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### The Role of the Lutheran Pastor in Dealing with the Problem of Alcoholism

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THE PASTOR AND THE PROBLEM OF ALCOHOLISM

**SHORT TITLE**

**THE PASTOR AND ALCOHOLICS**

A Thesis Submitted to the Faculty  
of the Graduate School of the  
University of Chicago in partial  
fulfillment of the  
requirements for the degree of  
Master of Divinity

BY  
Donald Ross Reynolds  
1955

Approved by: Orin Eugene

Albert

THE ROLE OF THE LUTHERAN PASTOR IN  
DEALING WITH THE PROBLEM OF ALCOHOLISM

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A Thesis Presented to the Faculty  
of Concordia Seminary, St. Louis,  
Department of Practical Theology  
in partial fulfillment of the  
requirements for the degree of  
Bachelor of Divinity

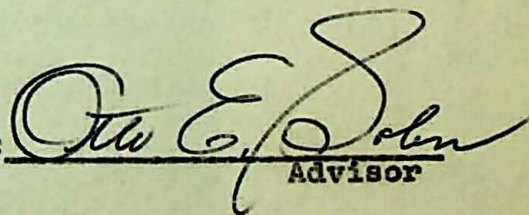
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by

Harold Gene Hermetz

June 1958

Approved by:

  
Advisor

  
Reader

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## CHAPTER I

### INTRODUCTION

Recent estimates by competent authorities indicate that there are some 70,000,000 people in the United States who drink alcoholic beverages. Drinking presents no problem to 65,000,000 of these. But to an estimated 4,589,000 others drinking has become enough of a problem to interfere with successful, happy living.<sup>1</sup> The social, moral, and financial losses occasioned by the deterioration of these "problem drinkers" are staggering. Wage losses through absenteeism in industry due to excessive drinking are computed at 432 million dollars per annum.<sup>2</sup> In addition, the loss of valuable personnel in all fields of endeavor who fall victim to alcoholism after years of investment in their training is costing an astronomical amount every year.

Alcoholism, today rated fourth as a public health menace, is fast becoming the most discussed problem of the day. Seldom a week passes without some national publication printing an article dealing with the situation. The Metropolitan Life Insurance Company in a recent bulletin estimated that there are fifty per cent more sufferers from alcoholism than

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<sup>1</sup>The National Council on Alcoholism, Inc., Facts on Alcoholism (New York: n.p., 1957), p. 1.

<sup>2</sup>Ibid.

from tuberculosis and that alcoholism is a significant contributing factor in accidents of all kinds, but especially automobile accidents.<sup>3</sup>

The astonishing thing about alcoholism is that until very recently virtually nothing at all was either known about it or done about it. As one student of the growing problem characterized it:

If an alcoholic got any attention at all it was of the sort that did him no good. No one believed he deserved sympathy or help. Sure to be condemned, he was seldom cured. Ministers and moralists pointed stern fingers at him. His closest friends had little to offer except the blunt advice that he had better stop drinking. The sick man was universally ridiculed, frequently reviled, and never understood, except by brother alcoholics who knew no more than he how to stop drinking. It remained for the twentieth century to discover what alcoholism really was and to find a way to do something about it. For the first time, alcoholics today are getting really effective help.<sup>4</sup>

The purpose of this thesis is to survey the problem of alcoholism in the light of present-day developments in an effort to determine the role the Lutheran pastor may play in effectively dealing with the alcoholics with whom his ministry brings him into contact. It is becoming increasingly evident that one of the greatest needs of the minister is a definition of his role in this problem--a clear picture of where he is needed and in what areas he can serve most effectively. There is little doubt that the parish pastor

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<sup>3</sup>Louis Linn, Handbook of Hospital Psychiatry (New York: International Universities Press, c.1955), p. 235.

<sup>4</sup>G. Aiken Taylor, A Sober Faith (New York: Macmillan, c.1953), p. 4.

will have opportunities to deal with alcoholics since such occasions will be thrust upon him quite often, whether he is prepared for them or not. But the question is how will he handle such situations and will he be able to deal constructively with them? This research was undertaken to find suitable answers to these questions.

The material presented in the first part, chapters two and three, is a survey of the modern interpretations of the problem and the way in which it is being handled by present-day individuals and organizations.

The fourth chapter then seeks to apply the implications of this material to the area of pastoral care and indicate how the modern pastor may better understand and better fulfill his role in the problem of alcoholism.

Except for one or two basic works, all the material surveyed in the study has been written within the last ten years and therefore reflects the most up-to-date findings and opinions.

No attempt has been made to discuss the full moral implications of alcoholism and the ethical problem involved or the problem of the Christian's use of alcohol.

The conclusions which the study points to indicate that the new understanding of the condition known as alcoholism has resulted in the discovery of many new tools with which to tackle the problem. The pastor whose knowledge of these new developments has given him an understanding of his role in the problem will operate best as part of a community

team, using his unique Christian resources to aid in accomplishing the important goal of individual rehabilitation.

THE HISTORY OF THE ALCOHOL PROBLEM IN THE UNITED STATES

The first objective of this report is to help alcoholics... it is to identify and understand the problem. This report... the history of the alcohol problem... the history of the alcohol problem... the history of the alcohol problem...

What is an Alcoholic?

The term "alcoholic" is a fairly recent coinage in... alcoholics to be distinguished a particular... alcoholics to be distinguished a particular... alcoholics to be distinguished a particular... alcoholics to be distinguished a particular...



## CHAPTER II

### UNDERSTANDING THE SCOPE AND NATURE OF THE PROBLEM

The first concern of those who seek to help alcoholics is to recognize and understand the problem. Until recently there was little recognition and even less understanding of this puzzling condition. Much confusion, hopelessness, and false propaganda surrounded it. Today, however, as a result of a decade of medical and psychiatric research and the phenomenal growth of a movement known as "Alcoholics Anonymous" much is known about alcoholism, and much is being done about it.

#### What is an Alcoholic?

The word "alcoholic" is of fairly recent origin in popular usage and is commonly used to distinguish a particular class of people whose drinking habits have become compulsive. They drink alcoholic beverages not just because they want to, but because they must. They drink in spite of the consequences to health, happiness, home, honor or employment. Alcohol has become more necessary to them than anything else in life. A good working definition of an alcoholic then would be: "An alcoholic is a person whose excessive drinking creates serious problems in the management of his life, and yet who is usually unable to stop drinking

for good, even if he wants to, without outside help."<sup>1</sup>

From this definition it is evident that an alcoholic is not simply a person who drinks too much or one who gets drunk frequently. Rather, a true alcoholic, about whom this paper is concerned, is a person who, in spite of the knowledge of the adverse effects of drink upon himself and his family, is quite unable to avoid drinking too much. His life is completely unmanageable; he cannot control his drinking. He is a "compulsive neurotic."<sup>2</sup>

Other definitions and descriptions of the alcoholic and alcoholism are essentially the same. A psychiatrist says:

For practical purposes we feel that a person is an alcoholic when he no longer handles his alcohol but is handled by it to such an extent that it takes him out of one or more of the traffic lanes of life.<sup>3</sup>

A pastor offers this definition:

Over-indulgence in alcohol may be defined as a state in which the continued and habitual use of alcohol beyond the point of tolerance becomes the virtual obsession of the individual, influencing all his actions and destroying through a gradual process of deterioration, his moral and spiritual health as well as his bodily well-being.<sup>4</sup>

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<sup>1</sup>John Ford, Man Takes A Drink (New York: P. J. Kennedy and Sons, c.1955), p. 85.

<sup>2</sup>H. H. E. Peacock, "Pastoral Work With Alcoholics," Theology, LV (July, 1952), 245.

<sup>3</sup>Robert Seliger, Alcoholics Are Sick People (Baltimore: Alcoholism Publications, 1945), p. 2.

<sup>4</sup>Henry Wind, "Bending The Elbow," American Lutheran, XXIX (August, 1956), 5.

The Metropolitan Life Insurance Company characterizes it this way:

Alcoholism is a condition of uncontrollable or so-called "compulsive" drinking; its victims are known as alcoholics. Until very recently it was common to think of alcoholics as people to be shunned, reproached, or ridiculed. They were considered by many to be weak-willed, immoral, or obstinate. But nowadays physicians and others who have made a study of alcoholism approach the problem differently. They realize there is no point in scolding, shaming, or urging the use of will-power alone, because they know that a real alcoholic is literally unable to control his drinking. Drinking in moderation is completely impossible for one who has reached this stage.<sup>5</sup>

Where the three common elements of these definitions are all present together, excessive drinking, serious life problems, and inability to stop without help, it is safe to say that the person is an alcoholic in the sense in which the word is used by scientific authorities today. A useful rule of thumb to aid the pastor in making certain that a given person is afflicted with alcoholism is this question: "Does the person's drinking frequently or continuously interfere with his social relations, his role in the family, his job, his finances, or his health?"<sup>6</sup>

#### Who is an Alcoholic?

Contrary to popular belief, the great majority of the alcoholic population are not the "skid-row," "low-bottom"

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<sup>5</sup>James L. Free, Just One More (New York: Coward-McCann, Inc., c.1955), p. 206.

<sup>6</sup>Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic (New York: Abingdon Press, c.1956), p. 17.

stereotype of what all alcoholics are supposed to be like. The National Council on Alcoholism estimates that at least eighty-five per cent of all alcoholics are to be found "in the homes, factories, offices, and communities of America; they still have families, and are still employable; often they have exceptional skills."<sup>7</sup>

Alcoholics are drawn from all classes and all walks of life. They are rich and poor, educated and uneducated, skilled and unskilled, men and women. Alcoholism can happen to anyone, regardless of age, sex, occupation, education, social, or national background. There are probably four or five times as many men alcoholics as there are women alcoholics in this country. Most alcoholics are between the ages of thirty-five and fifty-five, although the number in the twenty-to-thirty age bracket seems to be increasing rapidly.<sup>8</sup>

Alcoholics generally have more in common with each other than just their alcoholism. A recovered alcoholic who has studied the problem extensively classifies all alcoholics into three basic types: (1) The Neurotic Alcoholic. Members of this group have a definite neurosis as a part of their alcoholic condition. They comprise eighty per cent of all alcohol addicts. (2) The Simple Addict. Members of

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<sup>7</sup>The National Council on Alcoholism, Inc., Facts on Alcoholism (New York: n.p., 1957), p. 1.

<sup>8</sup>Ford, op. cit., p. 87.

this classification have no neurosis, but still are unable to control their drinking, no matter how much they try. Fifteen per cent of all alcoholics are in this group. (3) The Psychopathic Drinker. Under this heading are the five per cent of the alcoholic population who have some type of mental disease along with their alcoholism.<sup>9</sup>

Basic traits or "quirks" of the alcoholic personality, no matter what his classification, are these: (1) Sensitivity; (2) Childishness; (3) Egocentricity; (4) Grandiosity. These are usually operative in the area of the subconscious and are manifested in the alcoholic's conscious behavior by irritability, defiance, pouting, braggadoccio, quarreling, loneliness, depression, elation, reticence, aggressiveness, stubbornness, determination, dishonesty, nervousness, restlessness, frustration, and selfishness.<sup>10</sup>

A Presbyterian pastor who has lectured and written widely on the subject of alcoholism, Dr. Clifford J. Earle, observes three major characteristics in the alcoholic: (1) His loss of control in the drinking situation, which makes him unable to limit himself to a moderate amount; (2) The progressive nature of the disorder, which begins as a hardly noticeable deviation from customary drinking, gradually increases in objectionable features, and finally culminates

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<sup>9</sup>John Doe, Sobriety and Beyond (Indianapolis: SMT Publishing Co., c.1955), p. 13.

<sup>10</sup>Ibid., p. 12.

in deterioration that involves every aspect of the alcoholic's life; (3) His motive for drinking. He drinks because he likes what alcohol does for him. He finds that it makes life seem simpler and easier, and he uses it for that purpose. Alcohol gives him immediate though temporary relief from the burden of his problems and eases his discomfort and tension. He may not like liquor--many alcoholics don't--but he thinks he needs it in order to live.<sup>11</sup>

Other indications of a real alcoholic condition are the person's anxiety about his uncontrolled drinking and the fact that in time he lets his drinking interfere with his eating.

It is difficult for the non-drinker to understand how the alcoholic can center his whole life around alcohol and come to depend so much on it. A look at the effects of alcohol upon the alcoholic may throw some light on this question.

It is commonly thought that alcohol is a stimulant, but generally speaking this is incorrect. It is technically an anesthetic, or sedative, "which acts like other depressants, not in making one depressed, but in lulling one's inhibitions, thoughts, and emotions."<sup>12</sup> This is essentially the effect the alcoholic seeks. Knowing that reality can

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<sup>11</sup>Clifford Earle, How To Help an Alcoholic (Philadelphia: Westminster Press, c.1952), p. 20.

<sup>12</sup>Marty Mann, Primer on Alcoholism (New York: Rinehart and Co., c.1950), p. 82.

be dressed up and made possible and even enjoyable by "anesthetizing part of the mind," he faces reality only with the aid of alcohol.<sup>13</sup>

A pastor describes the effects of alcohol on the alcoholic in this way:

The first stage of alcoholic effect has to do with a narcosis of the functions of intelligence of the moral and spiritual nature of man. This is seen, in the first place, by the deadening and dulling of the spiritual, moral, and intellectual life. All the weight of the world's care and anxiety, sorrow and despair, lifts off the drinker's shoulders and leaves him with a free and easy feeling. The most important effect of alcohol is to bring a man a sense of release and escape, a feeling of well-being and blissfulness, no matter what the circumstances may be. There can be no sense of sin and no feeling of need for a Savior. That need has been met by alcohol. Along with this goes the loosening of all restraints and checks. The alcoholic responds quickly and without normal restraint to every stimulus. Alcohol releases his brakes. Because he is not conscious of any restraints, he has the illusion of stimulation and of power.<sup>14</sup>

#### What are the Real Causes of Alcoholism?

In order to understand fully the problem of alcoholism and to be able effectively to deal with it requires some knowledge of the real causes of alcoholism. Why is it that of the millions who drink, only a small proportion--perhaps five or six per cent--become compulsive drinkers? There is no complete or final answer, and at this stage of research it is impossible to point to any single or simple cause. A

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<sup>13</sup>H. A. Schulz, "Ministering to the Alcoholic," Associated Lutheran Charities Forty-second Annual Convention Report, 1944 (Omaha: n.p., 1944), p. 45.

<sup>14</sup>Ibid., p. 44.

great many explanations and opinions have been offered. Many assume that a particular thing or person or circumstance is the cause, and if it could be removed, normal drinking would follow. Some who hold this view regard alcohol itself as the intrinsic cause. They feel that it possesses qualities that set up within the body a physical craving for more. One writer quotes Robert Fleming as saying, "Any normal human being can get caught in the vicious downward spiral of alcohol addiction if he drinks enough liquor over a long enough period of time."<sup>15</sup> This view is confirmed by a reformed alcoholic who says, "Given enough time and whiskey, any man will become an alcoholic if his body withstands the punishment that long."<sup>16</sup> This oversimplification of the problem is today held by only a small minority of scientific thought.

The bulk of scientific evidence today seems to point to the fact that "alcoholism comes in people, not in bottles."<sup>17</sup> Much of the confusion concerning "the" cause--if there is any single cause--has been swept away by modern research, and it is now generally agreed that we must look within people for the underlying causes of alcoholism. The medical men and scientists who have been doing this are

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<sup>15</sup>Clinebell, op. cit., p. 41.

<sup>16</sup>Aubrey Willis, I Was an Alcoholic (New York: Vantage Press, c.1956), p. 129.

<sup>17</sup>Clinebell, op. cit., p. 41.



presently divided into two schools of thought: (1) Those who maintain that physiological factors are the cause; (2) Those who emphasize psychological factors. 3604

The proponents of the first view regard some physiological defect or peculiarity within the alcoholic as the cause which creates an abnormal reaction to alcohol in his system. They seek to prove that the alcoholic's problem is caused by a disturbance of his bodily chemistry and that alcoholism, like diabetes, is a metabolic disease. A deficient physical constitution would then be regarded as the primary reason a person becomes an alcoholic.

On the other hand, the opposite point of view is that the deficiency within the individual which leads to alcoholism is not in the body, but in the mind and spirit. The person is emotionally sick even before he begins to drink, and he becomes a compulsive drinker because he discovers in alcohol a way of escape from the problems of his present or past life. "He drinks because he is sick, and then becomes doubly sick."<sup>18</sup>

Dr. Robert Seliger, a psychiatrist who has pioneered in the study of this phase of the problem, outlines six general descriptions which are of value in understanding these psychological causes of alcoholic addiction:

1. The alcoholic drinks to escape from situations in life which he cannot face, (work, marital troubles, bereavement, disappointment, frustration).

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<sup>18</sup> Ibid., p. 43.

2. The alcoholic drinks because his personality is insufficiently adjusted to meet the normal demands of life.
3. The alcoholic's excessive drinking creates problems from which he tries to escape by drinking still more instead of cutting out alcohol as the normal person would do.
4. The alcoholic drinks because of a major mental abnormality or psychosis.
5. The alcoholic's drinking may be a symptom of his emotional immaturity or inferior intellectual gifts.<sup>19</sup>

In support of the case for psychological factors as the cause of alcoholism the Assistant Attending Psychiatrist of New York's Mt. Sinai Hospital has this to say:

Alcoholics have been studied from a psychological point of view over a period of years. They show evidences of arrested emotional development. They are impulsive and intolerant of tension--self-centered and incapable of entering into mature emotional relationships with men or women. They are anxiety-ridden people who suffer from agonizing inhibition in a variety of social situations. They are prone to mental disease in all forms, phobias, depressions, schizophrenic episodes, or any other manifestations of unsuccessful adaptation in the face of over-whelming conflict. Alcohol enters the picture in an attempt to adapt more successfully. . . . The psychological factors involved in alcoholism are numerous and complex.<sup>20</sup>

The general conclusions of the psychological studies show that there can be little doubt that "psychological maladjustment is an important part of the cause of alcoholism. As one writer has remarked, "one will not fully understand

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<sup>19</sup>Seligser, op. cit., p. 26.

<sup>20</sup>Louis Linn, Handbook of Hospital Psychiatry (New York: International Universities Press, c.1955), pp. 236-237.

alcohol as a problem until one sees it as a solution."<sup>21</sup> Alcohol serves as a magic but tragic solution to the personality problems, inner conflicts, and maladjustments in the life of the alcoholic. It seems reasonable to conclude from this, as many now do, that the chronic alcoholic is invariably "the victim of neurosis first, of alcohol second."<sup>22</sup>

Such a conclusion, while it may be justified, is not the whole answer, however. It is a theory that has a great deal to commend it and doubtless does explain the origin of drinking in many alcoholics. But it has serious limitations. All alcoholics may have serious personality problems and maladjustments, but these may often be the result of their drinking rather than the cause. A pastor who prefers this view feels that sixty per cent of alcoholics are rather normal persons who develop an unreasonable dependence on alcohol in the course of their drinking. That is, they are about as normal as most people when they begin to drink and are able to handle their fears and worries without artificial help. They soon discover, however, that alcohol, through its anesthetic effects, makes their problems seem simpler and easier. Through an alcoholic haze life appears rosier and happier. So they begin to use alcohol in immoderate amounts to help them to overcome anxieties and frus-

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<sup>21</sup>Clinebell, op. cit., p. 52.

<sup>22</sup>Benjamin Karpman, "It's Not That Drink," Newsweek (October 28, 1957), p. 92.

trations. In time their drinking becomes addictive and often produces personality disturbances that were not originally present.<sup>23</sup> There is some truth in the Oriental proverb: "First the man takes a drink, then the drink takes a drink, then the drink takes the man."

From this brief survey of the various theories concerning the cause of alcoholism it is evident that the question of causes is a very complex one that no simple conclusion can satisfactorily answer. While the general pattern is repeated over and over again, the individual variations are infinite, as numerous as the actual number of alcoholics. In some the emotional disturbance or deficiency seems to be more important than the physical reaction to the liquor. In others certain physical factors seem to be dominant. In all of them the alcohol itself contributes something. Perhaps it is best to follow the trend of many experts in assigning the real cause of alcoholism to a combination of all of these factors or to take the common-sense approach that decides:

The underlying causes of alcoholism are unique and different in the case of every individual afflicted with the habit of drinking to excess. The causes of alcoholism may be classified under general headings, but a careful diagnostician cannot be satisfied with generalizations; and it will be found that in most cases a very careful diagnosis must be made before constructive therapeutic measures can be applied with any hope of success.<sup>24</sup>

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<sup>23</sup> Earle, op. cit., p. 28.

<sup>24</sup> Wind, op. cit., p. 6.

### Is Alcoholism a Sin or a Sickness?

While a discussion of the moral and ethical problem involved in alcoholism lies outside the scope of this paper, it is necessary for a real understanding of the alcoholic's condition to consider this question. If all the modern experts in the field of alcoholic research and treatment regard the condition as a sickness or disease, how will the pastor who considers it a sin find his role in helping them to deal with the problem? Probably the best way to answer this question is to say simply that it is both--a sin and a sickness.

From a series of questionnaires given to ministers over a period of years at the Yale Summer School of Alcohol Studies, Dr. Howard Clinebell has compiled an evaluative summary of the more frequent conceptions of alcoholism:

1. Alcoholism is a sin and not a sickness from start to finish. Alcoholism begins as the sin of drinking and ends as a sinful habit. (Only five per cent of the ministers held this position.)
2. Alcoholism begins as a personal sin and ends as a sickness. One of the most common views of the clergymen, this view recognizes the alcoholic's responsibility for his alcoholism as well as its advanced stage as a disease.
3. Alcoholism is a sickness which involves the sin of abuse. This is the Roman Catholic point of view which holds that it is the abuse and not the use of alcohol which makes it a sin.
4. Alcoholism is a sickness which is caused by a combination of factors involving both sin and sickness.
5. Alcoholism involves sin in the sense that it has destructive consequences.

6. Alcoholism is a social sin. In other words, society is more responsible for the sinful aspects of drinking than the individual.
7. Alcoholism involves original sin.<sup>25</sup>

It would seem that an adequate view would include all of these factors, and yet the view expressed in number four would probably be most helpful in understanding the alcoholic.

But what of the justification for referring to the condition of the alcoholic as a sickness or disease? There are several valid reasons for this as the previous section on the causes of alcoholism has already pointed out to some extent. In the first place, the professions of medicine and psychiatry see in the alcoholic a condition which, by their definition, deserves to be called a disease. As one of them points out, "it is the pathological expression of an inner need, a deep-lying mental trouble which requires professional treatment like any physical disease."<sup>26</sup> Secondly, the theory that alcoholism is a disease finds confirmation in this curious feature common to all recovered alcoholics; they cannot learn to drink normally and must forever stay away from any alcoholic beverages. A doctor reports:

It is now widely accepted that there is no cure for alcoholism; the disease can be arrested but not cured. Once an alcoholic, always an alcoholic. An addict can never become a moderate drinker. He may live a happy

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<sup>25</sup>Clinebell, op. cit., pp. 158-160.

<sup>26</sup>Ralph Ward, Jr., "The Church and the Alcohol Problem," Religion in Life, XV (1946), 426.

life in total abstinence for years, but let him take one drink, and no matter how reintegrated his personality, the overmastering desire for alcohol will return.<sup>27</sup>

Thirdly, the psychological and physiological causes which researchers have found indicate clearly the pathological nature of alcoholism.

Although modern medical men, psychiatrists, and other experts in the field have not yet reached complete agreement regarding the causes of alcoholism, they are generally agreed that it is a highly complex disorder in which a variety of factors, physical, emotional, and spiritual, play a part.

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<sup>27</sup> Frederick Rea, Alcoholism, Its Psychology and Cure (New York: Philosophical Library, 1956), p. 39.

In connection with alcoholism, the up-to-date physician talks of rehabilitation and recovery rather than of cure, because in spite of modern medical advances there is still no such thing as a cure for alcoholism (which will enable the alcoholic to learn to drink in moderation). There are, however, a number of good medical treatments which aim at

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<sup>1</sup> Harry Mann, Treatise on Alcoholism (New York: Knickerbocker and Company, c.1907), p. 16.

### CHAPTER III

#### PRESENT-DAY APPROACHES TO THE PROBLEM OF ALCOHOLISM

Although the alcoholic is a victim of a vicious disease and may be more or less powerless over alcohol, today there is new hope for his recovery because the kind of help and knowledge he needs has now become more and more available to him. Mrs. Marty Mann, Executive Director of the National Council on Alcoholism expresses that hope in this way:

Hope for the recovery of the alcoholic is a reality today and this is largely because, while there are many opinions among scientists, ranging from one extreme to the other, there is general agreement that alcoholism is a medical problem of the first order. Whether the doctor or scientist labels it as a disease, an illness, a sickness, an ailment, a disorder, or merely the symptom of an underlying personality disorder, the point is that he has labeled it and placed it within his province.<sup>1</sup>

#### The Approach of Modern Medicine

In connection with alcoholism, the up-to-date physician talks of rehabilitation and recovery rather than of cure, because in spite of modern medical advances there is still no such thing as a cure for alcoholism (which will enable the alcoholic to learn to drink in moderation). There are, however, a number of good medical treatments which aim at

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<sup>1</sup>Marty Mann, Primer on Alcoholism (New York: Rinehart and Company, c.1950), p. 15.



getting the alcoholic sober and building up his physical condition (which is usually in poor condition as a result of prolonged excessive drinking). Their great value is in helping to break the alcoholic cycle and in preparing the individual both mentally and physically to undertake further treatment, or to understand and adopt some other program of therapy. Mrs. Mann feels that one of the great functions of modern medical treatment "is to get the alcohol out of his system, and make the alcoholic feel physically well without it."<sup>2</sup>

In the initial contacts with an alcoholic, doctors and hospitals have a fairly standardized program of "detoxification." It includes mild sedatives to reduce pain, quiet jangling nerves, and encourage sleep. Recently, the "tranquilizers" have been used effectively for this purpose. Injections of insulin and glucose are given if the patient's digestive system is not in good working order. Huge doses of vitamins, plenty of fruit juices, and a diet high in protein are used to counteract the malnutrition caused by "drinking one's meals" over a long period. The importance of bed-rest is emphasized (and, therefore, hospitalization is urged, where possible--and more and more hospitals are opening their doors to alcoholic patients who were formerly denied admission).

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<sup>2</sup>Ibid., p. 110.

One of the most hopeful new treatments is the use of adrenal cortex extract, known as ACE. This treatment consists mainly of injections of ACE at frequent intervals during the first five days of hospitalization, and at decreasing intervals for an indefinite time thereafter, depending on the individual case.<sup>3</sup> Its value seems to be that it goes a little further than merely sobering up the patient and restoring his physical health. It also seems to bring release from the recurrent craving for alcohol in the patient.

Stopgap measures which are intended to produce a period of sobriety in which other therapy can be given are the "aversion treatments" and "Antabuse."

The aversion or conditioned reflex treatment is best given during a one- or two-week stay in a hospital or sanitarium. It consists in giving the patient a drug (usually apomorphine) which produces violent nausea and then handing him a drink of his favorite brand of liquor. In some cases the drug is put in the drink, so that the effect of the drink itself is to produce nausea. After this procedure has been followed several times, the sight, smell, and taste of the liquor will be closely associated with the vomiting in the patient's mind. An evaluation of this treatment by medical authorities lists these conclusions:

1. The conditioned reflex or aversion treatment is of value mainly for the better-circumstanced type of alcoholic patient (since it is fairly expensive).

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<sup>3</sup> Ibid., p. 113.

2. Indigent, inadequate, psychopathic or extremely neurotic patients only occasionally respond to the conditioned reflex treatment.
3. This type of therapy does not preclude other types of treatment and should be used with them in any combination most advantageous for the patient.<sup>4</sup>

Antabuse, the trade name for a new drug (tetraethylthiuram disulphide) is now being widely used by doctors because it appears to be valuable in keeping the alcoholic from drinking while undergoing other treatment to halt his alcoholic problem. It is not itself a cure for alcoholism, any more than the other medical treatments are cures, but it does seem to create a sensitivity to alcohol which results in a long period of sobriety. When given in the form of a pill to an alcoholic who is sober and in fairly good physical condition, it serves as a stern policeman to enforce sobriety, since it produces disagreeable and even violent reactions if even one drink of liquor is taken. The drug itself has no unpleasant results; it is only when the person drinks while the medicine is in his system that he is affected.<sup>5</sup> The effects of the drug last from one to two weeks after the patient stops taking Antabuse. One of the first doctors to work extensively with it reports that many patients lose their craving and desire for alcohol altogether after several weeks or months of treatment.<sup>6</sup> It would seem

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<sup>4</sup>Ibid., p. 125.

<sup>5</sup>C. S. Bleuemel, Psychiatry and Common Sense (New York: The Macmillan Company, c.1956), p. 193.

<sup>6</sup>Mann, op. cit., p. 120.

that for anyone who really wants to overcome his alcohol problem, but suffers from the fatal impulse of momentary desire, this treatment is the answer. This comment on its value should be remembered, however:

It is worthwhile only as a supplement to some other definite treatment. . . . Taken voluntarily as added insurance, along with active attendance at Alcoholics Anonymous meetings, or regular psychotherapy, or a genuine religious conversion along with regular church attendance--with any of these it can be very useful.<sup>7</sup>

### The Contribution of Psychiatry

It is generally agreed among physicians that treatments for the physical rehabilitation of the alcoholic should be accompanied by treatment which aims at the underlying emotional problems of his alcoholism too. Psychiatry offers the most helpful approach for this phase of the recovery program.

The problems which have been created in the life of an alcoholic by years of alcoholism, as well as the problems which may have originally caused his drinking, are often too difficult and too complex to be overcome by the same treatment that has overcome his drinking. / He may be a successful product of an aversion treatment or a strong member of Alcoholics Anonymous and still be plagued by troubles and inner conflicts which will not be removed by simple psychological methods. A careful psychiatric examination at the hands of

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<sup>7</sup> James L. Free, Just One More (New York: Coward-McCann, Inc., c.1955), p. 128.

an expert will reveal the possible anxieties, insecurities, fears, inhibitions, and mental conflicts in the picture, and how they may best be removed.

Psychiatry is also helpful in deciding what is the best approach to a certain case of alcoholism and what treatment will be most likely to succeed. Where real psychotherapy is indicated, it is designed to help the patient gain insight into himself and his alcoholic behavior. He must come to recognize his problem for what it is and learn how to deal with it. All this takes considerable time, of course, and may often be a psychologically painful process for the alcoholic as well as very expensive in time and money. It has certainly demonstrated its value in the modern treatment of alcoholism, however, and will probably continue to be utilized.

In recent years an increasing number of psychiatrists have multiplied their usefulness in the treatment of alcoholism by working in conjunction with Alcoholics Anonymous. When an alcoholic patient comes to them, they suggest that he try Alcoholics Anonymous, while at the same time undergoing psychiatric treatment. If this works out, it proves helpful in many ways, some of them described here:

The Alcoholics Anonymous program helps the alcoholic to stop drinking; it helps to fill much of the time he used to spend drinking; and the program itself awakens him to the nature of many problems he did not know he had. In turn the psychiatrist helps him to understand and use the Alcoholics Anonymous program, and assists him in solving many problems, some of which result from his attempt to live without drinking. . . . This combination of psychiatry and Alco-

holics Anonymous seems to work remarkably well in a great many cases.<sup>8</sup>

Thus psychiatry can be seen to be finding and fulfilling its important role in the understanding and treatment of the alcoholic.

#### The Clinical Approach of National and Community Agencies

Because of a realization that the best hope for a program of recovery from alcoholism lies in a combination of efforts and treatments, there has recently developed the clinical approach to the problem. In a number of communities throughout the country, agencies and individuals are combining to set up special alcoholic clinics designed solely for the purpose of rehabilitating alcoholic patients. In such clinics a clinical team composed of a psychologist, a psychiatrist, a medical doctor, and a social worker, all with special understanding of alcoholism, pool their unique skills in a common cause.

The clinical plan originated in the Laboratory of Applied Physiology at Yale, which has been studying all phases of the alcoholic problem for years. In testing a new approach, two public clinics were set up to guide alcoholics and to bring to bear on their troubles all the community's resources. The clinics have now been in successful operation long enough to indicate that "their founding was one

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<sup>8</sup>Mann, op. cit., pp. 132-133.

of the most important steps in the entire history of the campaign against alcoholism."<sup>9</sup>

A clinic is usually set up along these lines. A building with pleasant surroundings is chosen (which carries no suggestion of a hospital or prison--institutions which the alcoholic may have come to dread). Staff members with agreeable personalities are hired. Social agencies, churches, courts, and relatives are encouraged to bring the alcoholic or urge him to come on his own to the clinic. During his first few visits he talks to the staff about his background--his education, family, work, interests, ailments, drinking habits, etc. He is checked by a doctor and a psychiatrist who determine together what his program of recovery should be. After this diagnostic period the patient is sent to a hospital or other institution for recommended treatment. If this treatment is not available elsewhere, the clinics themselves are prepared to give it. After this there is a period of guidance visits to the clinic for several months or longer as necessary. During this time the patient has scheduled talks with the psychiatrist or social worker and may drop in whenever a problem arises. Clinic workers try to have him develop interests and habits that will serve as a substitute for drinking. If he permits, they tell his family and employer what alcoholism is and enlist them in the program of

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<sup>9</sup>Herbert Yahraes, Alcoholism is a Sickness (New York: The Public Affairs Committee, Inc., 1946), p. 8.

rehabilitation. And they encourage him--if he seems a likely candidate--to join Alcoholics Anonymous.

Impressed by the success of this community program, the National Council on Alcoholism (the only voluntary health agency which deals exclusively with alcoholism) is trying to interest civic leaders everywhere in a plan of community action that would include setting up information and education centers on alcoholism and sponsoring such clinics that will give the alcoholic the treatment he needs or guide him to it. The Council now serves as the nerve center for almost one hundred of these affiliated local programs in all parts of the United States and hopes that their number may continue to increase.<sup>10</sup>

#### The Program and Work of Alcoholics Anonymous

Someone who is well-qualified to speak on the subject recently said: "Alcoholics Anonymous is the most effective referral resource available today, and it behooves everyone concerned with helping alcoholics to be thoroughly familiar with it."<sup>11</sup> On what basis could such a statement be made and what proof is there to support it?

The major proof for the statement is a group of 150,000

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<sup>10</sup>The National Council on Alcoholism, Inc., Facts on Alcoholism (New York: n.p., 1957), p. 1.

<sup>11</sup>Howard J. Clinebell, Jr., Understanding and Counseling the Alcoholic (New York: Abingdon Press, c.1956), p. 110.



alcoholics, many of whom had been labeled "hopeless" by their families, friends, doctors, and clergymen, who are now living constructive, happy lives without alcohol. These people give full credit for their recovery and continued sobriety to the movement known as Alcoholics Anonymous.

Alcoholics Anonymous is a loosely knit, voluntary fellowship of alcoholics (and alcoholics only) gathered together for the sole purpose of helping themselves and each other to get sober and to stay sober. Their own description of themselves, found in all Alcoholics Anonymous literature, explains it in this way:

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is an honest desire to stop drinking. Alcoholics Anonymous has no dues or fees. It is not allied with any sect, denomination, politics, organization, or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.<sup>12</sup>

The movement had its beginnings in Akron, Ohio, in 1935, when a New York businessman, successfully sober for the first time in years, sought out another alcoholic and was directed to a local doctor. During his few months of new-found sobriety the New Yorker had noticed that his desire to drink was lessened when he tried to help other "drunks" to get sober. Working together, the businessman and the doctor

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<sup>12</sup>Alcoholics Anonymous, This is A. A. (New York: Works Publishing Co., 1953), p. 3.

found that their ability to stay sober seemed closely related to the amount of help and encouragement they were able to give other alcoholics. For five years the new movement, nameless and without any organization or descriptive literature, grew very slowly. Groups were established in Akron, New York, Cleveland, and a few other centers. Then in 1939, with the publication of the book, Alcoholics Anonymous, from which the fellowship derived its name, and as the result of help from a number of non-alcoholic friends, the group became a real movement which attracted national and international attention and interest. Eventually a headquarters service office was set up in New York City to handle the thousands of inquiries and requests for information which began to pour in each year.<sup>13</sup>

Since then the growth of Alcoholics Anonymous has been phenomenal and its percentage of success amazing. A recent report estimates that fifty per cent of all alcoholics who seriously try Alcoholics Anonymous remain sober after the initial contact, twenty-five per cent after difficulties, and the other twenty-five per cent are rated as unsolved problem drinkers with whom they are still working.<sup>14</sup> How has this admirable record been achieved?

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<sup>13</sup>Alcoholics Anonymous, Forty-four Questions and Answers About the Program of Recovery From Alcoholism (New York: Works Publishing Co., 1952), p. 16.

<sup>14</sup>John Doe, Sobriety and Beyond (Indianapolis: SMT Publishing Co., c.1955), p. 15.

Alcoholics Anonymous starts with the assumption that only an alcoholic who has suffered deeply as a result of his alcoholism can really empathize with the problems of another alcoholic and lead him to sobriety. The newcomer to Alcoholics Anonymous is therefore given a "sponsor" to guide the new man through the early stages of the recovery program. The first important lesson that the newcomer learns is that full recovery is possible. He sees at first hand a number of people who have done it, and he hears from them stories of past drinking far worse than his own. He notes the obvious fact that these people are apparently enjoying their life without alcohol and he begins to realize that perhaps he can too. "Hope becomes a living reality embodied in the persons of the Alcoholics Anonymous members whom the alcoholic sees and hears and meets."<sup>15</sup>

In Alcoholics Anonymous the sufferer can at once forget his compelling fear of moral inferiority. Every one else in the movement is just as bad as he is, most of them worse. His ego is with absolute equals. No one but an Alcoholics Anonymous can appreciate what wonders that fact does for a beaten, exhausted, and hitherto hopeless morale. Moreover, these other men, these equals, no better than himself, are making the grade. They are staying dry, doing their jobs and rebuilding their lives. So can he.<sup>16</sup>

Through talks with his sponsor and his attendance at Alcoholics Anonymous meetings, the newcomer is soon led (of his own accord) to take the "Twelve Steps" of the Alcoholics

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<sup>15</sup>Mann, op. cit., p. 152.

<sup>16</sup>William De Witt, Drinking, and What To Do About It (New York: Grosset and Dunlap, c.1952), p. 71.

Anonymous program of recovery. Few people take the steps in their written order, and some may take only two or three of them at first, but eventually they all must come into play if the alcoholic is to rehabilitate himself completely.

The suggested steps are as follows:

1. We admitted we were powerless over alcohol--that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our short-comings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. 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.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and practice these principles in all our affairs.<sup>17</sup>

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<sup>17</sup>Alcoholics Anonymous, Twelve Steps and Twelve Traditions (New York: Harper and Brothers, c.1953), pp. 5-6.

The core of the Alcoholics Anonymous fellowship is the local group (of which there are now more than 5,000 throughout the world). Through its local meetings, which permit alcoholics and their families to meet in an atmosphere of friendliness and helpfulness, the Alcoholics Anonymous group gives moral support to its members in living up to the Twelve Step program. Their always reliable and always available helping hand also gives such practical aid as finding jobs and providing food and clothing in cases of real need.

In summing up the successful program of Alcoholics Anonymous, Mrs. Marty Mann lists these ten points as the basis for the effectiveness of the movement:

1. Hope plus proof is given.
2. Information on what alcoholism really is and what constitutes an alcoholic is supplied.
3. Identification is established, first with one person, the sponsor, then with a group of people, at a meeting.
4. A social setting is provided for him. He is immediately accepted on an equal level with the others and drawn into all Alcoholics Anonymous activities.
5. The Twelve Steps give him a concrete program of action, "something he can get his teeth into" and begin working on at once.
6. The things he is taught to do for himself begin with the "twenty-four hour plan." (Trying to stay sober for just twenty-four hours at a time, rather than for a life-time, is a goal within his reach and gives him a sense of accomplishment.)
7. Group therapy is actually practiced.
8. "Twelfth-step work" (helping other alcoholics) provides a compelling new interest.

9. Working together in his group brings him fully back into the human family. (He becomes socially integrated once more.)
10. The spiritual basis of Alcoholics Anonymous permeates all of the foregoing steps, even for the alcoholic who does not think he has accepted it.<sup>18</sup>

But what of the "spiritual basis" of Alcoholics Anonymous? How much is religion really involved in its program, and is it true religion?

There is much disagreement on this point, but Alcoholics Anonymous members themselves will admit that they carefully soft-pedal the religious implications of the program when introducing it to newcomers. A section from the book Alcoholics Anonymous (which is often used to introduce alcoholics to the movement) reveals this explanation:

Much to our relief, we discovered that we did not need to consider another's conception of God. Our own conception, however inadequate, was sufficient to make the approach and effect a contact with Him. As soon as we admitted the possible existence of a creative Intelligence, a Spirit of the Universe underlying the totality of things, we began to be possessed of a new sense of power and direction.<sup>19</sup>

Thus, Alcoholics Anonymous seems totally disinterested in any particular definition of God. Almost anything will do, and often this vagueness borders on the ridiculous, as in this example of an Alcoholics Anonymous member speaking to a prospective member:

Your "higher" power can be whatever suits you--nature,

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<sup>18</sup>Mann, op. cit., pp. 163-167.

<sup>19</sup>Alcoholics Anonymous, Alcoholics Anonymous (New York: Alcoholics Anonymous Publishing Co., Inc., c.1955), p. 46.

science, even the Alcoholics Anonymous group--why I have one friend in Alcoholics Anonymous whose first higher power was a Fifth Avenue bus that almost knocked him down. He stayed sober and gradually his ideas began to change.<sup>20</sup>

Dr. G. Aiken Taylor, whose recent book A Sober Faith, is the first real attempt by one who is not an alcoholic to study Alcoholics Anonymous from the standpoint of religion, regards the program of Alcoholics Anonymous as an almost perfect analogy of true religion. He seeks to point out the general agreement between Alcoholics Anonymous principles and the principles of the Christian faith:

Don't be deceived by appearances. There's a vast difference between the simple phrases of these twelve steps and the type of religious experience to which they point. Virtually every major Christian truth is involved in one way or another. Somewhere on the road alcoholics follow to sobriety, they run into virtually every important Christian doctrine. If Alcoholics Anonymous doesn't speak in churchly tones remember that it has no intention of becoming a substitute for the church.<sup>21</sup>

Dr. Taylor goes on to explain that Alcoholics Anonymous remains aloof from the Church in the interest of greater effectiveness among those who might react unfavorably toward a church-affiliated movement, since "most of the potential brethren are highly allergic to the church."<sup>22</sup> Against this background of general permissiveness concerning theology, it is understandable how Alcoholics Anonymous is able to

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<sup>20</sup>Clinebell, op. cit., p. 128.

<sup>21</sup>G. Aiken Taylor, A Sober Faith (New York: The Macmillan Company, c.1953), p. 59.

<sup>22</sup>Ibid., p. 90.

help countless alcoholics whose prejudices against organized religion would keep them from identifying with a more orthodox approach.

While there will probably continue to be disagreement concerning the religious nature of the Alcoholics Anonymous movement, this quotation by Frederick Rea provides a satisfactory answer to the question for the Christian who is concerned about it:

The whole emphasis in Alcoholics Anonymous is on the addict's helplessness and upon the need for acceptance. He cannot save himself. Salvation must come from without. It depends upon the touch of a loving God and of a sympathetic friend. All this is essentially the Christian way. It may be said of the Alcoholics Anonymous programme then that its framework is essentially Christian, though of course, it lacks the full content of the Gospel.<sup>25</sup>

Whatever the religious complexion of Alcoholics Anonymous, it continues to hold its own against all the other modern approaches to the problem of alcoholism and still boasts a higher percentage of lasting recoveries from the disease. While there is still no "sure cure" available today, the combination of therapies offered by medicine, psychiatry, community clinics and Alcoholics Anonymous, presents an optimistic outlook for those interested in helping the alcoholic.

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<sup>25</sup> Frederick Rea, Alcoholism, Its Psychology and Cure (New York: Philosophical Library, 1956), p. 127.



## CHAPTER IV

### THE APPROACH OF THE LUTHERAN PASTOR TO THE PROBLEM

After a survey of the modern understanding of alcoholism and the successful present-day approaches to the problem, the Lutheran pastor may wonder where he fits into the picture and what contribution he can make in providing an answer to the alcoholic dilemma. Is he really needed at all, and if so, in what way?

The informed and enlightened pastor who views the problem in the light of its modern developments will realize that he does have a unique contribution to make and must seek to make it if the problem of alcoholism is to be solved successfully in his community and parish.

#### Unique Assets of the Lutheran Pastor

The Lutheran pastor can make a unique contribution because of his unique assets as a pastor. His office as a servant of the Word of God qualifies the pastor as a specialist in his own right. He has lived and worked intimately with this powerful instrument of healing and is able to use it effectively to meet the most serious problems of life. In it he has the dynamic force of the Christian Gospel at his disposal--a transforming power that can be brought to bear on even the most distressing crises of life and can change completely those whose lives have been warped by sin.

Through this Gospel the pastor represents the Divine Physician who alone can save and who alone can heal. As two pastors have expressed it:

The minister is a servant of the Word bringing the Means of grace whereby followers of Christ are won by the Holy Spirit. This change is basic in any rehabilitation work, in any ministry to individuals.<sup>1</sup>

No one has a better opportunity for effective work with the alcoholic, provided he understands the problems and is himself deeply conscious how much he owes God, than a minister of God, who is generally recognized as representing the ultimate in life--the ultimate in power and the ultimate in love, a representative of the Lord Jesus Christ.<sup>2</sup>

His own victorious faith is a valuable asset to the pastor because by it he testifies to other people of the peace and joy and security and hope of those who entrust their lives into the hands of God and live their lives for Him.

The pastor can also count his own life as an asset because it is dedicated to the service of mankind. His objectives as a Christian pastor are to help people and to demonstrate that love which lives in him through Christ. His concern for people is therefore a genuine one because it is motivated by self-giving and not selfishness.

A further asset is that the pastor is a minister of reconciliation, whose ministry seeks to bring men estranged

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<sup>1</sup>Edward J. Mahnke, "Ministering to Those in Stress," unpublished Bachelor's Thesis, Concordia Seminary, St. Louis, Mo., 1949, p. 28.

<sup>2</sup>H. A. Schulz, "Ministering to the Alcoholic," Associated Lutheran Charities Forty-second Annual Convention Report, 1944 (Omaha: n.p. 1944), p. 48.

from God by sin back into the fellowship of God's family. His efforts are therefore dedicated to establishing people in a right relationship with God through Christ so that they may live meaningful and abundant lives here and now and an eternal life of glory with God hereafter.

The pastor is also actively engaged in bringing people into the redeeming fellowship of the Christian Church, where the powerful factor of Word and Sacrament is at work to channel the grace of God to them. In this fellowship the pastor has the actual and potential resources of the Body of Christ at his disposal and the Christian therapies of faith, hope, and love to offer in the perspective of the Church, "where each person has infinite value and all are drawn together by the ties of a common faith to accept and sustain one another in the fellowship of Christian living."<sup>3</sup>

Added to these assets are those which Dr. Clifford Earle, a Presbyterian minister, regards as those which make Christian pastors especially well-qualified to deal constructively with the alcohol problem:

A sense of the supreme worth of human life, an appreciation of the moral and spiritual possibilities of every individual, a vision of life as it should be lived, an awareness of man's duty to his fellowmen, a keen sense of right and wrong, a deep sympathy with all who suffer, a mandate to proclaim God's judgment upon the ways of men, a fellowship wherein the followers of Christ worship together and help one another.<sup>4</sup>

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<sup>3</sup>Paul E. Johnson, Pastoral Ministration (London: James Nisbet Company, c.1955), p. 238.

<sup>4</sup>Clifford J. Earle, How to Help an Alcoholic (Philadelphia: Westminster Press, c.1952), p. 72.



The pastor of souls also has certain assets which are a result of his unique position in the community. He is available and freely accessible to people at all times. They may call on him whenever they need his help, whether he posts and observes office hours or not. While other professions must wait to be called, the pastor is usually busy calling on people regularly on his own initiative, letting them see his out-going interest in their welfare. And a further aspect of this position of availability is brought out by Pastor Johnson:

To be available is more than a question of time and space; it is a psychological openness of mind, as a pastor is free of defensive resistances and receptive to the interests and stresses that concern others.<sup>5</sup>

The pastor's intimate knowledge of the family situation is another asset which can be used to advantage. Because he has seen the family in interaction with one another he has a clearer view of what these relationships mean in their impact upon one another. Equipped with this knowledge he can be a more understanding counselor.

Finally, the relationship he enjoys with his people, which no one else enjoys, is another definite asset. The loyalty and confidence which they extend him reflect his standing in the community and invite others to seek his help and guidance.

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<sup>5</sup> Johnson, op. cit., p. 235.

## Determining the Pastor's Role in the Problem of Alcoholism

How can all the unique assets of the Lutheran pastor be used in dealing with the alcoholic problem? For what role do they fit him and how can he carry out his role most effectively?

In the first place, the pastor needs to recognize that dealing constructively with alcoholics is one of his major opportunities as well as a major problem. The alcoholic definitely needs the kind of help the pastor is prepared to give him. No matter what modern medicine or psychiatry or Alcoholics Anonymous have done for him, his problem will not be completely solved without the help the pastor is able to supply. Increasingly this fact is being recognized by those who want to help the alcoholic. Testifying to the need for the pastor's role in solving the problem are these comments:

The treatment of the complex character disorder we call alcoholism is a difficult thing. It requires for its successful completion not only a change in the total environment of the individual but especially a basic change in the spiritual life and attitudes.<sup>6</sup>

The evil conscience which plagues every drunkard can certainly not be remedied by the adoption of better mental habits or by environment changes or social adjustments. Only God's promise of the forgiveness of sins through Christ can do that. The weakness of will so characteristic of alcoholism can be strengthened in many individuals by the scientific approach, but only

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<sup>6</sup>W. J. Wiltenburg, "The Christian's Use of Alcohol," The Lutheran Roundtable Series (St. Louis: Concordia Publishing House, 1956), p. 23.

religion can bring the power of God within the reach of the individual soul.<sup>7</sup>

If excessive drinking is a sin, then surely the pastor can claim to know the cure. Through repentance and faith in God, the power of sin can be broken and through fellowship in Church and Sacrament new life can be given.<sup>8</sup>

The pastor may find his place in the solution of alcoholism and use his unique assets to best advantage by considering the following aspect of his role:

1. Diagnosis and explanation of alcoholism to the alcoholic. The pastor will be alert for the danger signals of alcoholism in the people with whom his ministry brings him into contact. When he is convinced that an individual is moving into the early stages of alcohol addiction he can counsel with him and seek to point out the serious dangers ahead for the potential alcoholic. He can help the person to discover the underlying causes of his drinking, explain to him sympathetically the symptoms of the disease, and lead him to seek the pastor's further counsel for guidance in overcoming his affliction.
2. Leading the alcoholic to Christ and His healing power through the Holy Spirit. "Except the addict can achieve a conversion experience he cannot be released from the power of his addiction," says a psychiatrist.<sup>9</sup> The pastor has the dynamic of the Gospel of Christ as the power for effecting a real conversion. His efforts must be directed toward that goal in every contact with the alcoholic, for without that power his counseling will accomplish little of permanent value.

It is only when the counselee is led to, and confirmed in, faith in the sin-atoning Christ

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<sup>7</sup>Henry Wind, "Bending the Elbow," American Lutheran, XXIX (August, 1956), 17.

<sup>8</sup>Frederick Rea, Alcoholism, Its Psychology and Cure (New York: Philosophical Library, c.1956), p. 131.

<sup>9</sup>Ibid., p. 95.

that counseling can be said to be proper and effective.<sup>10</sup>

3. Helping the alcoholic to understand and use the Christian therapy of confession and prayer. Whatever the particular circumstances of the alcoholic, fearless self-examination, confession and prayer play a vital part in his recovery.<sup>11</sup> The pastor can effectively use this therapy with the alcoholic in helping him to help himself by God's grace.
4. Re-kindling hope and confidence. When the alcoholic comes to the pastor he is usually a broken man. If he has reached the stage where he is ready for help, fear and guilt and self-condemnation weigh heavily upon him. He knows that most people regard him as a hopeless case. His most desperate need therefore, is for the re-kindling of his hope. It is the pastor's privilege to give him new hope by showing that he believes in the alcoholic and is confident that the power of God can rescue him from the depths of his alcoholic despair. The discovery of this hope makes it easier for him to accept himself and to cease to struggle to keep up appearances.

Practically every alcoholic who has achieved sobriety has achieved it and maintains it because someone rebuilt his human confidence and thus led him again to a confidence and faith in God which ultimately is the only real security.<sup>12</sup>

5. Giving supportive therapy and further guidance counseling after sobriety has been achieved. Often after another agency or group has helped the alcoholic to get rid of his alcohol problem he still has personality troubles or other difficulties. The pastor may make a valuable contribution here by helping the individual to use the Word of God in attaining emotional maturity and maturity of faith, in learning to look beyond himself to

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<sup>10</sup>Otto E. Sohn, "The Essentials of Effective Pastoral Counseling," Concordia Theological Monthly, XXII (August, 1951), 587.

<sup>11</sup>H. H. E. Peacock, "Pastoral Work With Alcoholics," Theology, LV (July, 1952), 248.

<sup>12</sup>John Doe, Sobriety and Beyond (Indianapolis: SMT Publishing Company, c.1955), p. 13.

service to others.

In continuing to make known and felt the ideas of God's love, God's forgiveness and God's requirements for Christian living, the pastor fulfills his role in shoring up the sagging spiritual foundations.<sup>13</sup>

6. Supplementing and complementing the work of Alcoholics Anonymous. This is one of the most important aspects of the pastor's role because it is needed so badly by those who have been helped to sobriety through Alcoholics Anonymous. The recovered alcoholic has been compared to a diabetic, for whom a reasonably normal life is possible as long as he continues to take insulin. The same is true of the alcoholic in the sense that he must continue to depend on what Alcoholics Anonymous does for him in maintaining his sobriety. The pastor can help the alcoholic understand fully the Alcoholics Anonymous program and counsel him in carrying it out. His most essential work in this regard, however, is to fill in and fill up the spiritual conceptions which Alcoholics Anonymous leaves so wide open for the alcoholic. The vagueness of Alcoholics Anonymous' picture of God "as we understand Him" must be removed by presenting the God of the Bible whose forgiving love is revealed in Jesus Christ. Only with this full Gospel added to the therapy of Alcoholics Anonymous by the pastor can it be completely successful.

Faith in the sacrificial atonement of Christ on Calvary's cross is the only effective and permanent cure for him who is afflicted with an incurable ailment or burdened with a load that he finds so difficult to lay down. . . . for only through faith in Jesus Christ does any sinner have the right to feel sure of his pardon and of God's upholding and sustaining love in the day of trial.<sup>14</sup>

It has been said that it is a conviction of many outstanding representatives of Alcoholics Anonymous that "only a vital relationship with a Christian Church will bring about a final, fully satis-

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<sup>13</sup>Wiltenburg, op. cit., p. 24.

<sup>14</sup>Sohn, op. cit., p. 569.



ifying adjustment to the life of an alcoholic."<sup>15</sup> It is here that the pastor finds another opportunity and responsibility in relation to the movement. He must build bridges from his congregation to the local branch of Alcoholics Anonymous so that the new member may more easily make the difficult journey back into the fellowship of the faith.

7. Rehabilitation and re-integration. The alcoholic's life has fallen apart because of alcohol. After modern treatment has helped him overcome his addiction he needs help in starting his life over again on a firmer basis than before. The pastor's counseling can aid in this process of re-integration into the community and society by helping the alcoholic to rebuild his life upon the Christian foundations that are able to resist the assault of the impulse to drink again. Pastor Schulz points this out when he says that pastoral care "involves prolonged re-education and re-orientation in most cases, even after the addict has actually stopped drinking, so that spiritual life may be strengthened and difficulties overcome,"<sup>16</sup> particularly those difficulties which may have originally started the person to drink.

The concerned pastor will seek to carry out all these aspects of his role whenever possible, but he will also realize that his role is definitely limited in most cases. While it is true that the pastor's function is a unique and necessary one in dealing with the alcoholic, it is also true that he cannot operate without the resources of the other groups and agencies which specialize in the treatment of alcoholism. No matter how conscientious he is, he cannot do the job effectively alone. "Whenever you meet an alcoholic who has responded to counseling alone, you can be sure he wasn't a chronic alcoholic," Dr. Taylor reminds the over-ambitious pastor.<sup>17</sup> The pastor who understands the problem in the proper light will usually conclude that his best approach lies in the role of "teammate" with the medical men, psychiatrists and

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<sup>15</sup>G. Aiken Taylor, A Sober Faith (New York: The Macmillan Company, c.1955), p. 108.

<sup>16</sup>Schulz, op. cit., p. 48.

<sup>17</sup>Taylor, op. cit., p. 7.

Alcoholics Anonymous. In this way he can make a greater contribution. This decision is the conclusion of many doctors and ministers, one of whom says:

Psychiatry, pastoral care, and the Alcoholics Anonymous program must operate in concert to accomplish the important goal of individual regeneration. The ideal working arrangement is a cooperative professional team, including the medical, psychiatric, pastoral, and social case work services.<sup>18</sup>

## Principles for Carrying on Effective Pastoral Work

### With Alcoholics

#### Preparation

Before he can expect to do any effective counseling with an alcoholic the pastor must prepare himself as much as possible. Adequate preparation will include an examination of his own attitudes, first of all.

The pastor's general attitudes toward alcohol and alcoholics have a great deal to do with his success in dealing with them and with the number of troubled individuals who will seek his help. For this reason it is imperative that he display an attitude of sympathetic understanding. If his attitude seems to be one of censure and disapproval he will miss many opportunities to help alcoholics. He needs to remember that a large number of the alcoholic population is of the "hidden" variety--people who are having various

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<sup>18</sup> Wiltenburg, op. cit., p. 25.

problems with alcohol but whose social conduct is still good enough to allow their alcoholism to remain undetected outside the family circle. If he is to give the important aid he can give at this stage and prevent much later suffering, he must discover these situations within his parish. Only a sympathetic and understanding attitude will enable him to do this.

An examination of his general relationship with his people must also be included in the pastor's general preparation. His relationship with people must make them feel that he is sufficiently human to be genuinely interested in them and sympathetic to their problems; that he will keep their confidence and will not be shocked or feel uneasy when they confess their serious difficulties; that he will be feeling with them rather than sitting in judgment as they pour out their problems.

Good preparation means, above all, that the pastor inform himself thoroughly and soundly about alcoholism by making use of the wealth of factual, unbiased material available today. The truth of the following criticism is all too often evident: "Most ministers do not sufficiently inform themselves on this subject to know how to distinguish between an ordinary drunk and a person who has the progressive disease known as alcoholism."<sup>19</sup> The pastor may get the most

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<sup>19</sup>James L. Free, Just One More (New York: Coward-McCann, Inc., c.1955), p. 13.

up-to-date information now available by writing to:

The National Council on Alcoholism  
New York Academy of Medicine  
2 East 103rd St.  
New York 29, New York

Alcoholics Anonymous  
General Service Headquarters  
Box 459  
Grand Central Annex  
New York 17, New York

The pastor's basic understanding of alcoholism and of Alcoholics Anonymous must show that he has assimilated the kind of information presented in Chapters II and III of this thesis. It will be helpful if he has also read carefully a number of the Alcoholics Anonymous pamphlets as well as the Alcoholics Anonymous "Big Book," Alcoholics Anonymous.

(Other useful books will be found in the Bibliography of this paper.)

Finally, the pastor's preparation for working constructively with alcoholics will mean determining what resources are available for referral in his community, and getting personally acquainted with these resources. The local Alcoholics Anonymous group, if there is one, will be able to supply the pastor with this information, but a handy checklist of possible resources is this one, prepared by Dr.

Howard Clinebell:

1. Alcoholics Anonymous.
2. A physician who has an enlightened approach to the physiological side of alcoholism and who uses modern vitamin adjuncts to therapy.
3. Hospitalization facilities. Where and how available to alcoholics.

4. A psychiatrist who understands alcoholism and is sympathetic to Alcoholics Anonymous.
5. A Local Committee on Alcoholism affiliated with the National Council on Alcoholism.
6. An Out-Patient Alcoholism Clinic sponsored by such a committee.
7. A rest-farm or similar institution which is run on sound principles and accepts alcoholics.<sup>20</sup>

Since Alcoholics Anonymous is the pastor's most valuable referral resource, the pastor may wish to establish contact with the local group at his first opportunity and actually attend several "open" meetings. This will show the Alcoholics Anonymous members that the pastor is interested in their work and will give him an opportunity to establish rapport with some of the members whom he will need to call on for help with alcoholics later on.

#### General guidelines

What general principles should a pastor follow to be reasonably certain that his work with the alcoholic will be constructive and most effective? The following guidelines have been gathered from pastors who have wide experience in counseling with alcoholics and are based on the various psychological characteristics common to most alcoholics:

1. Never attempt to help an alcoholic directly until he voluntarily seeks help. This principle is emphasized repeatedly by doctors and psychiatrists as well as pastors. Even the most able counselor

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<sup>20</sup>Howard J. Clinebell, Understanding and Counseling the Alcoholic (New York: Abingdon Press, c.1956), p. 181.

cannot hope to succeed in dealing with an alcoholic unless the individual really desires help, and this desire cannot be imposed from without. In support of this principle are these statements:

In the technique of life-saving the rescuer is taught never to grapple with a struggling man. He must wait until he is exhausted. Something similar to that is true in alcoholic rescue work and it is regarded as a basic principle in the Alcoholics Anonymous movement. The alcoholic must accept defeat and admit to himself that he is powerless--only then will he fully trust himself to his rescuer.<sup>21</sup>

The drinker must come voluntarily. He cannot be helped until he is crying desperately for help. He may have to lose his job, his wife, and his health, before he realizes his condition. Without this overwhelming sense of need and a real desire for help, nothing can be done for him.<sup>22</sup>

2. Establish rapport with the alcoholic by respecting his anxiety and guilt feelings and avoiding the tendency to moralize or "preach at" him. E. A. Shepherd feels that usually alcoholics have avoided their pastors rather than turning to them for help because the alcoholic was afraid that he could expect the pastor to insist that excessive drinking is a matter of lack of will power, or to bring censorious judgments on him for his sad condition, or to indulge in strong "man-to-man" advice to straighten him out.<sup>23</sup> The alcoholic who has reached the stage where he realizes his desperate need for help is full of anxiety, self-condemnation and low self-esteem. The pastor will do well, therefore, to avoid saying anything which might be taken as criticism or judgment, as those who have dealt with alcoholics in an insightful way advise:

Neither the emotional appeal nor the morality

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<sup>21</sup>Rea, op. cit., p. 102.

<sup>22</sup>Peacock, op. cit., p. 247.

<sup>23</sup>Earnest A. Shepherd, "Alcoholics," Pastoral Care, edited by J. Richard Spann (New York: Abingdon-Cokesbury, c. 1951), p. 187.

lecture ever seems to do the slightest good in bringing an alcoholic to seek help. On the contrary, it usually drives him further behind a wall of defiance, from which vantage point he regards the people who talk that way with growing resentment and suspicion.<sup>24</sup>

An alcohol addict who is groping, frightened, defiant--who has lived without faith in God for many years, and who has built strong defenses against organized religion--is not likely to respond to preaching and praying. He simply is not ready to tune in. It is an utter waste of time or worse.<sup>25</sup>

The pastor will not ignore the sin of the alcoholic, of course, but he must realize that from a practical standpoint it is useless and often, as someone has said, "the ultimate in counseling futility" to begin his counseling with first causes and talk about moral responsibility. All this has its place later after the alcoholic is further along the therapeutic path to recovery and complete sobriety.

3. Let the alcoholic "talk out" his problem and do not offer reassurance. The alcoholic will usually want to unburden himself to the pastor and, realizing the real cathartic value of this, the pastor will listen sympathetically and do little talking himself. To reassure the person and point out that perhaps his self-condemnation is exaggerated will only convince him that the pastor does not really understand his problem and he will withdraw from further contacts.
4. ✓ Avoid letting the alcoholic become emotionally dependent and keep the responsibility for recovering with the alcoholic. Because of his emotional immaturity the alcoholic may often try to become dependent on the pastor, expecting him to give the proper advice and make the right decisions that he himself should make. The pastor must gently but firmly keep the initiative with the alcoholic, helping him to see that he must use his God-given

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<sup>24</sup> Marty Mann, Primer on Alcoholism (New York: Rinehart and Company, c.1950), p. 96.

<sup>25</sup> Free, op. cit., p. 132.

resources to work out his own sobriety with the help and guidance of the pastor (who has the advantage of being able to point beyond himself to the loving Heavenly Father, with Whom the alcoholic can find a continuing personal relationship through Christ).

5. Prepare the alcoholic for referral, but do not be too eager to refer him to another agency or group. The pastor's eventual goal is to relate the alcoholic to those therapeutic groups or agencies specifically set up to help him. These agencies have been described previously. The pastor, as spiritual worker, will not lose prestige, nor will the faith of the individual be harmed if he goes to a reputable community agency for assistance. If the pastor sees himself as part of a team, playing a very important role with that team in solving the alcoholic's problem, he will not hesitate to make intelligent referral. In doing so he may well keep in mind this reminder: "The pastor's time is too valuable; his work is so limitless in just the sphere of bringing people into peace with God that he ought never waste time where others can do a better job."<sup>26</sup>

But how will the pastor refer the alcoholic to a psychiatrist or other medical specialist with confidence in his professional competence and also in his moral ideals and religious attitudes? Johnson answers:

By personal acquaintance or by the recommendation of appropriate and well-informed colleagues, he will need to know the qualifications of the one to whom he entrusts the life of a parishioner. Then his introductions will be more convincing and collaboration more successful when a good working relationship is established. The specialist may then be asked for a report of progress and eventually referral back to the pastor for aftercare and integration into the supporting religious fellowship.<sup>27</sup>

In making referrals the pastor must be sure the

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<sup>26</sup> Mannke, op. cit., p. 35.

<sup>27</sup> Johnson, op. cit., p. 250.



alcoholic is willing to be referred and is prepared for other treatment. He must not feel that he is being rejected or pushed off on someone else because the pastor has no real interest in him. The pastor will do well to point out that his referral to a specialized agency is not a shifting but a sharing of responsibility.

6. Use religious resources such as prayer, Scripture, and the Sacraments only after good rapport has been established and the alcoholic is ready for their use. If the alcoholic is a church member and these things are familiar, customary, natural and meaningful, then they can be used more readily. Because many alcoholics are hostile to organized religion, however, the pastor's counseling relationship with the alcoholic may be better maintained without them for a time. Shepherd's caution is an important one: "Every clergyman should be warned against using these means as ways to make himself feel more useful, regardless of the effect on the parishioner."<sup>28</sup>
7. Never attempt to counsel with an alcoholic when he is drunk or has been drinking heavily. He is not normal at such times and cannot be considered responsible for anything he says or promises. Nothing more can be done for him except getting him to bed, securing medical care and helping to bring about detoxication. The remorseful period of the hangover may then present the opportunity the pastor is looking for.

#### The Pastor's Concern for the Family of the Alcoholic

The average parish pastor will agree that there are always considerably more opportunities to help the families of alcoholics than there are to help alcoholics themselves. This is true because the members of the family are usually accessible to the pastor when the alcoholic is not. Working with the family is important because it is sometimes an in-

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<sup>28</sup>Shepherd, op. cit., p. 178.

direct way of helping the alcoholic and also because members of the alcoholic's family often need understanding counsel as much as he does.<sup>x</sup>

One of the most important services a pastor can render in helping an alcoholic is to bring his family and relatives to a sympathetic understanding of his problem and his needs. Their influence in the situation is sometimes a large factor in determining its outcome. In regard to this Dr. Earle cautions:

If they should repudiate and turn against the alcoholic sufferer because of the way he has humiliated and hurt his family, his chagrin may lead to an intensification of his problem.<sup>29</sup>

The pastor will try to help the family to understand frankly the nature of the alcoholic's condition and what they can do to deal with it successfully. He will urge them to avoid nagging and criticizing their alcoholic member and ask them to seek to discuss his drinking problem with him in a kindly but firm manner, making clear what they wish he would do and why.

The pastor will also urge the family to try to control the anger and pity they may feel at the alcoholic's unpleasant and aggravating behavior. Neither punishment nor undue protection will help him. The alcoholic should not be over-protected from the natural consequences of his excessive drinking. <sup>x</sup>For an alcoholic's family or his pastor to be

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<sup>29</sup> Earle, op. cit., p. 59.

always on call as a rescue squad is not good for them or the alcoholic," warns a pastor who has learned by experience.<sup>30</sup> Dr. Clinebell adds:

The wife of an alcoholic often puts up with more than any human being should have to, thinking that by doing so she may help him. Actually she is doing the opposite by encouraging the alcoholic to evade the reality of his own situation. In such cases, the pastor's greatest service is to help the wife understand what she is doing so that she can stop coddling the alcoholic.<sup>31</sup>

Together with the members of the family the pastor will want to map out a plan for bringing the addict into contact with the pastor, and for leading him to a realization of his need for help and that he must seek help for himself. They should avoid any drastic measures such as hiding his supply of liquor and asking their friends not to serve alcoholic drinks when the alcoholic is present, since such things only arouse resentment and make the situation worse.

The pastor should take special pains with the children of an alcoholic family to help them see the situation in the proper light. Often they are the most tragically affected in a home where alcohol is a source of trouble. They may be torn between a proper affection for their alcoholic parent and a bitter disappointment and distrust because of his behavior. The pastor can help them to understand that the one whose drinking has brought unhappiness into the

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<sup>30</sup>Shepherd, op. cit., p. 172.

<sup>31</sup>Clinebell, op. cit., p. 221.

family circle is suffering from a serious disorder from which he can and probably will recover in time. They must be made to see how their attitude can be a vital factor in his recovery.

Even after the alcoholic has achieved sobriety and is on the road to recovery the pastor will continue to counsel with the whole family as much as possible, since they are often in need of rehabilitation too before the family can function in a God-pleasing manner once again.

#### The Pastor's Role in the Prevention of Alcoholism

The pastor who is sincerely interested in doing his part to solve America's fourth largest public health problem will also be concerned about preventing it, which is the only way it will ever be successfully overcome.

Preventive work at the real root of the problem will mean simply that the pastor seeks to engender and continually build a strong faith in the hearts of people through the Gospel of Jesus Christ which he proclaims. Only this living faith can enable them to meet the tensions and troubles of life successfully without recourse to "escapes" like alcohol. Along this line, Dr. E. M. Jellink says that one of the best ways of preventing alcoholism is:

To develop the spiritual and intellectual assets of one's personality and learn how to utilize them. In these days in which all of us are beset by anxieties caused by the so-called atomic age, it is particularly important that we should not rely on crutches, that we should not look for artificial solutions, but that

we should make a conscious and conscientious effort to deal with the difficult situations.<sup>32</sup>

Only the dynamic of the Gospel which the pastor has can enable people to deal with their anxieties in a satisfying manner. Only a victorious faith in Christ will develop that type of personality to whom alcohol is no problem. The pastor's preaching, parish visiting, and counseling is aimed at using the Word to create such Christ-centered personalities.

More specific things that the pastor may include in his program of prevention are:

1. Giving his people, and especially the young people, a better understanding of the dangers connected with alcoholic beverages, their effect on people, the common motivations to drink and other ways to meet these motivations without drinking.
2. Helping parents and other adults to realize the effect their example in regard to drinking has upon their children.
3. Passing on the informed understanding of alcoholism he has to others and thereby helping to educate the community. As in any public health problem, prevention depends largely on education, and the pastor can play a large part in such a process in his own parish and then on a wider scale in the community.

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<sup>32</sup>E. M. Jellinek, "Alcohol, Cats, and People," The Allied Youth, XVII (March, 1948), 80.

## CHAPTER V

### CONCLUSIONS

The purpose of this study has been to make a survey of the modern understanding and treatment of alcoholism in an effort to define as clearly as possible the role of the Lutheran pastor in the problem.

In examining what has been written on the subject by medical authorities, psychiatrists, pastors, and recovered alcoholics during the past ten years, it was discovered that a new era has dawned in the understanding of the problem and many new tools have been developed with which to tackle it in all its aspects. While no "sure cure" has been found which would enable recovered alcoholics to drink in moderation without the danger of succumbing to their sickness again, still much hopeful information and treatment is now available for every alcoholic and thousands have been restored to a normal and useful life in society.

The pastor, who has often been accused of failing to deal constructively with alcoholics because of a lack of understanding, now can be expected to play a very important role in the solution of the problem if he will only inform himself adequately and take his place as an indispensable cog in the modern therapeutic approach to alcoholism. His unique assets as a Christian pastor fit him well for the job and by uniting with other specialists and using together

the God-given tools and knowledge now available, the shame and sorrow, suffering and despair of alcoholism may at last be wiped out and its victims given a new life by the grace of God.

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