "People might not feel like they can act like themselves." Finally, there is the stigma toward the church and denominationalism. One participant came to recovery for the first time, not knowing anything about the host church. He stated, "It may have had an effect on me had I known it was a Methodist Church before I came." Others agreed that one of the strengths of Recovery at Bristol is that the emphasis is on recovery and not the United Methodist denomination of the larger church.

Group Two results:

The survey results for Group Two showed a very slight increase in agreement. Survey one's average score was 3.19. Survey two showed an average score of 3.22. The difference of 0.03 is well within the standard deviation of 0.54.

Major themes arising from focus group discussions were as follows:

Theme one: Comfort levels. The primary hindrance to integration according to Group Two was the comfort level of those in recovery. Recovery at Bristol has been a ministry of the church long enough to have "staying power." There is a concern that attempts to integrate may bring discomfort or unease to some in recovery and risk losing those that are part of that ministry. In other words, people at Recovery at Bristol have become accustom to the current status and major changes may lead to decreased attendance.

Theme two: Creativity with integration. It was suggested that integration, if done well, could be a very positive thing but that it needs to be done slowly and creatively. One suggestion was to more actively pursue volunteers from the larger church to serve in some capacity on the Thursday night recovery service so as to allow more people to be exposed to recovery ministry in a "safe" way.

Group Three results:

The survey research for Group Three showed a nearly identical average score for the pre-test and post-test. The average score for survey one was 3.08. Survey two revealed an average score of 3.10. The minimal difference of 0.02 is well within the standard deviation of 0.42.

Major themes from the Group Three focus group were as follows:

Theme one: Fears of the unknown or unfamiliar. There seemed to be immediate apprehension when questions were raised regarding intentionally integrating recovery ministry and the larger church. This is evidenced by the numerous questions asked of me as the researcher and the desire for detail. At one point, I stated with a laugh, "So it sounds like you have more questions than answers on this one." In addition, there was the suggestion that the congregation would have to be fully informed and involved in the decision making process. There was also much recollection of the church's launch of a Wednesday night children's ministry, many years ago, that reached out to children from lower socio-economic levels. The participants recalled many areas of distress, although that ministry remains part of children's ministry of State Street Church currently, approximately twelve years after its launch.

Theme two: Integration by people from the larger church attending recovery. This recollection of the Wednesday night children's ministry launch lead to a discussion of how integration may take place in a way that is less stress inducing to some members of the congregation. It was suggested that intentionally recruiting more and different volunteers would involve more of the larger congregation in recovery ministry. Also, someone asked, "Could people from the church come (to the worship service) on Thursday's? Is that allowed?" Of course, I enthusiastically answered in the affirmative.

Group Four results:

The survey results for Group Four showed very slight difference between the pre-test and post-test. The average score for survey one was 3.44. The second survey

produced an average score of 3.50. The difference of 0.11 is well within the standard deviation of 0.50.

Only major theme that emerged from the focus group discussion. It was **the need for integration to run both ways**. The theme of this discussion was the need to avoid the idea that integration is simply having people from recovery come more often to the Sunday worship services. Instead there was the belief that integration should take place on many levels such as the church-wide picnic and other events. In addition, the phrase, "integration in reverse" was often used. This meant that the people from the larger church should be more involved in recovery, particularly in the worship service on Thursday nights. This may be as a volunteer or a worshiper. The desire was expressed as a church staff to do more promotion of Thursday night worship as a service open to anyone.

Research Question Three Analysis

To re-state, the third Research Question was: *How can State Street United Methodist Church effectively integrate a recovery ministry into a well-structured, comprehensive ministry of the church with the support and input of parishioners and staff in an organized and reflective manner?*

Overall, the survey research showed agreement that State Street United Methodist Church can effectively integrate recovery ministry into the ministry of the larger church. The focus groups discussed the specifics of what possible methods could be used. Finally, a possible strategy was developed.

The question of how to integrate recovery into the larger church was posed in session three leading to a strong response that "reverse integration" is preferable. In other

words, encourage those in the larger church to attend recovery thereby recognizing their own needs and brokenness. This strategy, in theory, leads to commonality, breaks down stigmas and discomfort, and builds familiarity and even relationships. Consequently, the possibility of recovery participants feeling more comfortable at church wide events and Sunday services potentially increases.

The following graph (Figure Thee) indicates the generally strong agreement with the survey questions related to Research Question Three, and, once again, shows only minimal differences between the pre-test and post-test results.

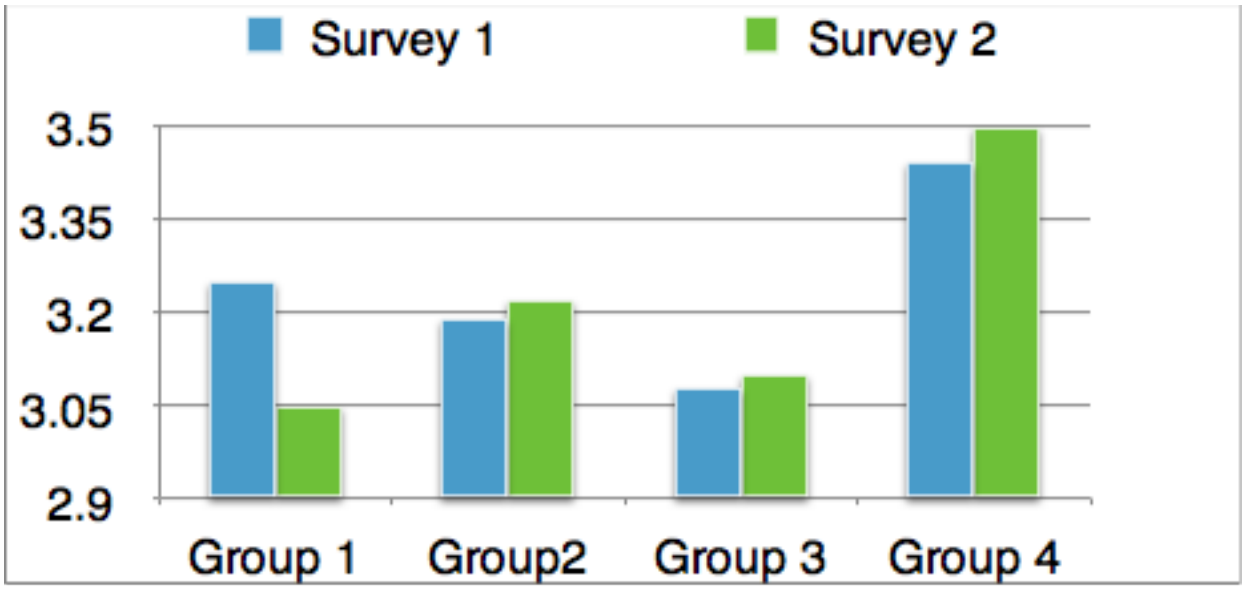

Figure 3: Research Question Three

Summary of Themes

The themes discussed above may be summarized as follows:

Group One
- The importance of the broken helping the broken in a non-judgmental environment
- The complications of helping (i.e. help desired, help deserved, help warranted)
- Stigma as a primary hindrance to integration
- Stigma related to psychology
- Danger of creating scenario 'us and them'
- The possibility being a good influence
- Defining integration as people in the larger church coming to recovery
- Stigma from and towards the church

Group Two:
- The need for non-judgmental ministry without expectation or requirement
- The need to welcoming environment
- Stigma related psychology
- Mutual source of influence
- Comfort levels
- Creativity with integration

Group Three:
- The desire to remain in a "comfort-zone"
- The stigma that may exist toward church
- Caution with psychology
- Mutual source of influence
- Fears of the unknown or unfamiliar
- Integration by people from the larger church attending recovery

Group Four:
- Realization of brokenness
- Frustration of helping
- The desire for integration
- Acceptance of psychology as helpful
- Problem of stigma
- Need for integration to run both ways

Summary of Major Findings

Having conducted the focus groups and surveys, reviewed the transcripts and survey data, and compiled the emerging themes from each group session as listed above, the material can be interpreted and summarized in the following major findings:

1. Multiple Stigmas At various time the discussion revealed that stigma was focused in several areas. While stigma toward those in recovery may be anticipated, the focus groups expressed other areas of stigma.

2. An Entrenchment of Ideas: In looking at the statistical data, while there was some movement on particular questions or certain persons, the movement as a group from the pre-test to the post-test was minimal. All differences between the two survey's averages for each group fell well within one standard deviation. This would suggest that a simple discussion and sharing of ideas is not enough to move a person's mindset on this issue. Even when the discussion is planned, the questions prepared, and the environment is one of voluntary participation, simple discussion does not change the participant's mindset. The environment was one of cordial discussion. I, as the researcher, went out of my way to emphasize that every opinion was valid and appreciated. Yet, even in such an environment, three sessions of open discussion were not enough to strongly move the opinion of the group.

3. Reverse Integration: In a fascinating and exciting turn of events, all four groups, separate from one another and without knowledge of the other groups' discussion, made the same suggestion as a potential way to integrate recovery into the larger ministry of the church. This was to realize the brokenness of every person and allow integration to

take place through recovery ministry in what was referred to as “reverse integration.” In various ways, it was noted that everyone, rich or poor, educated and uneducated, and regardless of background or belief system has been hurt. No one gets through life without scars. Everyone is in recovery for something. To once again quote a participant, “if we don’t deal with something we rarely have to go past our own family.”

CHAPTER 5

LEARNING REPORT FOR THE PROJECT

Overview of the Chapter

The following chapter further explores the findings stated in Chapter Four. There were three major findings from the study, each of which corresponded to the three research questions:

1. Multiple stigmas
2. An entrenchment of ideas
3. Reverse integration

Following an overview of the major findings, each of the findings are explored individually through three particular lenses: 1 Personal Observations, 2 Literature Review, and 3 Biblical / Theological Insights. The purpose of using these lenses is to synthesize and interpret the data leading to implication for ministry. Since Jesus' story of the Good Samaritan in Luke 10 was used as a reference within the focus groups, it serves as a reference point in this interpretation as well, particularly within the Biblical / Theological Insights portions of the chapter. Later, the limitations of the study are explored with recommendations for future study. Personal reflections conclude the chapter exploring how the study has affected me personally and how I have been changed in this process.

Major Findings

First Major Finding: Multiple Stigmas

The first Research Question was: *Do the participants, parishioners, and staff at State Street United Methodist Church think that it is important to have recovery ministry that is an integrated into the life and overall ministry of the church and what is the stated reason for their views?*

At various times the discussions revealed that stigma was focused in a number of areas. While stigma toward those in recovery may be anticipated, within this case study, other areas of stigma were also expressed.

First of all, there was, indeed, the stigma toward those in recovery. This was evidenced in the testimony of one participant who was offended when referred to as "those people." There was reference to how some would resist having alcoholics (or other such people) in "our" church and the hypocrisy in that viewpoint when functional alcoholism is common even in the church. Also, one participant told the story of how she was offended when someone she knew (outside of State Street Church) referred to people as NOKOPS, "not our kind of people."

All of these stigmas are heartbreaking and reflect the stereotype that Jesus spoke of as He described the Priest and Levi passing by the victim while the Samaritan showed mercy. As sad as it is, however, it may be predictable. People develop comfort levels with their own social environment and grow uncomfortable when outside their own group.

This study, however, reveals more stigmas and / or levels of discomfort than those sadly predictable prejudices. There was, secondly, a resistance toward the field of psychology among many of the participants. One participant referred to it as that "psychological mumbo jumbo." Particularly those participating in recovery were resistant to the notion of psychology being a primary influencer in recovery. Some were open to the ideas and teachings of psychology as long it was strictly in line with and presented through the lens of Scripture.

Interestingly, the Group Four, made up of church staff, was the only group to embrace psychology as a directing force of recovery ministry. Perhaps this can be a result of the commonality of helping professions. Pastors, children and youth leaders, a parish nurse, and other such helping professions were represented and it may be assumed that some measure of psychological study was part of the educational process for all. This may not be the case for the majority of the participants in other groups. This sets up an interesting dynamic. The helping professionals seem quick to embrace psychology as an important resource for recovery while those involved are more resistant to the notion. This sets up the potential to speak different languages or inadvertently raise barriers.

A third stigma revealed within the discussions is a potential resistance to the traditional Sunday church or a particular denomination. Terms such as "highfaluting church" were used in reference to the Sunday congregation. (Note that this was mentioned by someone who was a part of the Sunday congregation and not a disparaging term used by people in recovery.) In addition, there is the recognition within the discussion groups that the church experience for some has not been positive. The sad

reality of abuse situations in church and other tragedies, whether experienced or vicarious, cause fear and apprehension. There was also a question of whether people in recovery would be comfortable in the Methodist church in general bringing denominationalism into the potential areas of discomfort.

Therefore, the stigmas or areas of resistance go further than typical discomforts. Areas of stigma, resistance, and / or discomfort were multidirectional, encompassing: "those people" of recovery, the "highfaluting" Sunday church, that "psychological mumbo jumbo", as well as Methodism, denominationalism, and negative church experiences.

Couple this with the observation that opinions showed little change after these group discussions, and it seems safe to assume that these opinions are not going to easily change. Therefore, church leadership may need to be much more intentional and creative and not depend on group discussions that seem to reveal more fears and resistance than solutions. There was, however, one major exception. Wider participation in recovery ministry itself was presented as a potential solution to the problem. This is discussed further under the heading, "Reverse Integration," later in this chapter.

Personal Observations. In Chapter One, I shared a bit of my personal story which led to my desire to lead recovery ministry and my desire to study the topic. My own experience of divorce forced me to endure the stigma that can be associated with recovery issues. While I have advanced through life nicely since that time, I still bear the scars and have developed a sensitivity toward those who deal with stigma related issues.

This study did not dissuade my assumptions regarding stigma but served to demonstrate more fully the wider scope of the problem. The results show that there are multiple stigmas influencing all four groups to various degrees. This seems to indicate there is not a simplistic or quick solution. A pastor or leader that simply expects a congregation to "get over" their fears and discomfort and show mercy to those in recovery, is dealing with only part of the problem (although a significant part),

Even I, as a professional within the church, continue to hold a certain level of discomfort within the church as someone who is divorced. Even now, years later, I find myself uncomfortable discussing the topic in the company of church groups, continually wondering what the response might be in store. I have, for the most part, been treated very well within the church after my divorce; but, my isolated negative experiences and emotional scars make it uncomfortable. This concern is, most likely, exponentially magnified for those who have not had the counter experience of acceptance that is my story. Had I not been a professional, I would have very likely walked away from the church and held ill will for many years.

Group participants commonly expressed personal experiences similar to mine. This study shows that my own feelings and experiences are common for those going through a stigma related situation and, like me, it takes time and several positive experiences to heal the fracture with the church. Unlike my own story, however, many do not have the motivation to make the relationship work with the church. Having my professional livelihood and a sense of divine calling to consider leads me to give my

relationship with the church every chance. This level of motivation would not be common for most of those going through a stigma related situation.

Therefore, relationship with the church takes time. Leaders within recovery ministry need to show great patience as the rifts between those in recovery and those within the larger church heal. It seems unrealistic for someone in recovery to quickly wish to become active in the larger ministry of the church.

This conclusion, however, comes from assumptions and personal observations that this case study is similar to other locations; that multiple stigmas are commonplace. While anecdotally this may be the claim, further and more expansive research is needed to determine if this result is common among churches.

According to the results of this study, to assume that stigma towards those in recovery is the only stigma being experienced, however, would be an error. Perhaps I, as one who experienced a stigma related issue, focus too quickly on my own experience and fail to see the wider, multidirectional stigma.

As noted above, the stigmas or areas of resistance go further than typical discomforts. Areas of stigma, resistance, and / or discomfort were revealed to be multidirectional, encompassing: “those people” of recovery, the “highfaluting” Sunday church, that “psychological mumbo jumbo”, as well as Methodism, denominationalism, and negative church experiences.

It became clear to me during this study how my own experience with stigma after a divorce made it far too easy to assume recovery participants as the primary victims of stigma. Only in the midst of discussion did this personal viewpoint begin to widen into a

larger understanding of stigma. It is indeed multidirectional. It seems clear, then, at a major goal is to move past the assumptions that recovery is the exclusive recipient of stigma and understand that it needs to be addressed with all involved.

Literature Review. In Chapter Two, I quoted the writings of John Wesley as follows, "For occasions of judging can never be wanting; and the temptations to it are innumerable, many whereof are so artfully disguised, that we fall into the sin, before we suspect any danger. And unspeakable are the mischiefs produced hereby, always to him that judges another" (279).

The personal observations discussed previously serve to illustrate Wesley's caution of how easy it is to "artfully disguise" our stigmas and judgmental tendencies. Simply put, it may be easy to see the stigma imposed on us but not as easy to see the stigma we impose on others. Wesley describes such as "sin" and "danger". The results of this study show that the stigma and judgmental natures tend to run in multiple directions. If ministry is the goal, this multidirectional stigma creates a tangled web making this work of ministry quite complex. Thus, Wesley's firm language seems appropriate.

Some, however, may find Wesley's language overly harsh given personal experience. In other words, each person holding a stigma towards another group may feel completely justified given their experience. Returning once again to Albert Bandura's writings on Social Learning Theory, Bandura put it, "Man's capacity to learn by observation enables him to acquire large, integrated units of behavior by example without having to build up the patterns gradually by tedious trial and error" (2). While one would hope this would produce a positive result, it may also serve to intensify stigma given the

observations one might experience regarding, church, psychology, the other stigmas discussed earlier. It is a natural and understandable process then that one might draw conclusions towards a group based on their limited sample.

This might lead any person within any group to stand firmly in their convictions and believe that their judgments are not stigmas but sound conclusions based on experiences. However, as noted in Chapter two, Thomas Watson addresses this in The Doctrine of Repentance, "It [repentance] is not so much to endear us to Christ as to endear Christ to us. Till sin be bitter, Christ will not be sweet" (63). Watson seeks to be clear, however, that every act of repentance, while perhaps well intended, is not necessarily an accurate practice. He notes that there is at times a problem with the understanding of repentance, noting that what some call asking God's forgiveness very often really consist in asking God to accept our excuses (1).

This seems to bring social learning theory and theological literature into an interesting conversation. While the natural tendency may be to draw conclusions, and as a result, feel comfortable holding stigmas, in their writings theologians depict this as sinful. This begins to emphasize the point that, within the church, repentance and a non-judgmental attitude is paramount. To do so potentially results in a more open-minded interaction, begins to overcome stigmas, and brings about the positive modeling elements of social learning theory.

Biblical / Theological Perspectives. Within Jesus' telling of the story of The Good Samaritan, as recorded in Luke 10, Jesus tells of three people that had the opportunity to help the victim that lay on the side of the road. There was a Priest, a Levi,

and a Samaritan. Of the three, the Samaritan was the only one to offer help. It is widely assumed that the Samaritan was moved to show mercy because of his own experience with stigma. The Samaritan, himself, had presumably been a victim on some level. This common assumption was the conclusion of the focus groups in this study as well.

Looking at the story from this perspective led all of the focus groups to discuss the need to move past the focus of "us and them" to understand that everyone is in recovery for one thing or another. This realization begins to cast everyone in the place of the Samaritan. As we realize that we all have issues and struggles, in addition to that of our families and friends.

The suggestion that Jesus purposefully chooses the Samaritan as the "hero" of the story, leads to an understanding that Jesus would have each of us understand our own struggles and be led to mercy as a result. This opens the theological door to a potential method to address these multiple stigmas. If each person within the church sees their own struggles and not simply that of others, the opportunity arises for all to meet at the point of brokenness. This is discussed further under Major Finding Three.

Second Major Finding: An Entrenchment of Ideas

The second Research Question was: *Using the principles of social learning theory as a guide to the discussions, how would parishioners and staff respond to thoughtful reflection on recovery ministry as an integrated part of the larger church?*

In looking at the statistical data, while there was some movement on particular questions or certain persons, the movement as a group from the pre-intervention survey to the post-intervention survey was minimal. All differences between the two survey's

averages for each group fell well within one standard deviation. This would suggest that a simple discussion and sharing of ideas is not enough to move a person's mindset on this issue. Mindset is not changed even when the discussion is planned, the questions prepared, and the environment is one of voluntary participation. In addition, the environment was one of cordial discussion. I, as the researcher, went out of my way to emphasize that every opinion was valid and appreciated. Yet, even in such an environment, three sessions of open discussion were not enough to strongly move the opinion of the group.

Compare this, then, with the standard administrative structure of a church. Open discussion is exactly the method often used to bring about the direction of the church. Whether it be in committee meetings, administrative council meetings, or church wide business meetings, churches generally use a discussion format to make decisions. In addition, most sessions lasted between 30 and 45 minutes and exclusively on the subject of recovery ministry. This means ninety minutes or more were devoted to discussion with each of the four groups.

It would seem unwise to stereotype the administrative proceedings of all churches. However, the question can be raised as to whether a church would devote such time and focused discussion in order to improve a particular ministry program. Certainly, major decisions such as building renovations or controversial subjects would garner such focus, but would a single ministry program draw the same attention?

Despite the amount of time and intentional focus, the collective opinions and viewpoints of the groups remained similar in the pre-test and post-test data. Therefore,

based on this case study, the question is raised of whether it is a reasonable expectation that a church could reach new levels of understanding and insights when it comes to recovery ministry using the common model of brief discussions in committee meetings, administrative council meetings, or church business sessions.

This case study used Recovery at Bristol which is a ministry of State Street United Methodist Church in Bristol, Virginia. It would, therefore, come under the authority of The Book of Discipline of the United Methodist Church. Within this document, Paragraph 252.3, in reference to the church counsel, states: "It is recommended that the council use a consensus / discernment model of decision-making." In other words, we are to call people together, discuss, and look for a consensus when decision making. I cannot authoritatively speak to other denomination's decision-making structure, but it would seem that this is a common administrative practice among many churches and denomination.

While this practice should not be called into question, this case study suggests that it may be difficult for churches to move opinions and reach new understandings if this is the model used for establishing or leading a recovery ministry. Church leaders may be wise to look for alternative or supplemental methods of leadership beyond the commonly used group discussion to reach new levels of understanding, insight, and decision making.

Personal Observations. Prior to this study it seemed to me a reasonable expectation that there would be some change in the results of the post-test as compared to the pre-test. This personal expectation may come from my experience in ministry that

focuses heavily on conversation and discussion as a means of administration. It is common in my experience for decisions to be made by committees, council meetings, and other such administrative routines. With this being the primary manner of decision making in the church, it seems reasonable that such a focused and prolonged discussion, compared to ordinary church gatherings, would produce insights that may move the results of the post-test. While some individual participants and particular questions did show change, overall group results showed no significant difference within any of the group results. This was true for all three of the research questions.

Further, influencing this personal viewpoint was the enthusiastic participation of the participants, the array of viewpoints shared, and the apparent openness to these various viewpoints as I observed. Given the atmosphere of the discussion that I would characterize as pleasant, thoughtful, and highly participatory, I continued to expect movement in at least some of the areas of questions on the second survey.

After reviewing the post-test results, however, it was clear that these expectations were not confirmed. It would appear, based on the results of this study, that the general thoughts and attitudes of the groups are not easily changed when it comes to recovery ministry and require more open discussion, regardless of how focus, cordial, and insightful that discussion might be. Possible insights as to why open discussion is not sufficient to change thoughts and attitudes are offered in a review of the literature.

Literature Review. As stated in Chapter Two, the analytic framework for this study is based on social learning theory. Dr. Albert Bandura developed this theory which espouses that, "behavior is based on three separate but interacting regulatory systems.

They are (a) external stimulus events, (b) external reinforcement, and most importantly, (c) cognitive-mediational processes" (Wilson 242).

This case study has shown the relative ease to introduce the external stimulus for a new idea. People were invited to a discussion and arrived with enthusiasm. Perhaps some of this can be traced to their affection for me as pastor but regardless of the motivation, they voluntarily arrived. Further, they easily and without strong provocation, moved toward a recognition of their own need for recovery. There was also a verbal embracing of the idea of attending recovery for personal growth and for church inclusion.

One could theorize, however, that both external reinforcement and cognitive-mediational process were missing from the study. This returns us to the observation briefly discussed in Chapter Four. Looking at how most churches make decisions, the reality seen in this study may be widely pertinent. Many churches and denominations encourage committees, church councils, and church wide business meetings to gather together, discuss, and come to a decision. This study would show that in some cases this can be an easy and agreeable process. Yet substantive change is not always achieved from such external stimulus. Without reinforcement and cognitive-mediation, it is likely that engrained positions will hold.

Once again in Chapter two, it was noted that through reinforcement and motivational processes a person can acquire, retain, and possess the capabilities for skillful execution of modeled behavior, but the learning may rarely be activated into overt performance if it is negatively sanctioned or otherwise unfavorably received (Bandura, 6-8). Here lies the need for further exploration. The participants in this case study seemed

to easily acquire and possess the capability to develop a plan to integrate and seem to recei that as a positive notion. Given the support of the senior pastor and staff, retaining such information is relatively simple since it can be repeated in sermons and church publication. However, multidirectional stigmas tend raise the question of comfort levels and may well lead to a negative connotation on an emotional level. It may then come down to a simple concept of easy to say, difficult to do.

I refer again to a statement I made in Chapter Two. It may be assumed, for example, that stigma lies within the church simply because there has been lack of attention to the problems and the role the church may play in recovery. Bringing attention to the issue in the form of focus groups may well be the intervention necessary to overcome barriers to recovery ministry. The barriers, however, within this case study, seem rather well engrained. This should not be interpreted as discounting the validity of the stated assumption. Instead, this case study may serve as a needed first step to overcoming the barrier. Future studies may well build on this experience by seeking external reinforcement and cognitive-mediational processes that can bring the stimulus of discussion to its full potential.

Moving beyond the bounds of this case study to provide for external reinforcement and cognitive-mediational processes, may well be a monumental task given the organizational structure and administrative operations in many churches. As was pointed out in Chapter Two, (Albert) Bandura reacted to the oft-repeated dictum "Change contingencies and you change behavior" by adding the reciprocal side: "change behavior and you change contingencies…since in everyday life this two-way control

operates concurrently" (Thompson 219). The key here, however, is that change on a church level takes place only by the permission of the church itself in most mainline denominations. In other words, churches are made up of volunteers. If cognitive insight from discussion is not sufficient to move attitudes or behaviors, what will the change agent be? What will change either the behavior or the contingency?

Within school systems, companies, and other structures there is a certain level of control from authority. Within some church structures the power may indeed lie with the pastor or other authority. Churches, such as my own United Methodist tradition, that seeks a consensus / discernment decision making process may have difficulty moving into true change since discussion does not appear to be sufficient even when the discussion suggests such change. If the results of this study prove to be true on a wide scale, serious consideration for next steps will need to be considered for those churches who depend on the consensus model. When there is not change authority, bringing about reinforcements and emotional cognition is an ominous yet crucial task. This leads to a thought that discussion within the church may bring too strong a focus on personal opinions that, according to this study, are not easily changed in the areas of recovery ministry. A stronger focus on the authority of Christ may well be what is warranted. This concept in explored further below in Biblical / Theological Insights.

Biblical / Theological Insights

The focus group discussions opened with a reading of Luke 10 which depicts Jesus telling the story of The Good Samaritan. Participants were asked how this related to recovery ministry. As I said in Chapter Two, notably, neither of those who passed by are

described on an emotional level. It is simply noted that they passed by on the other side of the road. Of the Samaritan, however, it is said he was, "moved with pity." It begins, then, with heart.

One might hope that a thoughtful discussion could cause personal reflection to the point of emotional involvement. That, indeed, hearts might be moved and changed as they participate in discussion and presentation of ideas. After all, to revisit an idea explored earlier, the way in which parishioners are generally engaged is the use of sermons, Sunday school lessons, small group discussions, and Bible studies. Indeed, these may well be sufficient for participants to be "moved to pity" but according to this study, it may not be sufficient to cause a change of thought and attitude.

It should be noted here, that the participants in this study were generally in agreement, although softly, with the ideas of integration, modeling, and mutual need. However, the results show that discussion caused little or no increase in agreement and often showed a very slight decrease in agreement.

After seeing this result, an important biblical question is raised. What was the result of Jesus telling the story to the Pharisee. Jesus relates the story of The Good Samaritan and asked the listener, "Who was the one who was a neighbor?" The Pharisee replied, "The one who showed mercy." Jesus commands, "Go and do likewise?" We, as the reader, are left with the question, did he? Did the Pharisee go and do likewise? Just as Jesus never tells the final result of the Samaritan's intervention with the victim, the biblical writer does not reveal the ultimate results of Jesus discussion with the Pharisee.

More on this line of thought is explored under the heading "Ministry Implication" later in this chapter.

Third Major Finding: Reverse Integration

The third Research Question was: *How can State Street United Methodist Church effectively integrate a recovery ministry into a well-structured, comprehensive ministry of the church with the support and input of parishioners and staff in an organized and reflective manner?*

In a fascinating and exciting turn of events, all four groups, separate from one another and without knowledge of the other groups' discussion, made the same suggestion as a potential way to integrate recovery into the larger ministry of the church. This was to realize the brokenness of every person and allow integration to take place through recovery ministry in what was referred to as "reverse integration." In various ways, it was noted that everyone, rich or poor, educated and uneducated, and regardless of background or belief system has been hurt. No one gets through life without scars. Everyone is in recovery for something. I once again quote a participant, "if we don't deal with something we rarely have to go past our own family."

Every group suggested (each in their own unique manner) that the way to integrate the ministry of the church is to meet at the point of our own brokenness. To recognize that everyone is in recovery and to embrace that need to recovery. This is not to say that everyone would need to attend Thursday night recovery service every week, but it sets up an interesting dynamic. Would people in recovery feel more embraced by the church if people in the Sunday church came to worship with them? Would people feel

less stigma, fear, and discomfort with one another if they worshiped together as people in recovery, regardless of background? Would people in recovery feel more comfortable attending Sunday morning services if they already knew some people in the Sunday congregation who had attended recovery? Would it be easier to incorporate all groups of people into church-wide events, Bible studies, and services, if there was a common bond in recovery? If these questions are answered, even hypothetically, in the affirmative then it becomes a significant strategy for integration.

Therefore, a revelation of this case study is that the way to integrate the ministries may well be to meet at the point of brokenness, incorporate the entire church, as much as possible, into the recovery ministry and allow the natural relationships and spirit to grow from there. As noted earlier, this was referred to in one focus group as "reverse integration." It is indeed a different direction than some may think when integrating a church. However, it seems clear that the commonality that all humans is the need for Christ in the midst of brokenness. This may well be the reality that overcomes the stigmas discussed earlier.

This is further illustrated by returning to focus group discussions regarding weight loss. The focus group discussion question was: Imagine a scenario that someone needs to lose weight or facing some similar issue. Could those overcoming addiction or compulsive behavior be a good role model? Why or Why not? While this question was initially met with laughter and wisecracks, every group came to an agreement that all struggles having a similarity. As noted earlier, one participant stated, "So I observe that

your example of weight loss is the first time in the conversation it hasn't been about us and them"

Returning to Jesus' story of The Good Samaritan, as this was discussed in the focus groups; many participants presumed that the Samaritan helped because he was a social outcast himself. He had been broken so it was easier to be a "neighbor" as Jesus defined the term. If all Christians meet at the point of their own brokenness, in need of recovery, it is presumably easier to be that neighbor.

Personal Observations. As I have led Recovery Ministry at State Street United Methodist Church for more than two years, I have found myself enjoying the times when those attending recovery choose to worship with the larger church on Sunday morning. While never stating it as a goal or requiring such attendance in any way, I found it validating and personally thrilling when it happened.

Thus, with all good intentions, I entered into this study to see how those in recovery may be more fully incorporated into the larger ministry; to see my church could reach out more fully and naturally to those in recovery; and, heal the wounds that have come from negative church experiences for many in recovery.

During the study, it became obvious, however, that the road may run in a completely different direction. All four groups, with no prompting from me as a researcher, explored the idea of more people attending recovery as a point of integration. The discussion of all groups, to various levels came to an understanding that all people have recovery issues. This may take many forms, including but not limited to: alcohol and drug addictions (often denied), codependency, dysfunctional family relationships,

sexual and pornographic addictions (also often denied), bereavement issues, financial losses, depression, anxiety, and other mental health issues. If a person is not directly facing such issues, as one participant pointed out, one rarely has to look past his or her own family.

From this perspective, it is easy to move past the stereotype of "those people" and, to put it into pastoral language, to meet at our point of brokenness. As a pastor and leader of recovery ministry, I find myself excited about promoting recovery as a common thread of togetherness within the church. I find it liberating to meet as the whole church at a point of grief, pain, and frustration to experience a common healing as the people of God.

I can also imagine how much easier it would be for people who first came to the State Street United Methodist Church through recovery ministry to integrate into the ministries of the larger church if they already knew several members of the larger church because of their recovery attendance. Many referred to the idea, and I wholeheartedly agree, that it would be easier for us to be the church together if we understood our own fallenness, brokenness, sinfulness, and pain and come together in healing…in recovery.

Literature Review. In Chapter Two a categorization of recovery models was described as follows:

> Bridge Strategies develop distinctly Christian support groups meant to provide a bridge from the 'recovery world' to the 'Christian world'.

Recovery Department Strategies make recovery ministry one of the mainstream elements of congregational life. Recovery is not the central feature but is fully integrated into the life of the congregation.

Treatment-Related Strategies are a less common approach where the church connects with or operates as a long-term treatment program.

The Church in Recovery Strategy occurs when recovery becomes the central paradigm of the congregation.

The Recovery-Friendly Church Strategy means that the church practices overt grace rather than shame and makes recovery part of the church culture rather than a program (1).

The purpose of this study, then, was to explore how to integrate recovery ministry into the ministry of the larger church, and, thus, fill some of the gaps between these separate models. This would allow for a more free-flowing ministry available to all, without a feeling or appearance of segregation, and without creating a "Church in Recovery." In other words, how could the traditions and general ambiance of the larger church be retained while embracing recovery as more than a department. If this is achieved the church itself embraces recovery while retaining its identity as the larger church.

While this study has not produced a comprehensive or definitive plan to accomplish such, the discussions have produced a potential movement in that direction. To overtly encourage, not the movement of recovery participants to the larger church, but the members of the larger church to recovery; and to encourage this, not as a point of

outreach, but as a legitimate common need; ultimately bridges the gap between the models to allow a free flow between recovery and larger church in an organic fashion. This model begins to break down the "us and them" mentality and emphasizes the common need for recovery.

While further time and research is needed to ascertain the reality of this plan. The fact that it was suggested by all four groups gives hope that it can indeed be common thread embraced by all. As a result of this study, my own church, with the encouragement of the senior pastor has taken steps to promote the Thursday night recovery service as a time of worship that everyone should consider. It will take time to see if this has influence on the program; but, it is a result produced by laity and staff discussion, not a pastoral decree.

Biblical / Theological Review. Again, referring to the story of The Good Samaritan, it would seem to be a common thought, to cast ourselves in the role of the Samaritan. Indeed, Jesus says, "Go and do likewise," teaching that each of us should play the role of neighbor and show mercy to those in need. The interpretation of the focus groups, however, while perhaps starting with this notion, moved to an understanding that each of us can be cast in the role of victim.

After all, who among us has not felt beaten and abandoned at the side of the road? Who among us has not hurt so badly that we wondered how we would go on? Surely, in a fallen world, everyone has experienced that level of grief at one time or another. Even if, on a regular basis, we may know our lives are truly blessed, those moments of pain and grief come for all.

It is at this point that we are no longer "us and them" but is all of us in need. Many in the focus group discussion thought this to be a valid interpretation of Jesus' story, since it was the Samaritan, one who had been a victim of prejudice, who stopped. Most in the group assumed that it was his experience with pain, hurt, bigotry, and rejection that moved him to mercy. It stands to reason, then, that it is easier for us to show mercy if we acknowledge our own need for that mercy. "Go and do likewise," then may mean more than showing mercy out of duty. "Likewise" may, indeed, call us to be in touch to our own hurt and failure and need for recovery and allow that to move us to mercy for another.

Ministry Implications of the Findings

As was noted earlier in this chapter, the story of The Good Samaritan in Luke 10 has many incomplete story lines. What happened to the victim on side of the road? Did he live or die? Was he grateful for the help or bitter after his affliction? Did the innkeeper provide the care he was charged to provide? Are we safe to assume the Samaritan indeed returned? Did the Pharisee hearing the story "go and do likewise" as Jesus instructed or did he refuse to be moved by Jesus instruction?

Looking closely at the story and being left with so many unanswered questions may leave some frustrated. Perhaps we all too easily assume the conclusions to these questions without looking closely at the ambiguity. Yet, to see the inexactness of the story shows us an important implication for ministry. The results are not up to us.

This study has shown a difficulty in changing attitudes and ideas even after focused discussion. There is a need for emotional cognition, or to use Bandura's term,

cognitive-mediational processes. There also needs to be reinforcement over time. This creates problems within the church, since is the standard focus is on external stimuli such as sermons, studies, small groups, and administrative meetings. Ideas can be suggested, discussed, and organized but to move into cognitive-mediational processes on an organizational level may well lead to fears of emotional manipulation.

Therefore, an important implication for those involved in recovery ministry is the understanding of uncertainty of result. Jesus does not promise a happy ending for the victim, a change of heart for the Priest and Levi, or obedience on the part of the Pharisee. Given the results of the study, it can be assumed that a similar ambiguity may be experienced in the modern church ministry. Given the entrenchment of ideas and potential quagmire of multidirectional stigma results cannot be guaranteed on any level whether it be people openly in recovery, standard church leaders, or specific people Jesus calls to "go and do likewise".

If the results of the case study are consistent on a larger scale, ministry leaders who work in the area of recovery ministry would be wise to consider the untold elements of Jesus' story as important as the spoken elements. The common church methods of leadership (committees and council discussions) may not be enough to change embedded attitudes.

It would seem unwise, then, based on the results of this study, to approach recovery as a standard church program. Instead it needs to be a highly spiritualized endeavor that depends on the work of the Holy Spirit to bring about the cognitive-mediational process without emotional manipulation. It is also up to the Holy

Spirit to move people to a point of understanding their own brokenness. Simply proclaiming the brokenness of all would seem to be a far cry from the personal realization of it. Jesus shows this in his account as the Priest and Levi, who surely were aware of their own personal hardships, were not moved to help. Again cognitive-mediation is necessary but little can be done to bring this about without the work of the Spirit.

The primary hope for embracing those in recovery, however, is to meet at the point of brokenness. So that our common need for recovery becomes the method of integration. The results of this study show an openness on the part of those in recovery to receive everyone into recovery, understanding the common need of all. The suggestion coming from the other groups seems to make integration less threatening when it is done as a movement of the larger church into recovery and rather than moving members of recovery ministry into the larger church. Relationships forming at this level seem to be more along the biblical model where one in need of recovery (the Samaritan) helps another in need of recovery (the victim). Church leaders would do well, then, to continually frame recovery ministry in this light rather than focusing on the results of the ministry program. In doing so church leaders are embracing the biblical teaching of Jesus and the realities put forth by the participants of this study.

Limitations of the Study

This study was conducted of as a case study of Recovery at Bristol which is a ministry of State Street United Methodist Church in Bristol, Virginia. Therefore, while it provided for an initial step in exploring the intentional integration of recovery ministry

into the larger church and the use of non-church elements such as social learning theory, it was clearly limited in scope. Further study is needed with a larger sample groups of churches and ministry settings. Repeating this study with other recovery ministries, other denominations, and a more ethnically diverse group of participants would provide a more expanded picture of the work of recovery.

Secondly, since the focus groups and survey research took place over the course of three weeks with surveys being collected in weeks one and three, this serves as a snapshot of the attitudes and responses. Further research is needed to see if longer studies, perhaps stretching over the course of months, would have different results. Short term discussion, in this case, had little effect on the post-test results. Long term discussions or implementation of suggestions may show different results. Future studies may choose to have a longer duration to determine if this has impact on results.

In the case that a long-term study is not practical, a follow up study to acquire an addiction snapshot in time could be helpful. Conducting this same case study at a future point, perhaps one to five years later, could be helpful in showing how the impact of recovery ministry effects the larger church over time. Future studies could provide for excellent comparison over time.

In addition, this study was open to all people affiliated with State Street United Methodist Church and Recovery at Bristol. There was no attempt to limit participation and there was no method to make up a session missed. As would be expected, due to illness and other obligations, the attendance of the focus group was mildly inconsistent. It was deemed appropriate in this study to keep attendance completely voluntary and open

to all with the only the restriction being to gather into one of the four groups. This was to ensure that I, as the researcher, could not influence the results by choosing particular people for the study. Future studies, however, may seek to find methods for consistent attendance.

Having recognized this, however, the enthusiasm of the participants in this study made this only a small issue. It would have to be compared to others to evaluate an impact but given the openness and voluntary nature of this study, the attendance, overall was quite satisfactory.

Finally, this initial case study grouped participants into the four groups depending on their relationship to the church and recovery. Follow-up studies may wish to eliminate such groupings and put all participants in a single group. This would allow for discussion among groups and determine if a larger discussion has more impact on the pre-intervention / post-intervention results.

Unexpected Observations

The study itself unfolded as planned. In addition, the results, while not completely foreseen, were within the realm of predictable. The only "surprise" came as all four groups, each in their unique way, suggested "reverse integration" as a possible method of integration. Originally this study was to look towards integration in the larger church. What emerged is a desire to see the larger church integrate into recovery. While this was not the original concept of the study, it comes as a pleasant surprise and a broader view of what integration means. In addition, the broken helping the broken is a wonderful concept that is at the heart of the gospel and a powerful suggestion emerging from the

study. It comes unexpectedly but it is a very welcome observation and a possible new way to address the issues this study was designed to address.

In addition, a single observation of one participant raised intriguing areas of thought that I find myself continuing pondering. While it does not rise to the point of a major finding, it seems appropriate to include the comment in these reflections.

As has been stated, a major area of discussion for the focus groups was Jesus' story of The Good Samaritan in Luke 10. Also, noted previously, most participants cast themselves in the role of victim or Samaritan. Occasionally, some would recognize the unfortunate tendency within ourselves to play the role of Priest or Levi. However, one participant cast us in the role of the innkeeper. It was the insight of this participant that Jesus is the Samaritan who brings the hurting and afflicted to us in the church, thus making us the innkeeper. Jesus, then, instructs us on how to care for the victim. This was not a common interpretation from other group participants; but, I find the concept intriguing, particularly as it comes to the branding of recovery ministry.

If recovery is branded in the role of the innkeeper, this raises a series of questions. Does that eliminate the perceived burden of being the Samaritan? Does it free us to follow the instructions of Jesus and play the role of assistant rather than rescuer? It seems clear that this is consistent with scripture. It is Christ who saves. Casting ourselves in the role of Samaritan in such a frightening and complex world might simply be too much for some church goers. Is the role of inn keeper and, thus, assistant to Jesus as rescuer a more palatable description of the work of recovery? In addition, while Group One easily embraced the reality of being the one in need of rescuing (at least at one point of their

lives) others may have a difficult time seeing themselves as victim. Would branding recovery ministry as the role of innkeeper allow for an interim step to serving in recovery even before a person is fully aware of his or her own brokenness? Finally, is this branding option a better focus for recovery as it keeps Jesus as the center point of the story rather than casting ourselves as rescuer? If Jesus is cast as the Samaritan and the church as the inn, perhaps this becomes a framing that is biblically sound and a more easily acceptable teaching for a wide audience of the church. If so, this may be an avenue to deal with some of the stigmas, discomfort, and fears that typically impact recovery ministry.

Recommendations

Churches who are engaged in or considering involvement in recovery ministry may be wise to consider the following recommendations:

1) Promoting recovery as an additional worship service for all, with a focus on recovery, may be helpful from the outset. This study reveals that integrating an existing recovery ministry into the larger church ministry is possible but has significant challenges. Recruiting members of the larger church to embrace recovery ministry, not from the standpoint of volunteer, but as participant based on our commonality of brokenness, may help provide for a natural integration over time. Ministry such as Recovery at Bristol need to engage in "re-education" and promote recovery as more than a ministry of State Street; but, a ministry to all those within the church and outside of it.

2) When engaged in recovery ministry, a recognition of entrenched ideas is advisable. This is a ministry facing multidirectional stigmas. Thus, time and patience, along with consistent teaching is necessary. This teaching cannot simply be directed towards one of the groups. Those that might expect one of the groups to conform so the other will thrive will most likely meet great resistance. It is important to understand that stigma resides with all groups participating in this study on some level. Teaching and integration must be done over time and with openness from and toward all groups.
3) It would be advisable to move past the snapshot of this study and to have a study conducted over time. As was discussed in Chapter Two, recovery ministry is relatively new as a church ministry. Tracing it origins back thirty years or so leaves room for much academic research. In addition, much of the writing is anecdotal and reflects the experience of the leaders. Limited academic research is available and more and expanded studies of this nature, moving beyond a single case study, would be an important contribution.
4) While all ministries of the church are spiritual endeavors, it seems that a practical reality is that some become routine and standardized. It is of the utmost importance, however, that recovery ministry not be practiced in a standard or routine manner. This study reveals the entrenchment of ideas and multidirectional stigma that are not easily overcome by the standard administrative workings of the church. To seek to engage in the emotional cognition that would move congregations to effective recovery ministry may

range from ineffective to dangerous manipulations. This type of cognitive-mediational process needs to take place in a highly spiritual environment. This is particularly true given the stigma expressed toward psychology in this study. Churches are ill advised to treat recovery as an additional program or outreach ministry. Instead it must be a Christ centered, Spirit lead endeavor capable of moving through the complications of multiple stigmas and entrenched ideas.

Postscript

Through the journey of this research project I was continually amazed with my own personal response. While I have a Masters Degree in Mental Health Counseling and I am accustomed to the role of counselor, my primary professional role is that of pastor. As such I am called upon to preach, teach, and lead in a number of capacities. To put it simply, I talk for a living. Thus, it was fascinating to be cast in the role of listener. For research purposes, I was not allowed to influence the responses. This was an interesting role for me and the focus groups. It was not unusual for members of the group to begin asking me questions and I would have to redirect back to their responses. I found it intriguing how difficult it was for me to not answer questions or guide the discussion. I found it much more difficult than I anticipated to simply listen and not teach.

However, as the process unfolded I found myself enjoying the role much more than I anticipated. Upon reflection, I believe this has been a valuable process for me, not only as the leader of recovery, but as a pastor. I have seen how much I am called upon to talk and how little I am called upon to listen. I now find myself so intrigued by the

process of this study that I desire other opportunities to get out of the role of teacher and leader and cast myself in the role of listener. I am convinced that by intentionally removing myself from the teaching role and approaching the congregation from the standpoint of researcher, I am better equipped to teach.

This, on some level, seems like a simple transition. However, my experience in this study shows me that the congregation is quick to push me into the role of answering questions instead of asking them. I also embrace this role far too easily. A change needs to be thoughtful and intentional; but, I am now convinced that it is beneficial for myself and my congregation.

Finally, I am moved and most grateful to the people of Recovery at Bristol and State Street United Methodist Church for their enthusiastic participation of this project. While I am not surprised by such a response, having known the people for years now, I still find it moving to see their strong desire to make this study possible. It has reinforced my understanding that they are a people who show great love toward me, this ministry, and for Christ. The easiest part of this study was gathering the groups together due to their enthusiastic willingness to participate. Their honesty and forthright participation made all these reflections possible and I am deeply grateful.

APPENDIXES

Appendix A:
Questions 1 - 6 related to research question one.
Questions 7 - 11 related to research question two.
Questions 12 - 15 related to research question three.

1. Recovery ministry at State Street United Methodist Church is currently related to extension or service ministries where participants rarely participate in the larger ministry of the church.

   Strongly Disagree Disagree Agree Strongly Agree

2. Recovery ministry at State Street United Methodist Church is related to integrated ministries where participants usually participate in the larger ministry of the church.

   Strongly Disagree Disagree Agree Strongly Agree

3. Recovery ministry, when done well, should more closely relate to an extension or service ministry where participants should not be expected to be involved in church as a whole.

   Strongly Disagree Disagree Agree Strongly Agree

4. Recovery ministry, when done well, should more closely relate to an integrated ministry where participants should be expected to be involved in the church as a whole.

   Strongly Disagree Disagree Agree Strongly Agree

5. Leaders of recovery ministry should actively work to make recovery an integrated ministry of the church.

   Strongly Disagree Disagree Agree Strongly Agree

6. State Street United Methodist Church parishioners should be actively involved in making recovery an integrated ministry of the church.

   Strongly Disagree Disagree Agree Strongly Agree

7. The participants in recovery ministry have a better chance of making changes in their life if they are part of church beyond the Recovery at Bristol ministry.

   Strongly Disagree Disagree Agree Strongly Agree

8. Parishioners that are not involved in recovery may serve as good role models to those participating in Recovery at Bristol.

Strongly Disagree Disagree Agree Strongly Agree

9. Participants in Recovery at Bristol may serve as good role models to parishioners that are part of the larger church.

Strongly Disagree Disagree Agree Strongly Agree

10. Even when a person or group has the intellectual knowledge to change, it also requires proper environment and motivation.

Strongly Disagree Disagree Agree Strongly Agree

11. Both the recovery ministry and the Sunday congregation benefit from interacting as part of the larger church.

Strongly Disagree Disagree Agree Strongly Agree

12. There are ways to integrate recovery ministry into the larger church ministry in a well-structured, comprehensive way.

Strongly Disagree Disagree Agree Strongly Agree

13. A more integrated recovery ministry is helpful for those dealing with recovery issues.

Strongly Disagree Disagree Agree Strongly Agree

14. A more integrated recovery ministry is helpful for the church as a whole.

Strongly Disagree Disagree Agree Strongly Agree

15. Given the chance to discuss a more integrated ministry, people would share ideas on how to effectively integrate recovery ministry into a well-structured, comprehensive ministry of the church.

Strongly Disagree Disagree Agree Strongly Agree

Appendix B:
Questions 1 - 7 related to session one.
Question 8 - 14 related to session two.
Questions 15 - 18 related to session three.

1. After reading the story of the good Samaritan in Luke 10:25-37 the group was asked, does the story relate to recovery ministry and if so how.?

2. Why do you think the Samaritan got involved when others didn't?

3. Do we assume the victim was deserving of help? What if he was a bad person and did something to bring his misfortune on himself? Would that change your view of the story?

4. Jesus never tells the end of the story. Do we assume there was a happy ending and the man recovered and was grateful? If he died despite the help or if he was ungrateful would that change your view of the story?

5. After discussing this biblical story does it have any impact on your view of recovery ministry?

6. Which ministry is recovery ministry most similar to: food pantry where participants receive a service but are rarely part of the larger church OR youth ministry where a participant is generally part of the larger church.

7. In your opinion, what is the best way to approach recovery ministry? Should it be more closely related to food pantry or youth ministry? In other words, should recovery ministry be an extension ministry or an integrated ministry? Please explain your answer.

8. According to psychologist Albert Bandura, learning new behaviors required four components: attention, retention, reproduction, and reinforcement. This means a person must pay attention to a new concept. They must remember the new concept. They must live out the new concept. Finally, there must be reinforced or motivated to continue in the new concept. How does this teaching effect recovery ministry?

9. Should the concepts of this or other psychologist influence the work of church?

10. If the concepts of social learning theory are accepted as valid in the world of psychology, should programs like Recovery at Bristol develop programs based on this teaching?

11. Should people in the recovery ministry and those in the larger church look to each other as models to achieved desired goals and changes in their lives.

12. Can the church be a good model and source of reinforcement to those involved in recovery ministry? If so, how?

13. Can those involved in recovery ministry be a good model or source of reinforcement to those in the larger church? If so, how?

14. Imagine a scenario that someone needs to lose weight or facing some similar issue. Could those overcoming addiction or compulsive behavior be a good role model? Why or Why not?

15. In your opinion, can State Street United Methodist Church effectively integrate recovery ministry into a well-structured, comprehensive ministry of the church?

16. Would an integrated ministry be a positive or negative development?

17. If recovery ministry were to be intentionally more integrated, what are the hinderances or obstacles?

18. If recovery ministry were to be intentionally more integrated, what are specific ways to reach that goal?

Appendix C:
Date

Dear _____

I am a Doctor of Ministry participant at Asbury Theological Seminary and I am conducting research on the topic of recovery ministry. I would like to survey people from within the recovery ministry at State Street United Methodist Church and people outside this ministry who are part of State Street United Methodist Church. You have been invited to participate in this study.

Since recovery ministry can be a sensitive topic, I want to assure you that your responses will be kept confidential. I will not ask for your name on the survey. The survey data will be collected using a code, and all of the surveys will be collated to give a blended view rather than identify any one person. Discussions of focused groups will be video recorded for the purposes of my review and analysis but will not be shared with any other person. Recordings and surveys will be kept in a safe of which only I have the key. Recordings and surveys will be securely kept for an indefinite period of time, at least until my dissertation is written and approved. Sometime after this approval all recordings and surveys will be destroyed.

I believe recovery ministry is an important element of State Street United Methodist Church and I believe the findings from this survey and focus group discussions will further the healthy development of recovery ministry at State Street United Methodist Church as well as help other congregations as they design their own recovery ministries. It is my hope is that churches from around the country will be helped because you and others like you have taken the time to participate.

Please know that you can refuse to respond to any or all of the questions on the survey. I realize that your participation is entirely voluntary and I appreciate your willingness to consider being part of the study. Feel free to call or write me at any time if you need any more information. My cell phone number is 865-809-9044 and my e-mail is hicks865@yahoo.com.

If you are willing to assist me in this study, please sign and date this letter below to indicate your voluntary participation. Thank you for your help.

Sincerely,

Mark Hicks

I volunteer to participate in the study described above and so indicate by my signature below:

Your signature: _____
Date:_____
Please print your name:_____

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